

CERTIFICATE OF ELIGIBILITY
(Outright Cash)QN: PCN: Date:
MM DD YYYY☒ AICS ☐ AKAP ☐ New ☐ Returning ☐ On-site ☐ Walk-in ☐ Referral ☒ Off-site ☐ Malasakit CenterThis is to certify that, ☒ ☐ Male ☐ Female ☒
Kumpletong Pangalan ng kliyente (First Name Middle Name Last Name) Kasarian (Sex) Edad (Age)and presently residing at ☒
Kumpletong Tirahan (Complete Address)

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

SELF

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

Kumpletong Pangalan ng Benepisyaryo (First Name Middle Name Last Name)

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"/> Laboratory	<input type="checkbox"/> Social Case Study Report
<input type="checkbox"/> Justification	<input type="checkbox"/> Prescriptions	<input type="checkbox"/> Promissory Note	<input type="checkbox"/> Contract of Employment
<input checked="" type="checkbox"/> Valid I.D. Presented	<input type="checkbox"/> Statement of Account	<input type="checkbox"/> Funeral Contract	<input type="checkbox"/> Certificate of Employment
<input checked="" type="checkbox"/>	<input type="checkbox"/> Treatment Protocol	<input type="checkbox"/> Death Certificate	<input type="checkbox"/> Income Tax Return
	<input type="checkbox"/> Quotation/Chargeslip	<input type="checkbox"/> Death Summary	<input checked="" type="checkbox"/> Others BRGY. INDIGENCY
	<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Referral Letter	

The Client is hereby recommended to receive **CASH** assistance for **DAILY NEEDS**
in the amount of **THREE THOUSAND FIVE HUNDRED PESOS ONLY** Php. **3,500.00** CHARGEABLE AGAINST: **PSP 2024**

Conforme:

Prepared by:

Approved by:

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Client

(Signature over Printed Name)

Social Worker

(Signature over Printed Name)

ROSANEL D. PAGUE

Approving Authority

(Signature over Printed Name)

Acknowledgement ReceiptDate:
DD MM YYYYFinancial Assistance **THREE THOUSAND FIVE HUNDRED PESOS ONLY** Php **3,500**
(Amount in words)

<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 checked="" type="checkbox"/> Cash Relief Assistance

Tinanggap ni:

Binayaran ni:

Sinaksihan ni:

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Client

(Signature over Printed Name)

RDO / SDO

(Signature over Printed Name)

SWO / ADMIN

(Signature over Printed Name)