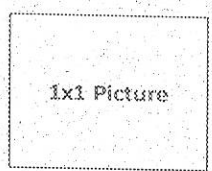


10 I-P

ANNEX 3



SOCIAL PENSION FOR INDIGENT SENIOR CITIZENS



Agusan del Norte
Province
Carmen
City/Municipality

GENERAL INTAKE SHEET

I. IDENTIFYING INFORMATION

Name: ARDEMER PELIY ESPINOSA Citizenship: Philippine
(Last Name, First Name, Middle Name, Ext. Name)
Mother's Maiden Name: LIAMERTA ESPINOSA
(Last Name, First Name, Middle Name, Ext. Name)
Names of Authorized 1. ARDEMER, PERLITA YANSIN
Representatives: 2. _____
3. _____
Address: P-5 (Last Name, First Name, Middle Name, Ext. Name, Relationship)
(House No. Street Barangay City/Municipality Province)
Age: 60 Sex: M Marital Status: M Religion: INC
Birth Date: 02-21-1959 Birth Place: CARMEN
(Month, Date, Year)
Educational Attainment: 2nd YR. H.S
Affiliation/Group: ☐ Listahanan (Please specify household number) _____
☐ Pantawid Beneficiary ☒ Senior Citizen Organization
☐ Indigenous People (Please specify) _____
☐ Other (Please specify) _____
ID Number: OSCA _____ TIN _____ GSIS _____
SSS _____ PhilHealth _____ Others _____
Contact Number: 09497378548

II. FAMILY COMPOSITION

| Name | Relationship | Age | Civil Status | Occupation | Income |
|---------|--------------|-----|--------------|------------|--------|
| PERLITA | WIFE | 57 | M | N/A | |
| ALEXIS | SON | 20 | S | laborer | |
| TAN | SON | 15 | S | student | 6-9 |

MARIVIE -/NISM- NIECE 15 S student - 6-10
Living Arrangement: ☒ Owned ☐ Living Alone ☐ Living w/ Relatives
☐ Rent ☐ Others, Please specify _____

JANE NIECE 12 S student - 67

III. ECONOMIC STATUS

Pensioner? ☐ Yes ☒ No If yes, how much? _____
Source: ☐ GSIS ☐ SSS ☐ AFPSLAI ☐ Others _____
Has permanent source of income? ☒ Yes ☐ No If yes, from what source? Farmer / 150/day
Regular Support from Family? ☐ Yes ☒ No
Type of Support? _____ Cash (How much and how often) _____ In kind (specify) _____
Household Size 4

IV. HEALTH CONDITION

Condition / Illness: _____
With maintenance: ☐ Yes ☒ No If yes, please specify: _____

V. ASSESSMENT ☒ Eligible ☐ Not Eligible ☐ Deceased ☐ Pending
(Out of Town or Not Found)

VI. DECLARATION

I confirm that the information I have provided in this form is true and represents accurate information of myself.

I understand that the data collected from this validation will be processed, managed and maintained in a secure database by the Department of Social Welfare and Development (DSWD). Such data will be used to determine eligibility status, serve as basis for research, and in the development and implementation of Social Protection Programs and Services, to promote the interest of poor.

I authorized DSWD to manage the information, including personal data, obtained from this validation activity and allow the processing and controlled disclosure or transfer of data to its development partners and other stakeholders in accordance with the DSWD policies on Data Sharing and the provisions of Republic Act. 10173 or the Data Privacy Act (DPA) of 2012.

P. Espinosa
PELIY ESPINOSA ARDEMER
Signature over Printed Name and Thumbmark of Respondent

VII. CERTIFICATION

As DSWD Staff, I confirm that for this data gathering process was accomplished in accordance with the policies and procedures prescribed by the Social Pension Program Management Office.

I attest that the information provided in this form was personally obtained and reviewed by me.

I further declare that all household information collected and validated was managed with strict confidentiality and protected from unlawful and unauthorized processing.

I am aware that any violation committed on the foregoing will be penalized in accordance with pertinent provisions of RA 10173 or the Data Privacy Act of 2012.

Mylene S. Rodrigo
Signature over Printed Name of Validator

08/23/2019
Date of Validation