



GENERAL INTAKE SHEET

Control No.

MAAARING MAGPATULONG SUMAGOT SA CSWD PERSONNEL

Date:

IMPORMASYON NG BENEPISYARYO (Beneficiary's Identifying Information)

Apelyido (Last Name)	Unang Pangalan (First Name)	Gitnang Pangalan (Middle Name)	Ext. (Sr.Jr.)
House No./Street/Purok	Barangay	City/Municipality	Province/District
Region			
Numero ng Telepono	Kapanganakan	Edad	Kasarian
Civil Status	Trabaho	Buwanang Kita	

IMPORMASYON NG KINATAWAN (Representative's Identifying Information)

Apelyido (Last Name)	Unang Pangalan (First Name)	Gitnang Pangalan (Middle Name)	Ext. (Sr.Jr.)
House No./Street/Purok	Barangay	City/Municipality	Province/District
Region			
Numero ng Telepono	Kapanganakan	Edad	Kasarian
Civil Status	Trabaho	Buwanang Kita	

Relasyon sa Benepisyaryo

KOMPOSISYON NG PAMILYA (Family Composition)

BUONG PANGALAN	RELASYON SA BENEPISYARYO	EDAD	TRABAHO	BUWANANG KITA

SOCIAL WORKER'S ASSESSMENT

The client is a college student in need of a monthly educational stipend to cover the daily school expenses. Although the family desires to support the client, they are unable to do so due to their own economic constraints. Both internal and external family resources have been exhausted, and they are unable to seek additional help from relatives due to financial limitations. The family is also facing crisis situation due to rising inflation. Based on the these circumstances, the client is deemed eligible for an educational stipend and is recommended for assistance.

TYPE OF ASSISTANCE:

- ☐ Medical
- ☐ Food Assistance
- ☐ Funeral/Burial
- ☐ Cash Assistance for Other Support Services
- ☐ Transportation
- ☐ Financial
- ☐ Educational

PROVIDED ASSISTANCE	AMOUNT	FUND SOURCE
Monthly Educational Stipend	P 1,000.00	CSWDO

Records of this case such as the following are confidentially filed at the City Accounting Office

- ☐ Application Form
- ☐ Certificate of Grades from the previous semester with the General Weighted Average
- ☐ Brgy. Clearance
- ☐ Undertaking
- ☐ Authenticated Certificate of Registration or Enrollment
- ☐ General Intake Sheet Form
- ☐ Any Valid ID

I declare under oath that I personally accomplished the GIS Form and all the information provided herewith is TRUE, CORRECT, VALID, and COMPLETE pursuant to existing laws, rules, and regulations of the Republic of the Philippines. I authorized the agency Head/Authorized Representatives to verify and validate the contents stated herein. I also AGREE that any MISINTERPRETATION and information /acts to DEFRAUD the government, including attached documents, shall cause the filing of appropriate case/s againsts me.

Buong Pangalan at Pirma

Interviewed by:

Reviewed and Approved by:

Social Worker

IRENE B. RACHO, RSW,MSSW,DPM
CSWDO- Department Head