Muntinlupa City Registry Form for Person with Disability

Requirements :
- 2 pcs -1x1 picture.
- Medical cert. and Cert. of disability

1. PWD NUMBER:
2. AGE :
3. LAST NAME: | FIRST NAME: | MIDDLE NAME:

4. TYPE OF DISABILITY :
- ○ Psychosocial Disability
- ○ Orthopedic (Musculoskeletal) Disability
- ○ Mental/Intellectual
- ○ Visual Disability
- ○ Learning Disability
- ○ Hearing Disability
- ○ Speech Impairment

5. CAUSE OF DISABILITY: ○ Congenital / Inborn ○ Illness ○ Injury

6. Address/Place of Residence:
Type of Residence : ○ Own ○ Rental ○ Sharing with Relatives
Years of Residency: _____

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

7. CONTACT DETAILS:
TEL. NO. : | MOBILE NO. : | EMAIL ADDRESS :

8. DATE OF BIRTH : (MMM/DD/YYYY)

9. GENDER :
○ Male ○ Female

10. CIVIL STATUS : ○ Minor ○ Single ○ Married ○ Widow/er ○ Separated ○ Live-In

11. EDUCATIONAL ATTAINMENT (Grade/Yr Level/Course): _____
○ Elementary Undergraduate ○ Elementary Graduate ○ High School Undergraduate ○ High School Graduate
○ College Undergradraduate ○ College Graduate ○ Post Graduate ○ Vocational ○ None
Talent Special Ability : _____

12. OCCUPATION : _____
○ Not Applicable

13. EMPLOYMENT STATUS : ○ Employed ○ Unemployed ○ Self – Employed

14. TYPE OF EMPLOYMENT : (*Please check if employed*) ○ Private ○ Government

15. NAME / TYPE OF EMPLOYER: (*Please check if employed*) _____
○ Permanent ○ Regular ○ Contractual ○ Seasonal ○ Emergency

17. ID Reference No.
SSS No. :
GSIS No. :
Pag-ibig No. :
Phil Health No. :
Phil Health Dependant No .: _____

18. BLOOD TYPE:
○ A+ ○ A- ○ B+ ○ B-
○ AB+ ○ AB- ○ O+ ○ O- ○ O

19. Organization Information
Organization Affiliated.:
Contact Person :
Office Address :

20. FAMILY BACKGROUND :

NAME :	RELATION :	AGE:	CIVIL STATUS :	EDUCATIONAL ATTAINMENT :	TYPE OF WORK / LIVELIHOOD	MONTHLY INCOME

(Please write at the back for additional family members living with..)

21. MONTHLY EXPENSES :

Food	Shelter	Clothing	Electric	Water	Medicine

Others :
PWDs and Family's Needs/Problems/Issues : _____

22. ACCOMPLISHED BY:
23. DATE/TIME OF INTERVIEW:
23. NAME OF REPORTING UNIT :
24 REGISTRATION NUMBERS:

/SSD/PWD06