

## CERTIFICATE OF ELIGIBILITY

(Financial Assistance)

QN:  PCN:   
☐ New ☐ Returning ☐ On-Site ☐ Walk-in ☒ Referral ☒ Off-SiteDate:   **2024**This is to certify that, JOHN ARRED MARODA AGUSTIN, ☐ Male ☐ Female **18**  
**Kumpletong Pangalan** (First name, Middle name, Last name) **Kasarian** (Sex) **Edad** (Age)and presently residing at Phase 1 Block 21 Lot 12 matiisin street Balsik, Hermosa Bataan  
**Kumpletong Tirahan** (Complete Address)

has been found eligible for assistance after the assessment and validation conducted, for his/herself or through the representation of his/her

**HERSELF/HIMSELF****N/A**

Relasyon ng Kinatawan sa Benepisyaryo (Relationship of the Representative to Beneficiary)

Buong Pangalan ng Benepisyaryo (Name of Beneficiary)

**Records of the case such as the following are confidentially filed at the Crisis Intervention Division (CID)**

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> General Intake Sheet | <input type="checkbox"/> Medical Certificate/Abstract | <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Death Summary                |
| <input checked="" type="checkbox"/> Valid I.D. Presented | <input type="checkbox"/> Prescriptions                | <input type="checkbox"/> Laboratory        | <input type="checkbox"/> Referral Letter              |
|  | <input type="checkbox"/> Statement of Account         | <input type="checkbox"/> Charge Slip       | <input type="checkbox"/> Social Case Study Report     |
|  | <input type="checkbox"/> Treatment Protocol           | <input type="checkbox"/> Funeral Contract  | <input checked="" type="checkbox"/> Others <u>B.I</u> |
|  | <input type="checkbox"/> Quotation                    | <input type="checkbox"/> Death Certificate |   |

The Client is hereby recommended to receive **FOOD** assistance for **DAILY BASIC NEEDS**  
in the amount of **FIVE THOUSAND PESOS** Php. **5,000** CHARGEABLE AGAINST: PSP **2024**  
(Year)✓ **Conforme:****Prepared by:****Approved by:****JOHN ARRED M. AGUSTIN**  
Beneficiary/Representative  
(Signature over Printed Name)**Social Worker**  
(Signature over Printed Name)**MONETTE D. GANTANG, RSW**  
**LICENSE NO. 009105**  
Approving Authority  
(Signature over Printed Name)**Acknowledgement Receipt**Date:   **2024**☒ Financial Assistance **FIVE THOUSAND PESOS** (Amount in words) Php **5,000**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Medical Assistance      | <input type="checkbox"/> Transportation Assistance | <input type="checkbox"/> Food Assistance        |
| <input type="checkbox"/> Funeral Assistance      | <input type="checkbox"/> Educational Assistance    | <input type="checkbox"/> Cash Relief Assistance |
| <input type="checkbox"/> Emergency Cash Transfer |  |   |

✓ **Tinanggap ni:****Binayaran ni:****Sinaksihan ni:****JOHN ARRED M. AGUSTIN**  
Beneficiary/Representative  
(Signature over Printed Name)**RDO / SDO**  
(Signature over Printed Name)**SWO / ADMIN**  
(Signature over Printed Name)

\*E.O 163 series 2022