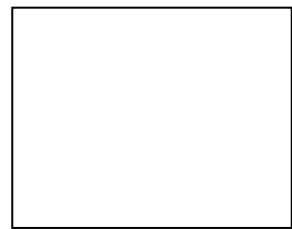


SOCIAL PENSION INTAKE FORM



A. Background information:

1. Name of SC: _____ NHTS-PR No. _____
(Surname/First Name/Middle Name)
2. Sex: _____ Male _____ Female
3. Age: _____
4. Civil Status: _____ Single _____ Married _____ Widowed _____ Separated
5. Date of Birth: _____ 6. Place of Birth: _____
(Month / Day / Year)
7. Address: _____
(House No. / Street / Sitio / Barangay)
8. Contact Details: Landline: _____ E-mail: _____ Mobile No: _____
9. Living Arrangement: (Pls. check) Living Alone: _____ Living with relatives: _____
Owned house: _____ Rented: _____ No. of years: _____
10. If pensioner: (Pls. check) GSIS: _____ SSS: _____ Private: _____ Previous work: _____
11. If Non-Pensioner, Do you get support from the family, friends, etc. Yes: _____ No: _____
12. Affiliation: (Pls. check) FSCAP: _____ COSE: _____ Others (Specify): _____
13. SC-ID Presented: Issued by: _____ Issued On: _____ Place of Issue: _____
14. In case, bedridden/immobile/disabled: (Specify) _____
15. Name of Authorized representative: _____
Relationship: _____ Address: _____
Contact No.: _____

B. Other Information:

1. Self-Related Hunger:
Nakaranas ka ba ng pagkagutom: If Yes, (Gaano ka kadalas nakakaranas ng pagkagutom sa isang lingo?)
Most often (Mas Madalas) _____ Often (Madalas) _____
Not so often (Hindi Gaano) _____ Once in a while (Minsan Lang) _____
2. Health/Physical Condition:
2.1 May sakit kaba o karamdaman? Meron _____ Wala _____
2.2 Immobile _____ Mobile _____ Completely dependent on Assistive Device _____
Slightly Dependent on Assistive Device _____

Interviewed By:

(Signature Over Printed Name)
Date Accomplishment: _____

Senior Citizen's Name and Signature
Date Accomplishment: _____

Reviewed by: MILA L. ADVIENTO
OSCA-HEAD

Noted by: _____
C/MSWDO

Date Accomplished: _____

3. Health

Condition/Illnesses (Please specify) _____

With Maintenance? Yes _____ No _____ If yes, please specify _____

With Disability? Yes _____ No _____ If yes, please specify _____

Concerns/Issues:

- _____ High cost medicines
- _____ Lack/No access to sanitation
- _____ Health problems/Ailments: please specify _____
- _____ Lack/No health insurance/s inadequate health services
- _____ Lack of hospital /medical facilities
- _____ Lack of medical OFFICERS/professionals
- _____ Others, please specify _____

4. Housing

- _____ Overcrowding in the family home
- _____ No permanent housing
- _____ Longing for independent living/quiet atmosphere
- _____ Others, please specify _____
- _____ Lost privacy
- _____ Living in squatter's area
- _____ High cost rent

5. Community Service

- _____ Inadequate leisure/recreational activities
- _____ Senior Citizens Friendly environment
- _____ Desire to participate
- _____ Skills/resources to share
- _____ Others, Specify _____

6. Identify Others Specific Needs

Printed Name and Signature of Senior Citizens	Printed Name and Signature of Interviewer
Date _____	Date _____