

GENERAL INTAKE SHEET

MAARING MAGPATULONG SUMAGOT SA DSWD PERSONNEL

QN: **PCN:**

Date:
MM DD YYYY

Part I: To be filled out by Client

IMPORMASYON NG KINATAWAN (Client's Identifying Information)

Apelyido (Last Name)		Unang Pangalan (First Name)		Gitnang Pangalan (Middle Name)		Ext. (Sr., Jr., I, II)	
						3	
House No./Street/Purok (Ex. 123 Sun)		Barangay (Ex. Batasan)		City/Municipality (Ex. Quezon City)		Province/District (Ex. Dist III)	
						Region (Ex. NCR)	
Numero ng Telepono (Mobile No.)		Kapanganakan (Birthdate)		Edad (Age)		Kasarian (Sex)	
Civil Status (Katayuang Sibil)		Trabaho (Occupation)		Buwanang Kita (Monthly Salary)			

Relasyon sa Benepisyaryo (Relationship to the Beneficiary)

IMPORMASYON NG BENEPISYARYO (Beneficiary's Identifying Information)

Apanyido (Last Name)			Unang Pangalan (First Name)			Gitnang Pangalan (Middle Name)			Ext. (Sr., Jr., I, II)
House No./Street/Purok (Ex: 123 Sun)		Barangay (Ex: Batasan)		City/Municipality (Ex: Quezon City)			Province/District (Ex: Dist III)		Region (Ex: NCR)
Numero ng Telepono (Mobile No.)		Kapanganakan (Birthdate)	Edad (Age)	Kasarian (Sex)	Civil Status (Katayuang Sibil)		Trabaho (Occupation)	Buwanang Kita (Monthly Salary)	

KOMPOSISYON NG PAMILYA (Family Composition)

Note: Gamitin ang Likurang bahagi ng papel kung kinakailangan

Buong Pangalan <i>(Complete Name)</i>	Relasyon sa Benepisyaryo <i>(Relationship to the Beneficiary)</i>	Edad <i>(Age)</i>	Trabaho <i>(Occupation)</i>	Buwanang kita <i>(Monthly Salary)</i>

Part II: To be Filled out by DSWD Personnel

Client Category		Social worker's Assessment
Target Sector:	Specify Sub-Category	
<input type="checkbox"/> _FHONA	<input type="checkbox"/> SOLO PARENT	<p>ACCORDINGLY, THE CLIENT HAS NO MEANS OF INCOME DUE TO UNEXPECTED CIRCUMSTANCES. HENCE, THE CLIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE TO SUSTAIN HIS/HER BASIC NECESSITIES FOR THE PERIOD OF NEW NORMAL.</p>
<input type="checkbox"/> _SC	<input type="checkbox"/> INDIGENOUS PEOPLE	
<input type="checkbox"/> _WEDC	<input type="checkbox"/> RECOVERING PERSON WHO USED DRUGS	
<input type="checkbox"/> _YNSP	<input type="checkbox"/> 4PS BENEFICIARY	
<input type="checkbox"/> _PWD	<input type="checkbox"/> STREET DWELLERS	
<input type="checkbox"/> _PLHIV	<input type="checkbox"/> PWD	
<input type="checkbox"/> _CNSP	<input type="checkbox"/> OTHERS	

FINANCIAL ASSISTANCE		MATERIAL ASSISTANCE		PSYCHOLOGICAL SUPPORT		REFERRAL	
MEDICAL	<input type="checkbox"/> FOOD ASSISTANCE	<input type="checkbox"/> FAMILY FOOD PACKS	<input type="checkbox"/> PSYCHOLOGICAL FIRST AID				
FUNERAL	<input type="checkbox"/> CASH ASSISTANCE	<input type="checkbox"/> OTHER FOOD ITEMS	<input type="checkbox"/> SOCIAL WORK				
TRANSPORTATION	<input type="checkbox"/> FOR OTHER SUPPORT	<input type="checkbox"/> HYGIENE AND SLEEPING KITS	<input type="checkbox"/> COUNSELING				
EDUCATION	<input type="checkbox"/> SERVICES	<input type="checkbox"/> ASSISTIVE DEVICE AND TECHNOLOGIES					

		Provided	Amount	Fund Source
1				PSP 2024
2				
3				

We are committed to protect and respect the privacy of our clients and beneficiaries and we will only collect, record, store, process and use personal information in accordance with Republic Act No. 10173 or the Data Privacy Act of 2012. By signing this form you are giving your consent to the DSWD and hereby agree to the terms and conditions set herein and with the applicable Data Privacy Policy of the Department.

Interviewed by:

Reviewed & Approved by:

Buong Pangalan at Pirmang
(Signature over Printed Name)

Social Worker

MONETTE D. GANTANG
 LISCENCE NO. 9105
 SWO II-PTL BATAAN