

**GENERAL INTAKE SHEET**  
**MAARING MAGPATULONG SUMAGOT SA DSWD PERSONNEL**

Date: 10/02/2024

CN: 08501762

**PART I. IMPORMASYON NG KINATAWAN (Identifying Information)**

*Amankut*

Apelyido (Last Name)

*Airose*

Unang Pangalan (First Name)

*Dagoy*

Itnang Pangalan (Middle Name)

Ext. (Sr, Jr, I, II)

House No./Street/Purok  
(Ex 123 Sun)

*Pantaw*  
Barangay (Ex. Batasan)

*Saguran*  
City/Municipality (Ex. Quezon City)

Province/District (Ex. Dist III) Region (Ex. NCR)

Numero ng Telefono

*0941-531-7934* Kapanganakan

(Mobile No.) (Birthdate)

*09-29-91* Edad (Age)

Kasarian (Gender)

Civil Status (Ex. Trabaho) (Ex. Buwanang Kita) (Monthly Salary)

*33*

*M*

*10,000*

**PHYSICAL DISABILITY (Please check the appropriate box)**

None

Visual Impairment

Physically Handicapped

Hearing Impairment

Speech impairment

Health Conditions,  
Please specify:

**IMPORMASYON SA BUHAY (Biographical Information)**

*Caloocan, Manila*

*High School Graduate*

*M*

Place of Birth  
(Lugar ng Kapanganakan)

Education Level  
(Antas ng Natapos)

Ethnicity (Lahing  
Pinanggalingan)

Was the individual a member of a cooperative  
before getting involved in insurgency?

YES

No

Name of Cooperative :

Duration of Membership :

Role or Position Within the Cooperative :

Occupation Before Involvement in  
Insurgency

Current Occupation After Involvement in Insurgency

Reasons for Joining and Leaving

List of Dialect	SPEAK	READ	WRITE
English			
Tagalog		/	/
Bikol			
Cebuano			
Hiligaynon			
Ilokano			
Pampango			
Pangasinense			
Waray			
Others, Please specify:	<i>Maranao</i>		

Motivations for Joining

*Jihad*

Events or Circumstances Leading to Disengagement

*peace progress*

Current Intentions and Motivations

*family well-being*

**PAKIKILAHOK (Insurgency involvement)**

Affiliated Group/Organization	Duration of Involvement	Rank or Role Within the G
<i>Tagilisan</i>	<i>PT</i>	<i>enlistment</i>
Locations Where Activities Took Place		Types of Activities Involved

**PART II. SOCIAL PROTECTION**

Do you have a Birth certificate ?	YES	NO	Authenticate d : YES	NO
Do you have Marriage Certificate	YES	NO	Authenticate d : YES	NO
Are you a Philhealth Member ?	YES	NO	if Yes, Philhealth ID No. <i>20-201297847-4</i>	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive

**GENERAL INTAKE SHEET**  
**MAARING MAGPATULONG SUMAGOT SA DSWD PERSONNEL**

CN: **08501762**

Date: **2024-02-01**

**PART I. IMPORMASYON NG KINATAWAN (Identifying Information)**

**Amirkurat**

Apelyido (Last Name)

**Airose**

Unang Pangalan (First Name)

**Dagoy**

Itnang Pangalan (Middle Name) Ext. (Sr., Jr., II.)

House No./Street/Purok  
(Ex 123 Sun)

**Pantaw**  
Barangay (Ex. Batasan)

**Sacramento**  
City/Municipality (Ex. Quezon City)

Province/District (Ex. Dist III) Region (Ex. NCR)

**0951-531-7934** **09-29-91** **33**

Numero ng Telefono  
(Mobile No.)

Kapanganakan  
(Birthdate)

**Edad (Age)**

**Kasarian (Gender)**

**Civil Status** (✓ Trabaho ( Buwanang Kita (Monthly Salary)

**M** **10,000**

**PHYSICAL DISABILITY (Please check the appropriate box)**

None

Visual Impairment

Physically Handicapped

Hearing Impairment

Speech impairment

Health Conditions,  
Please specify:

**IMPORMASYON SA BUHAY (Biographical Information)**

**Cebuano, Manila**

**High School Graduate**

**M**

Place of Birth  
(Lugar ng Kapanganakan)

Education Level  
(Antas ng Natapos)

Ethnicity (Lahing  
Pinanggalingan)

**N/A**

**Pantaw - Raway**

Occupation Before Involvement in  
Insurgency

Current Occupation After Involvement in Insurgency

What dialect are you able to?

List of Dialect	SPEAK	READ	WRITE
English			
Tagalog		/	/
Bikol			
Cebuano			
Hiligaynon			
Ilokano			
Pampango			
Pangasinense			
Waray			

Others, Please specify:

**Maranao**

**Motivations for Joining**

**Jihad**

**Events or Circumstances Leading to Disengagement**

**peace progress**

**Current Intentions and Motivations**

**family well-being**

**PAKIKILAHOK (Insurgency involvement)**

Affiliated Group/Organization	Duration of Involvement	Rank or Role Within the G.
<b>Tagalog</b>	<b>PT</b>	<b>enlistment</b>
Locations Where Activities Took Place		Types of Activities Involved

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Do you have Marriage Certificate	YES	NO	Authenticate d :	YES	NO
Are you a Philhealth Member ?	YES	NO	if Yes, Philhealth ID No.	<b>20-20247847-4</b>	
				Active	Inactive

## PART II: PSYCHOSOCIAL SUPPORT

### A. Impact on Mental Health

1	How did your involvement with the group affect your mental and emotional well-being?	✓ Stress ✓ Constant fear
2	Do you experience any ongoing psychological challenges, such as anxiety, depression, or	No.

### B. Social Relationships and Support Systems

1	How has your relationship with your family and community changed since leaving the group?	✓ closer to him (relatives)
2	Do you feel you have a support system in place now? Who are they, and how do they support you?	yes, from family

### C. Current Life and Aspirations

1	How do you spend your time currently? Are you working, studying, or involved in any community activities?	✓ road clearing (clear up dirt)
2	What are your hopes and aspirations for the future?	✓ to have sustainable livelihood

### D. Reintegration Challenges

1	What challenges have you faced in reintegrating into society?	lack of qualified & suitable opportunities
2	What kind of support or resources do you think would help you in your reintegration process?	✓ financial support ✓ start-up capital

### E. Coping Mechanisms and Resilience

1	Among your dependents who do you want to avail a study grant program	n/a
2	How do you cope with stress or difficult situations now?	✓ taking care of my children
3	Can you share any strategies or activities that help you stay positive and resilient?	✓ stay focused on your goal in life

### F. Perception of Change and Personal Growth

1	How have you changed since leaving the group?	✓ more patient, wiser
2	What personal growth or changes are you most proud of since your reintegration?	being wiser

### PART III: CAPACITY BUILDING

#### A. VALUES TRANSFORMATION TRAINING

1	Do you wish to undergo skills trainings?	<input checked="" type="checkbox"/> Yes	No
2	What type of skills training do you prefer?	<input checked="" type="checkbox"/> community based	center based

#### B. ALTERNATIVE LEARNING SYSTEM (ALS)

1	Are you willing to enroll in the Alternative Learning System (ALS)	YES	<input checked="" type="checkbox"/> NOT APPLICABLE	
2	Do you have the requirements to start formal education	<p>Yes, which documents?</p> <p>NSO/PSA Authenticated Birth Certificate</p> <p>Form 137 for the last school attended ( For High school or Elementary)</p> <p>Certificate of earned units ( For College Undergraduate)</p> <p>Certificate of Accreditation and Equivalency ( for ALS graduate)</p> <p>Valid ID</p>	NO	NOT APPLICABLE
3	who among your dependents would you like to enroll for ALS?	N/A		

#### C. STUDY GRANT PROGRAM

1	Among your dependents who do you	1/13
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