

CABUYAO PDAO RMS

Eligible Members List for Benefit Program

Program: September Financial Assistance

Type: Financial Assistance

Amount:

Barangay: All Barangays

Month: April

Generated on: 9/16/2025

Total Eligible Members: 1

| # | PWD ID | Full Name | Birth Month | Age | Barangay | Disability Type |
|---|-----------------|-----------------|-------------|-----|----------|-----------------|
| 1 | PWD-2025-000008 | April Delapieza | April | 11 | Mamatid | mental |

SIGNATURES REQUIRED

Head of PDAO Office

Signature over Printed Name

Date: _____

Barangay President

Signature over Printed Name

Date: _____

Mayor

Signature over Printed Name

Date: _____

This document must be signed by all three officials before the benefit program can be approved.