

SOCIAL PENSION INTAKE FORM



A. Background information:

1. Name of SC: \_\_\_\_\_ NHTS-PR No. \_\_\_\_\_  
(Surname/First Name/Middle Name)

2. Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female 3. Age: \_\_\_\_\_

4. Civil Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Separated

5. Date of Birth: \_\_\_\_\_ 6. Place of Birth: \_\_\_\_\_  
(Month / Day / Year)

7. Address: \_\_\_\_\_  
(House No. / Street / Sitio / Barangay)

8. Contact Details: Landline: \_\_\_\_\_ E-mail: \_\_\_\_\_ Mobile No: \_\_\_\_\_

9. Living Arrangement: (Pls. check) Living Alone: \_\_\_\_\_ Living with relatives: \_\_\_\_\_  
Owned house: \_\_\_\_\_ Rented: \_\_\_\_\_ No. of years: \_\_\_\_\_

10. If pensioner: (Pls. check) GSIS: \_\_\_\_\_ SSS: \_\_\_\_\_ Private: \_\_\_\_\_ Previous work: \_\_\_\_\_

11. If Non-Pensioner, Do you get support from the family, friends, etc. Yes: \_\_\_\_\_ No: \_\_\_\_\_

12. Affiliation: (Pls. check) FSCAP: \_\_\_\_\_ COSE: \_\_\_\_\_ Others (Specify): \_\_\_\_\_

13. SC-ID Presented: Issued by: \_\_\_\_\_ Issued On: \_\_\_\_\_ Place of Issue: \_\_\_\_\_

14. In case, bedridden/immobile/disabled: (Specify) \_\_\_\_\_

15. Name of Authorized representative: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact No.: \_\_\_\_\_

B. Other Information:

1. Self-Related Hunger:  
Nakaranas ka ba ng pagkagutom: If Yes, (Gaano ka kadalas nakakaranas ng pagkagutom sa isang lingo?)  
Most often (Mas Madalas) \_\_\_\_\_ Often (Madalas) \_\_\_\_\_  
Not so often (Hindi Gaano) \_\_\_\_\_ Once in a while (Minsan Lang) \_\_\_\_\_

2. Health/Physical Condition:  
2.1 May sakit kaba o karamdaman? Meron \_\_\_\_\_ Wala \_\_\_\_\_  
2.2 Immobile \_\_\_\_\_ Mobile \_\_\_\_\_ Completely dependent on Assistive Device \_\_\_\_\_  
Slightly Dependent on Assistive Device \_\_\_\_\_

Interviewed By: \_\_\_\_\_  
(Signature Over Printed Name)  
Date Accomplishment: \_\_\_\_\_

Senior Citizen’s Name and Signature  
Date Accomplishment: \_\_\_\_\_

Reviewed by: MILA L. ADVIENTO  
OSCA-HEAD

Noted by: \_\_\_\_\_  
C/MSWDO

Date Accomplished: \_\_\_\_\_

3. Health

Condition/Illnesses (Please specify) \_\_\_\_\_

With Maintenance? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify \_\_\_\_\_

With Disability? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify \_\_\_\_\_

Concerns/Issues:

\_\_\_\_\_ High cost medicines

\_\_\_\_\_ Lack/No access to sanitation

\_\_\_\_\_ Health problems/Ailments: please specify \_\_\_\_\_

\_\_\_\_\_ Lack/No health insurance/s inadequate health services

\_\_\_\_\_ Lack of hospital /medical facilities

\_\_\_\_\_ Lack of medical OFFICERS/professionals

\_\_\_\_\_ Others, please specify \_\_\_\_\_

4. Housing

\_\_\_\_\_ Overcrowding in the family home \_\_\_\_\_ Lost privacy

\_\_\_\_\_ No permanent housing \_\_\_\_\_ Living in squatter’s area

\_\_\_\_\_ Longing for independent living/quiet atmosphere \_\_\_\_\_ High cost rent

\_\_\_\_\_ Others, please specify \_\_\_\_\_

5. Community Service

\_\_\_\_\_ Inadequate leisure/recreational activities \_\_\_\_\_ Desire to participate

\_\_\_\_\_ Senior Citizens Friendly environment \_\_\_\_\_ Skills/resources to share

\_\_\_\_\_ Others, Specify \_\_\_\_\_

6. Identify Others Specific Needs

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed Name and Signature of Senior Citizens	Printed Name and Signature of Interviewer
Date _____	Date _____