Republic of the Philippines
Province of Pampanga
MUNICIPALITY OF MAGALANG
MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

Application Form for PWD

Date of Application: _____ PWD ID No.: _____
Registration No.: -00000____

I. PERSONAL INFORMATION

First Name: _____Middle Name: _____Last Name: _____ Suffix: _____
Date of Birth: _____ Age: _____ Place of Birth: _____
Civil Status: _____Religion: _____Ethnic Group: _____
Gender Preference: Male: ____ Female: ____Lesbian: _____ Gay: ____ Bisexual: ___ Transgender: _____ Queer: _____
Blood Type: A+:___ B-___ AB+___ AB-___ B+___ B-___ 0+____ 0-____
Contact Number / CP No. _____ Email Account: _____
Facebook Account: _____ Others: _____

II. RESIDENCE ADDRESS:

House No.: _____ Block: _____ Lot: _____ Phase: _____ Sitio: _____ Barangay _____

III. FAMILY BACKGROUND:

	NAME (First Name/Middle Name/Last name)	AGE	RELATION	CIVIL STATUS	EDUCATIONAL ATTAINMENT	OCCUPATION	INCOME / SALARY
•			father				
•			mother				
	FAMILY MEMBERS (First Name / Middle Name / Last Name)						
1.							
2.							
3.							
4.							
5.							

IV. In Case of Emergency (Please Notify):First Name:_____Mid. Name_____Last Name_____
Contact No.: _____

V. TYPE OF DISABILITY (please put check only):

Deaf/Hard of Hearing: _____
Intellectual Disability: _____
Learning Disability: _____
Mental Disability: _____
Orthopedic Disability _____
Physical Disability _____
Psychosocial Disability _____
Visual Disability _____
Speech and Language _____
Impairment / Disability

VI. CAUSE OF DISABILITY (please put check only):

Acquired: _____
Cancer: _____
Chronic Illness: _____
Congenital/Inborn: _____
Injury: _____
Rare Disease: _____

Final Diagnosis/Disability: _____
_____

VII. EDUCATIONAL ATTAINMENT:

None: _____ Elementary Education/Grade: _____ HS Education (Year / Level) _____
College: _____ Course: _____ Postgraduate Program _____
Non Formal Education: _____ Vocational Course/Education: _____
School Last Attended (SY): _____: Name of School: _____

VIII. OCCUPATION (please put check):

Managers: ____ Professionals: ____ Technician/Associate: ____ Clerical Support Workers: _____ Service and Sales Workers: ____ Skilled Agricultural, Forestry and Fishery Workers: ____ Craft and Related Trade Workers: _____
Plant /Machine operators:____ Factory Workers: ____ laborer/construction workers: _____ Armed Forces Occupations: _____ Others (specify): _____
Skills: _____

IX. STATUS OF EMPLOYMENT (please put check): **X. CATEGORY OF EMPLOYMENT (please put check):**

Employed: ____ Unemployed: ____ Self – Employed: ____

XI. TYPES OF EMPLOYMENT (please put check): Government ____ Private _____
Permanent/regular: ___ Seasonal: ___ Casual: ___ Emergency: ___ others: ___

Reference ID No.: SSS NO.: _____ GSIS NO.:_____ PAG_IBIG No.: _____
PhilHealth No.: _____ Student ID No.: _____ Professional ID: _____National ID NO.: _____

Accomplish By: _____ ***Relation to PWD:*** _____ ***Date:***_____