

Republic of the Philippines
Province Albay
City/Municipality Ligao
Barangay _____

SENIOR CITIZEN APPLICATION FORM

(Please answer appropriately and legibly. Please put check in the space provided before the items.)

1.) NAME: _____
(Last Name) (First Name) (Middle Name)

2.) ADDRESS: _____
(House No. & Street Name) (Barangay/District)

(Municipality/City) (Province)

3.) DATE OF BIRTH: _____ 4.) SEX: _____
(month) (day) (year)

5.) PLACE OF BIRTH: _____

6.) CIVIL STATUS: _____ Single _____ Separated _____ Widow/Widower _____ Married

7.) RELIGION: _____ Roman Catholic _____ Iglesia ni Cristo _____ Islam
_____ Protestant _____ Others, pls. specify _____

8.) ID NUMBER: OSCA _____ GSIS _____
TIN _____ SSS _____
PhilHealth _____

9.) FAMILY COMPOSITION:

NAME	FAMILY COMPOSITION			
	RELATIONSHIP	AGE	Civil STATUS	OCCUPATION/ INCOME

10.) EDUCATIONAL ATTAINMENT:

_____ Elementary Level _____ High School Level _____ College Level

_____ Elementary Graduate _____ High School Graduate _____ College Graduate

_____ Not attended any school _____ Vocational _____ Post Graduate

11.) SOURCE OF INCOME AND ASSISTANCE: (Please check all applicable)

_____ Own earnings/salaries/wages _____ Spouse’s salary

_____ Own Pension _____ Spouse’s pension

_____ Insurance _____ Rentals/Sharecrops

_____ Savings _____ Livestock/Orchards

_____ Stocks/Dividends _____ Dependent on children/relatives

_____ Others, specify _____

12.) ASSETS AND PROPERTIES: (Check all applicable)

_____ House _____ House & Lot _____ Commercial Building

_____ Lot _____ Farmland _____ Fishponds/Resorts

_____ Others, specify _____

13.) **MONTHLY INCOME:** (In Philippine Peso)

_____ 10, 000 and above	_____ 9, 000-9, 999	_____ 8, 000-8, 999
_____ 7, 000-7, 999	_____ 6, 000-6, 999	_____ 5, 000-5, 999
_____ 4, 000-4, 999	_____ 3, 000-3, 999	_____ 2, 000-2, 999
_____ 1, 000-1, 999	_____ 999 and below	

14.) **LIVING/RESIDING WITH:** (Check all applicable)

_____ Alone	_____ Children	_____ Grandchildren
_____ Spouse	_____ Friends	_____ Relatives
_____ Care Institutions	_____ Common Law Spouse	_____ In Laws
_____ House helps	_____ Others, specify _____	

15.) **AREAS OF SPECIALIZATION/SKILLS:**

_____ Medical	_____ Dental	_____ Farming	_____ Vocational
_____ Teaching	_____ Counseling	_____ Fishing	_____ Arts
_____ Legal Services	_____ Evangelization	_____ Cooking	_____ Engineering
_____ Others, specify _____			

16.) **INVOLVEMENT IN COMMUNITY ACTIVITIES:** (Check all applicable)

_____ Medical	_____ Resource Volunteer	_____ Legal Services
_____ Dental	_____ Counseling/Referral	_____ Religious
_____ Sponsorship	_____ Community Beautification	
_____ Community/Organization Leader		
_____ Others, specify _____		

17.) **PROBLEMS/NEEDS COMMONLY ENCOUNTERED:** (Check all applicable)

a. **Economic**

_____ Lack of income/resources	_____ Loss of income/resources
_____ Skills/capability training: (specify) _____	
_____ Livelihood Opportunities: (specify) _____	

b. **Social/Emotional**

_____ Feeling of neglect & rejection
_____ Feeling of helplessness & worthlessness
_____ Feeling of loneliness & isolation
_____ Inadequate leisure/recreational activities
_____ Senior Citizen Friendly Environment
_____ Others, specify _____

c. **Health**

_____ High cost of medicines	_____ Lack of no health insurance/s
_____ Inadequate health services	_____ Lack of medical professional
_____ Lack of hospital/medical facilities	_____ Lack/No access to sanitation
_____ Health problems/ailments, specify _____	
_____ Others, specify _____	

d. **Housing**

_____ Overcrowding in the family home	_____ Lost Privacy
_____ High cost of rent	_____ No permanent housing
_____ Living in squatters area	_____ Longing for independent
_____ Others, specify _____	

e. **Community Service**

_____ Desire to participate	_____ Skills/resources to share
_____ Others, specify _____	

f. **Identify other Specific needs:** _____

(Print Name & Signature of Senior Citizen)

(Print Name & Signature of Interviewer)

Date of Interview: _____