



SOCIAL PENSION FOR INDIGENT SENIOR CITIZENS

1x1 Picture

GENERAL INTAKE SHEET

I. IDENTIFYING INFORMATION (Fields with (*) are required)

Name (*): Dumagite, Fina Amparado Citizenship: FILIPINO
 (Last Name, First Name, Middle Name, Ext. Name)
 Mother's Maiden Name: Bisaya, Felicidad
 (Last Name, First Name, Middle Name, Ext. Name)
 Names of Authorized 1. Dumagite, Jaime Suban - Husband
 Representatives: 2. Dumagite, Jenly Amparado
 3. Dumagite, Niel Amparado Children
 (Last Name, First Name, Middle Name, Ext. Name, Relationship)
 Address (*): P. Co, Smgkoy, Litanaro, ADN A D N
 (House No. Street Barangay City/Municipality Province)
 Age: 63 Sex (*): F Marital Status (*): M Religion: ne
 Birth Date (*): 9/27/60 Birth Place: layte
 (Month, Date, Year)
 Educational Attainment: Grade IV
 Affiliation/Group: ☐ Listahanan (Please specify household number) _____
☒ Pantawid Beneficiary ☒ Senior Citizen Organization
☐ Indigenous People (Please specify) _____
☐ Other (Please specify) _____
 ID# OSCA 8609-1074 TIN N/A GSIS N/A
 OSCA Date Issued 10/15/10 SSS N/A PhilHealth registered
 Others N/A
 Contact Number: 09815967408

II. FAMILY COMPOSITION

4ps -

Name	Relationship	Age	Civil Status	Occupation	Income
Jaime	Husband	66	M	Bianglul/Unlul	1.00/week
Jenly		24		nme	-
Lendm		20		nme	-
Niel	Children	19	S	labner	300/day
Sweet		18		Student	-

For snacks "Native donut"

III. ECONOMIC STATUS (Required)

Pension: ☐ GSIS ☐ SSS ☐ AFPSLAI ☐ Others ☒ NoneHas permanent source of income? ☐ Yes ☒ NoIf yes, from what source? nmeHousehold Size 6

Amount

☐ Fisherfolk ☐ Farmer

Type of Support:

<input checked="" type="checkbox"/> Cash	<u>1.00 - 2.00</u>	Regular? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Goods	<input checked="" type="checkbox"/> Food <input type="checkbox"/> Shelter <input type="checkbox"/> Meds/Vitamins	Regular? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

IV. PHYSICAL CONDITION (Required)

- ☒ (Stroke/Paralysis, Bedridden, Cancer/Chemotherapy, Hemodialysis, Frail, severe diabetes)
Undergone operation, PWD, Severe Hypertension/Arthritis, Psychological/Mental Illness
☐ (Tuberculosis, Diabetes, Impaired Vision, Hypertension/Arthritis, Hearing Impaired)
☐ (Mild Stroke, Skin Diseases)
☐ (Able Bodied, Minor Illnesses)

Remarks/Maintenance: w/ meds

V. LIVING CONDITION

☒ Owned ☐ Rent ☐ Caretaker

(Required) ☐ Abandoned ☐ Alone ☐ Living with unrelated people
☐ Neglected ☒ Living with family/relatives

VI. ASSESSMENT (Required)

☒ Eligible ☐ Not Eligible ☐ Deceased _____ (Date of Death)

The client has been assessed ELIGIBLE to be retained in the social Pension program because of the following assessment:
> She is 63 y/o, sickly because of severe diabetes for 2 years
> She is living w/ her husband and children whose income is not sufficient to support their needs.
> She is a 4P's grantee w/ one beneficiary
> She has 10 children, only 2 able to provide financial support amounting 2,000 a month. The rest have none because of low-income
> NO SSC/GSS pension received from the government and other institutions.

VII. DECLARATION (Required)

I certify that the information submitted in this application/validation is true and correct to the best of my knowledge.

I understand that any false statements may result in denial or revocation of my membership to the Social Pension Program. Further, that any false statements declared herein can be penalized under the Revised Penal Code.

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.

Filisa A. Dumagite
Signature over Printed Name and Thumbmark of Respondent

VIII. CERTIFICATION (Required)

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.

VIOLETA G. NAMOC

Signature over Printed Name of Validator

4/12/2024
Date of Validation