



SOCIAL PENSION FOR INDIGENT SENIOR CITIZENS

1x1 Picture

GENERAL INTAKE SHEET

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

Name (*): Samson, Noel ybanes Citizenship: Filipino
(Last Name, First Name, Middle Name, Ext. Name)

Mother's Maiden Name: _____
(Last Name, First Name, Middle Name, Ext. Name)

Names of Authorized 1. _____
 Representatives: 2. _____
 3. _____
(Last Name, First Name, Middle Name, Ext. Name, Relationship)

Address (*): P-6 of new, Marikina, AN
(House No. Street Barangay City/Municipality Province)

Age: _____ Sex (*): Male Marital Status (*): Separated Religion: _____
 Birth Date (*): 4/17/1965 Birth Place: Buenavista
(Month, Date Year)

Educational Attainment: _____

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: 09- _____

II. FAMILY COMPOSITION

Name	Relationship	Age	Civil Status	Occupation	Income

III. ECONOMIC STATUS (Required)

Pension: ☐ GSIS ☐ SSS ☐ AFPSLAI ☐ Others ☐ None

Has permanent source of income? ☐ Yes ☐ No Household Size _____

If yes, from what source? _____ Amount _____

Type of Support:

<input type="checkbox"/> Cash	Regular? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Goods <input type="checkbox"/> Food <input type="checkbox"/> Shelter <input type="checkbox"/> Meds/Vitamins	Regular? <input type="checkbox"/> Yes <input type="checkbox"/> No

IV. PHYSICAL CONDITION (Required)

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

Remarks/Maintenance: _____

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)

A underage and not living w/ in Obispo
naa nag kapuyo sa Nasipit, and
or assisted by wife & chapter president

VII. DECLARATION (Required)

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.



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.


MONICA RUTH C. MERO

Signature over Printed Name of Validator

07 MAR 2021

Date of Validation