



CITY GOVERNMENT OF MAKATI
MAKATI SOCIAL WELFARE DEPARTMENT



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1 x 1 photo
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REGISTRATION FORM FOR PWD IDENTIFICATION CARD APPLICATION

DATA PRIVACY CONSENT

In compliance with the Data Privacy Act (DPA) of 2012, I allow the Makati Social Welfare Department (MSWD) to collect and use my personal information in relation to my purpose of / application for PWD Identification Card.

As such, I also agree and authorize them to:

1. Retain and store my information for a certain period of time as prescribed by law from the date of the accomplishment of the purpose stated above. I agree that my information will be deleted / destroyed after this period.
2. Share my information to other office / department within the City Government of Makati, I am assured that security systems are employed to protect my information.
3. I alone can view, change and recover the personal information I shared unless I authorize a representative on my behalf armed with a Special Power of Attorney duly notarized for this purpose. This applies also to any request for a certified true copy bearing any of my personal information.
4. Inform me of future programs, projects and services offered by the City Government of Makati using the personal information I shared.
5. I hold free and harmless and indemnify the City Government of Makati, any of its offices/departments, officers, employees and agents from any complaint, suit, or damages which any party may file or claim in relation to the Data Privacy Act.

Signed this _____ day of _____ 20____ at Makati City.

(Signature over Printed Name)

QUALIFICATIONS AND DOCUMENTARY REQUIREMENTS

A. Qualifications:

1. Must be a Filipino Citizen who is suffering from permanent or long-term disabilities as described in Republic Act 7277.
2. Must be a registered voter and actual / current resident of the City of Makati for the past six months or his/her parents or legal guardian.

B. Applicants must submit the following Documentary Requirements:

1. Six (6) copies of latest 1x1 pictures of PWD applicant.
2. Latest COMELEC Certification (for minor applicants, COMELEC Certification of parents or legal guardian)
3. Latest Barangay Certificate of Residency
4. Duly Accomplished PWD Profile Sheet
5. Medical Certificate with classification of disability or
6. Duly accomplished Certification of Disability signed by the Barangay Health Center Physician or Private Doctor.

Type of Application

☐ New Applicant ☐ Renewal

Date of Application

month day year

Client Category (please check appropriate box)

☐ 4Ps/MCCT Beneficiary ☐ Solo Parent ☐ Returning
☐ Senior Citizen ☐ Pregnant Woman ☐ OFW
☐ Lactating Mother ☐ MCG Employee
☐ Indigenous Person Dept. _____

PWD I.D. No.:

Date Issued:

month day year

A. TYPE OF DISABILITY

☐ Communication Disability ☐ Intellectual Disability
☐ Speech Impairment ☐ Orthopedic Disability
☐ Hearing Impairment ☐ Psychosocial/Mental Disability
☐ Learning Disability ☐ Visual Disability ☐ None

CAUSES OF DISABILITY

☐ Inborn ☐ Autism ☐ Cancer
☐ Injury-Related ☐ Rare Disease
☐ Acquired ☐ Chronic Illness

REHABILITATION

☐ Community-Based
☐ Institution-Based
☐ None

B. NAME OF APPLICANT

LAST NAME

EXTN. NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME (if female)

C. OTHER PERSONAL INFORMATION

My Own Gcash No.:

Landline Number:

Mobile Number:

OSCA I.D. Number:

BLU CARD I.D. No.:

MAKATIZEN ID Number:

Solo Parent I.D. Number:

SSS Number:

GSIS Number:

Philhealth Number:

Yellow Card Number:

Email Address:

Current Makati City address:

Date of Birth:

Age: day month year

Sex: ☐ Male ☐ Female

Civil Status: ☐ Single ☐ Married ☐ Common Law Relationship

☐ Legally Separated ☐ Divorced ☐ Annulled ☐ Widow/Widower

Nationality:

Blood Type: A+ O+ B+ AB+ A- O- B- AB-

Place of Birth:

City / Municipality

Province

Rm./Flr./Unit No. & Bldg. Name

House/Lot & Blk. Nos.

Street

Barangay

City

D. SOCIO-ECONOMIC PROFILE

Tenurial Status:

- ☐ Owner
☐ Renter
☐ Sharer
☐ Boarder
☐ Street Dweller

Living Arrangement:

- ☐ Living with Parent(s), Sibling(s) & Dependent(s)
☐ Living with Sibling(s) & Dependent(s)
☐ Living with Parent(s) & Dependent(s)
☐ Living with Dependent(s) only
☐ Others:

Occupation:

Employer:

Employment Status:

- ☐ Employed
☐ Unemployed
☐ Self Employed: Nature of Business:

Type of Employment

- ☐ Regular ☐ Project Based
☐ Casual ☐ Seasonal

Category of Employment

- ☐ Private
☐ Government

Highest Educational Attainment:

☐ SPED Level:

☐ Elementary ☐ High School ☐ Non-Graduate

☐ College

☐ Masteral

☐ Doctoral

☐ Vocational:

G1 G2 G3 G4 G5 G6
G7 G8 G9 G10 G11 G12

1st Yr. 2nd Yr. 3rd Yr. 4th Yr. 5th Yr. Graduate

☐ Graduate ☐ Undergraduate ☐ None

☐ Graduate ☐ Undergraduate

Total Monthly Income Including Other Sources:

☐ A-5,000 below ☐ B-5,001 - 10,000 ☐ E-20,001 above
☐ C-10,001-15,000 ☐ D-15,001 - 20,000 ☐ F-None

HEALTH AND SOCIAL WELFARE SERVICES

Assistance Needed:

Medical

☐ medicines

☐ hospitalization

Education

☐ Tuition Fee Subsidy

☐ Allowance

☐ Braille Materials

☐ Shelter Subsistence

☐ Food etc.

Livelihood

☐ Capitalization

☐ Skills Training

Assistive Devices

☐ Wheel Chair

☐ Crutches

☐ Cane

☐ Prosthesis

☐ Hearing Aid

☐ Job Placement/Employment

☐ Social/Vocational Rehab.

☐ PWD Transport Plus

☐ Free Movie ID

☐ Yellow Card

☐ Philhealth

☐ Training on Home Management

☐ Others:

☐ None

Assistance Received From:

Nat'l. Gov't.

LGU Makati

NGO's

Sports and Recreational Activity

☐ Athletics

☐ Running

☐ Javelin Throw

☐ Shot-put

☐ Basketball

☐ Wheelchair Basketball

☐ Volleyball

☐ Badminton

☐ Swimming

☐ Table Tennis

☐ Power Lifting

☐ Chess

☐ Goelball

☐ Gymnastics

☐ Tenpin Bowling

☐ Football

☐ Bocce/Boccia

☐ Others:

Type of Acquired Skills

☐ Artificial Leg Making

☐ Basket Making

☐ Cake Decoration

☐ Carpentry

☐ Cooking

☐ Cosmetology

☐ Crochet Work/Embroidery

☐ Digital Arts

☐ Drawing Dress Making

☐ Driving

☐ Electrical Works

☐ Electronic Works

☐ Floral Arrangement

☐ Gardening

☐ Mechanical Works

☐ Painting

☐ Photography

☐ Reflexology

☐ Silkscreen Painting☐ Technician☐ Computer Trouble Shooting☐ Typing/Encoding☐ Welding☐ None☐ Others:

YOUTH CATEGORIZATION (15-30 Years Old)

☐ In-School

☐ Working Youth

☐ Out of School

☐ Non-working Youth

ORGANIZATIONAL AFFILIATION

Affiliation:

Position:

Contact Person:

Office Address:

Tel. Nos.

Name (First Name, Middle Name, Last Name)	Relationship to Applicant	Civil Status	Age	Sex	Educational Attainment	Occupation / Monthly Income	Living with the Applicant?		PWD	Solo Parent	Senior Citizen
							YES	NO			
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION

I certify that the information provided in this form are true and correct. Any false information shall cause the disapproval or revocation of my PWD ID.

Printed Name and Signature of Applicant

Date:

month

day

year

IF CANNOT SIGN,
PLEASE AFFIX
APPLICANT'S
FINGERPRINT
(Right Thumbprint)

Person to Notify in Case of Emergency:

LAST NAME

FIRST NAME

MIDDLE NAME

EXTN. NAME

MAIDEN NAME (if female)

Relationship to Applicant:

Contact Number:

Email Address:

FOR MAKATI ACTION CENTER (MAC) USE ONLY

This is to acknowledge the receipt of the validated and complete documentary requirements of the herein PWD Identification Card Applicant Mr/Ms./Mrs.:

(Print Name and Signature)

Date:

month

day

year

MAC Coordinator

TO BE FILLED OUT BY MSWD - PWD Welfare Section (PWDWS)

Received by:

Reviewed by:

Encoded by:

Signature above printed name

Signature above printed name

Signature above printed name

DATE:

DATE:

DATE:

TIME:

TIME:

TIME:

Recommending Approval:

Approved by:

Staff-In-Charge,MSWD-PWDWS / Head-PDAO

BENITA C. TANYAG

Acting City Government Assistant Department Head II

TYPE OF DISABILITY		
<input type="checkbox"/> Psychosocial/ Mental Disability <input type="checkbox"/> Bipolar <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Acquired Mentally Retardation <input type="checkbox"/> Severe Depression <input type="checkbox"/> Generalized Anxiety	<input type="checkbox"/> Visual Disability <input type="checkbox"/> Total Visual Impairment (Left) <input type="checkbox"/> Total Visual Impairment (Right) <input type="checkbox"/> Total Visual Impairment (Both) <input type="checkbox"/> Partial Visual Impairment (Left) <input type="checkbox"/> Partial Visual Impairment (Right) <input type="checkbox"/> Partial Visual Impairment (Both)	<input type="checkbox"/> Orthopedic Disability <input type="checkbox"/> Weak, Paralyzed Left Leg <input type="checkbox"/> Weak, Paralyzed Right Leg <input type="checkbox"/> Weak, Paralyzed Both Legs <input type="checkbox"/> Underdeveloped Left Leg <input type="checkbox"/> Underdeveloped Right Leg <input type="checkbox"/> Underdeveloped Both Legs <input type="checkbox"/> Missing Left Leg <input type="checkbox"/> Missing Right Leg <input type="checkbox"/> Missing Both Legs <input type="checkbox"/> Missing Left Foot <input type="checkbox"/> Missing Right Foot <input type="checkbox"/> Missing Both Feet <input type="checkbox"/> Weak, Paralyzed Left Arm <input type="checkbox"/> Weak, Paralyzed Right Arm <input type="checkbox"/> Weak, Paralyzed Both Arms <input type="checkbox"/> Underdeveloped Left Arm <input type="checkbox"/> Underdeveloped Right Arm <input type="checkbox"/> Underdeveloped Both Arms <input type="checkbox"/> Missing Left Arm <input type="checkbox"/> Missing Right Arm <input type="checkbox"/> Missing Both Arms <input type="checkbox"/> Missing Left Hand <input type="checkbox"/> Missing Right Hand <input type="checkbox"/> Missing Both Hands <input type="checkbox"/> Missing Left Arm <input type="checkbox"/> Missing Right Arm <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Hunchback
<input type="checkbox"/> Learning Disability <input type="checkbox"/> Global Developmental Delay <input type="checkbox"/> Slow Learner		
<input type="checkbox"/> Communication Disability <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Autism <input type="checkbox"/> Down Syndrome <input type="checkbox"/> ADHD <input checked="" type="checkbox"/> Mental Retardation <input type="checkbox"/> Acquire Lesions of the Central Nervous system <input type="checkbox"/> Dementia <input type="checkbox"/> Non- Psychotic Disorder	
CAUSES OF DISABILITY		REHABILITATION
<input type="checkbox"/> Inborn <input type="checkbox"/> Illness / Disease <input type="checkbox"/> Injury – Related <input type="checkbox"/> Armed Conflict <input type="checkbox"/> Accident <input type="checkbox"/> Environmental Cause		<input type="checkbox"/> Community - Based <input type="checkbox"/> Institution - Based <input type="checkbox"/> None
DEFINITIONS OF TYPES OF DISABILITY		
<p>1. Communication Disability - is defined as an impairment in the process of speech, language or hearing which includes:</p> <p>a. Hearing Impairment is a total or partial loss of hearing impairments functions which impedes the communication process essential to the language, educational, social and/or cultural interaction.</p> <p>b. "Speech and language impairments" means one or more speech/ language disorder of voice, articulation, rhythm and/ or receptive and expressive process of language.</p> <p>2. Learning Disability - is any disorder in one or more basic psychological processes (perception, comprehension, thinking etc.) involved in the understanding or in using spoken or written language.</p> <p>3. Intellectual Disability – is a disability resulting from organic brain syndrome (i.e. mental retardation, acquire lesions of the central nervous system, dementia and or non-psychotic disorder).</p> <p>4. Orthopedic Disability – is a disability in the normal functioning of the joints, muscles and limbs.</p> <p>5. Mental/ Psychosocial Disability – is define as any acquired behavioral, cognitive emotional or social impairment that limits one or more activities necessary for effective interpersonal transactions and other civilizing process or activities for daily living such as but not limited to deviancy or anti-social behavior.</p> <p>6. Visual Disability – is one who has impairment of visual functioning even after treatment and/ or standard refractive correction, and has visual acuity in the better eye or less than (6/18 for low vision and 3/60 for blind), or a visual of less than 10 degrees from the point of fixation. A certain level of visual impairment is defined as legal blindness. One is legally blind when your best corrected central visual acuity in your better eye is 6/60 or worse or your side vision is 20 degrees or less in the better eye.</p>		