



FORM NO. 1

Republic of the Philippines
Province of Guimaras
Municipality of Nueva Valencia
OFFICE OF THE SENIOR CITIZENS AFFAIRS



REGISTRATION FORM

NAME: _____
SURNAME FIRST NAME MIDDLE NAME

MOTHERS MAIDEN NAME: _____

FATHERS NAME: _____

DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____

CIVIL STATUS: _____ SEX: _____

PLACE OF BIRTH: _____

EDUCATIONAL ATTAINMENT: _____

OCCUPATION: _____ ANNUAL INCOME: _____

OTHER SKILLS: _____

FAMILY COMPOSITION

NAME	RELATIONSHIP	AGE	CIVIL STATUS	OCCUPATION	INCOME

Use the other side if necessary

MEMBERSHIP OF SENIOR CITIZENS ASSOCIATION

NAME OF ASSOCIATION: _____

ADDRESS OF ASSOCIATION: _____

DATE OF MEMBERSHIP: _____ POSITION: _____

IF AN OFFICER DATE ELECTED: _____

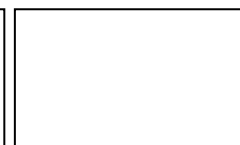
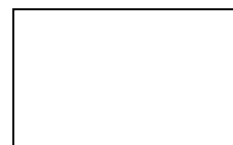
I certify that the above information is true and correct to the best of my knowledge and belief.

Note: This registration form shall secure by the Senior Citizens.

From OSCA and submitted with two (2) 1x1 ID picture.

- one to be attached on this form
- one for the ID Card

Signature or Thumb mark of Senior Citizen



Right

Left

OSCA ID #: _____

Date of Registration: _____

Community Tax No. _____

Date Issued: _____

Place Issued: _____

Republic of the Philippines
Province of Guimaras
Municipality of Nueva Valencia
BARANGAY _____

Petsa

Ako si _____
Ngalan *Edad*

nagapuyo sa _____ NUEVA VALENCIA, GUIMARAS.
Sitio *Barangay*

Nagapamatuod nga ako: (Please check)

Pigado

Wala Pension halin sa

GSIS SSS PVAO AFPLA kag iban pa nga Insurance Company.

May Pension halin sa

GSIS SSS PVAO AFPLA kag iban pa nga Insurance Company.

Kon mapamatud-an nga ako wala nagadeclarar sang kamatuoran, handa ako nga magbayad/magbalik sang kantidad nga akon nabaton halin sa Social Pension Program upod man sang iban nga penalidad nga igahatag sa idalum sang Republic Act 9994.

Name and Signature of Pensioner

Attested:

Punong Barangay

Barangay Association President

Republic of the Philippines
Province of Guimaras
Municipality of Nueva Valencia
BARANGAY _____

SENIOR CITIZEN'S GENERAL INTAKE SHEET

(Please answer appropriately and legibly)

NAME: _____
Last Name
First Name
Middle Name

ADDRESS: _____
House No. & Street Name
Barangay
Municipality/City
Province
Region

DATE OF BIRTH: _____ month/day/year
 SEX: Male Female

PLACE OF BIRTH: _____ Blood Type: "A+" "B+" "AB+" "O+" _____

BENEFICIARY IDENTIFYING INFORMATION: CIVIL STATUS: Single Married Separated Widow/Widower
 NHTS-PR (Listahanan) Indigenous People Pantawid Beneficiary
 RELIGION: Roman Catholic Protestant Iglesia ni Cristo Islam
 Others: _____

ID Number: OSCA _____ GSIS _____
 TIN _____ SSS _____
 PHILHEALTH _____ Others: _____

FAMILY COMPOSITION

NAME	RELATIONSHIP	AGE	CIVIL STATUS	OCCUPATION	INCOME

EDUCATIONAL ATTAINMENT:

Elementary Level High School Level College Level
 Elementary Graduate High School Graduate College Graduate
 Not Attended Any School Vocational Post Graduate

SOURCE OF INCOME & ASSISTANCE: (Check all applicable)

Own earnings, salaries/wages Spouse's salary Rentals/Sharecrops
 Own pension Insurances Savings
 Stocks/Dividends Spouses's pension Livestock/Orchards
 Dependent on children/relatives Others, specify _____

ASSETS & PROPERTIES: (Check all applicable)

House Farmland Others, specify _____
 Lot Fishponds/Resorts
 House & Lot Commercial Building

MONTHLY INCOME: (In Philippine Peso)

10,000.00 & above 6,000.00-6,999.00 2,000.00-2,999.00
 9,000.00-9,999.00 5,000.00-5,999.00 1,000.00-1,999.00
 8,000.00-8,999.00 4,000.00-4,999.00 999.00 & above
 7,000.00-7,999.00 3,000.00-3,999.00

LIVING/RESIDING WITH: (Check all applicable)

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

AREAS OF SPECIALIZATION/SKILLS: (Check all applicable)

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

- ___ Medical
- ___ Resource Volunteer
- ___ Community Beautification
- ___ Community/Organizational Leader
- ___ Dental
- ___ Friendly Visits
- ___ Neighborhood Support Services

- ___ Religious
- ___ Counseling/referral
- ___ Sponsorship
- ___ Legal Services
- ___ Others, specify _____

Problems/Needs Commonly Encountered: (Check all applicable)

a. ECONOMIC

- ___ Lack of income/resources
- ___ Loss of income/resources
- ___ Skills/Capability Training:
(specify) _____

- ___ Livelihood opportunities:
(specify) _____
- ___ Others, 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

Condition/Illnesses _____
(Please specify)

With Maintenance: YES If yes, please specify _____
 NO

Concerns/Issues:

- ___ High cost medicines
- ___ Lack of medical professionals
- ___ Lack/No access to sanitation
- ___ Health problems/Ailments: specify _____

- ___ Lack /No health insurance/s inadequate health services
- ___ Lack of hospitals/medical facilities
- ___ Others, specify _____

d. HOUSING

- ___ Overcrowding in the family home
- ___ No permanent housing
- ___ Longing for independent living/quiet atmosphere
- ___ Lost privacy

- ___ Living in squatter's area
- ___ High cost rent
- ___ Others, specify: _____

e. COMMUNITY SERVICE

- ___ Desire to participate
- ___ Skills/resources to share
- ___ Others, specify: _____

f. IDENTIFY OTHERS SPECIFIC NEEDS

Print Name and Signature of Senior Citizen

Print Name and Signature of Interviewer

Date of Interview: _____