DEPARTMENT OF HEALTH

Philippine Registry For Persons with Disabilities Version 4.0

Application Form

1. ☐ NEW APPLICANT ☐ RENEWAL *				*Place 1"x1" Photo Here*
2. PERSONS WITH DISABILITY NUMBER (RR-PPMM-BBB-NNNNNNN) *			3. DATE APPLIED: * (mm/dd/yyyy)	
4. PERSONAL INFORMATION *				
LAST NAME: *	FIRST NAME: *	MIDDLE NAME: *	SUFFIX: *	
5. DATE OF BIRTH: * (mm/dd/yyyy)			6. SEX: * ☐ MALE ☐ FEMALE	

7. CIVIL STATUS: *

○ Single ☐ Separated ☐ Cohabitation (live-in) ☐ Married ☐ Widow/er

8. TYPE OF DISABILITY: *

- ☐ Deaf or Hard of Hearing
- ☐ Intellectual Disability
- ☐ Learning Disability
- ☐ Mental Disability
- ☐ Physical Disability(Orthopedic)
- ☐ Psychosocial Disability
- ☐ Speech and Language Impairment
- ☐ Visual Disability
- ☐ Cancer(RA11215)
- ☐ Rare Disease(RA10747)

9. CAUSE OF DISABILITY: *

☐ **Congenital / Inborn**
- ☐ ADHD
- ☐ Cerebral Palsy
- ☐ Down Syndrome
- ☐ Others, Specify:_____

☐ **Acquired**
- ☐ Chronic Illness
- ☐ Cerebral Palsy
- ☐ Injury
- ☐ Others, Specify:_____

10. RESIDENCE ADDRESS *

House No. and Street:*	Barangay:*	Municipality:*	Province:*	Region:*

11. CONTACT DETAILS

Landline No.:	Mobile No.:	E-mail Address:

12. EDUCATIONAL ATTAINMENT: *

- ○ None
- ○ Kindergarten
- ○ Elementary
- ○ Junior High School
- ○ Senior High School
- ○ College
- ○ Vocational
- ○ Post Graduate

13. STATUS OF EMPLOYMENT: *

- ○ Employed
- ○ Unemployed
- ○ Self-employed

13 a. CATEGORY OF EMPLOYMENT: *

- ○ Government
- ○ Private

13 b. TYPES OF EMPLOYMENT: *

- ○ Permanent / Regular
- ○ Seasonal
- ○ Casual
- ○ Emergency

14. OCCUPATION: *

- ○ Managers
- ○ Professionals
- ○ Technicians and Associate Professionals
- ○ Clerical Support Workers
- ○ Service and Sales Workers
- ○ Skilled Agricultural, Forestry and Fishery Workers
- ○ Craft and Related Trade Workers
- ○ Plant and Machine Operators and Assemblers
- ○ Elementary Occupations
- ○ Armed Forces Occupations
- ○ Others, specify: _____

15. ORGANIZATION INFORMATION:

Organization Affiliated:	Contact Person:	Office Address:	Tel. Nos.:

16. ID REFERENCE NO.:

SSS NO.:	GSIS NO.:	PAG-IBIG NO.:	PSN NO.:	PhilHealth NO.:

17. FAMILY BACKGROUND:	LAST NAME	FIRST NAME	MIDDLE NAME
FATHER'S NAME:			
MOTHER'S NAME:			
GAUARDIAN'S NAME :			

18. ACCOMPLISHED BY: *	LAST NAME	FIRST NAME	MIDDLE NAME
☐ APPLICANT			
☐ GUARDIAN			
☐ REPRESENTATTIVE			
19. NAME OF CERTIFYING PHYSICIAN: LICENSE NO.:			
20. PROCESSING OFFICER: *			
21. APPROVING OFFICER: *			
22. ENCODER: *			

23. NAME OF REPORTING UNIT(OFFICE/SECTION) :*

24. CONTROL NO.: *

Revised as of August 1, 2021

PERSON WITH DISABILITY AFFAIRS OFFICE (PDAO)
City of Ligao

PERSONS WITH DISABILITIES FAMILY PROFILE

Barangay: _____, Ligao City Albay 4504, Philippines
Purok No. Barangay

HEAD OF THE FAMILY

_____
Surname First Name Middle Name Suffix Contact Number

_____
Date of Birth Age Sex Civil Status Educational Attainment Occupation Monthly Income

Parent or Guardian of the PWD: _____ ***Contact No.:*** _____
(Nag-aalaga sa PWD)

FAMILY COMPOSISTION

Family Members FULLNAME				Relation to the Family Head	Date of Birth	Sex	Civil Status	Educational Attainment	Occupation	Monthly Income	Disability
LAST	FIRST	MIDDLE	SUF								

_____
Signature/Thumbmark over
Name of the Client

_____
Relation to Persons with Disabilities

_____
Name of Barangay Community Rehabilitation Worker printed

_____
Date Accomplish