



**DEPARTMENT OF HEALTH
PHILIPPINE REGISTRY FOR PERSONS WITH DISABILITY**



Application Form Version 4.0

1. <input type="checkbox"/> NEW APPLICANT		<input type="checkbox"/> RENEWAL		Place 2"x 2" photo here
2. PWD NUMBER (RR-PPMM-BBB-NNNNNNN)		3. DATE APPLIED		
4. LAST NAME:	FIRST NAME:	MIDDLE NAME:	SUFFIX:	
5. DATE OF BIRTH (mm/dd/yyyy)	6. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		7. CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Cohabitation (Live-in) <input type="checkbox"/> Widow/er	
8. TYPE OF DISABILITY (Check all that apply) <input type="checkbox"/> Deaf/Hard of Hearing <input type="checkbox"/> Psychosocial Disability <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Speech and Language Impairment <input type="checkbox"/> Learning Disability <input type="checkbox"/> Visual Disability <input type="checkbox"/> Mental Disability <input type="checkbox"/> Cancer (RA 11215) <input type="checkbox"/> Physical Disability <input type="checkbox"/> Rare Disease (RA 10747)			9. CAUSE OF DISABILITY <input type="checkbox"/> Congenital/Inborn <input type="checkbox"/> Acquired <input type="checkbox"/> Autism <input type="checkbox"/> Accident <input type="checkbox"/> ADHD <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Injury Others, specify: _____ Others, specify: _____	
10. ADDRESS	HOUSE No. and STREET NAME:		BARANGAY:	
	CITY/MUNICIPALITY:		PROVINCE:	REGION:
11. CONTACT DETAILS		LANDLINE:	MOBILE No:	E-MAIL ADDRESS:
12. EDUCATIONAL ATTAINMENT <input type="checkbox"/> None <input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary <input type="checkbox"/> Junior High School <input type="checkbox"/> Senior High School <input type="checkbox"/> College <input type="checkbox"/> Vocational <input type="checkbox"/> Post Graduate		13. EMPLOYMENT STATUS <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed 13.a CATEGORY OF EMPLOYMENT <input type="checkbox"/> Government <input type="checkbox"/> Private 13.b TYPES OF EMPLOYMENT <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Casual <input type="checkbox"/> Seasonal <input type="checkbox"/> Emergency		14. OCCUPATION <input type="checkbox"/> Managers <input type="checkbox"/> Professionals <input type="checkbox"/> Technicians and Associate Professionals <input type="checkbox"/> Clerical support workers <input type="checkbox"/> Service and sales workers <input type="checkbox"/> Skilled agricultural, forestry and fishery workers <input type="checkbox"/> Craft and related trade workers <input type="checkbox"/> Plant and machine operators and assemblers <input type="checkbox"/> Elementary occupations <input type="checkbox"/> Armed forces occupations <input type="checkbox"/> Other, specify: _____
15. ORGANIZATION INFORMATION Organization Affiliated: _____ Contact Person: _____ Office Address: _____ Tel. No.: _____ Contact Person in case of emergency: Name: _____ Contact No.: _____			16. ID REFERENCE NUMBER SSS No. _____ GSIS No. _____ PSN No. _____ PAG-IBIG No. _____ PhilHealth No. _____ <input type="checkbox"/> PhilHealth Member <input type="checkbox"/> PhilHealth Member-Dependent	
17. FAMILY BACKGROUND		LAST NAME	FIRST NAME	MIDDLE NAME
FATHER				
MOTHER				
18. ACCOMPLISHED BY: <input type="checkbox"/> APPLICANT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> REPRESENTATIVE Name: _____			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.				
TAX CLAIMANT NAME:				
TIN No.:				
CONTACT No.:				
_____ SIGNATURE or THUMB MARK OF APPLICANT				

REQUIREMENTS FOR PWD ID APPLICANT: (Please bring original and Xerox copy)

1. COMELEC ID/VOTER'S CERTIFICATE (Any valid or government ID as proof of residency in Cainta)
2. MEDICAL CERTIFICATE w/ DISABILITY (nakalagay ang diagnosis at kung ano ang naging kapansanan)
3. 2 pcs. 2 X 2 PICTURE (latest picture)
4. SIGNATURE or THUMB MARK

DEPARTMENT OF HEALTH ADMINISTRATIVE ORDER No. 2013-0005-A

Amendment to administrative Order No. 2013-0005 dated February 7, 2013 entitled "National Policy on the Unified Registry Systems of the Department of Health"

DOH A.O. No. 2013-0005, "National Policy on the Unified Registry Systems of the Department of Health" (Chronic Non-Communicable Diseases, Injury Related Cases, Persons with Disability and Violence Against Women and Children Registry System) "which states that the Philippine Registry for Persons with Disability (PRPWD) as a component of this issuance make certain that a recording and reporting system of different types of disabilities shall be established and institutionalized at the national, regional and local levels. With this, the DOH and the National Council on Disability Affairs should make necessary improvements on the PRPWD".

OBJECTIVES:

1. To provide a revised/modified version of the DOH PRPWD registry
2. Harmonize the registry with R.A. 11228, R.A. 10747 and R.A. 11215

COVERAGE AND SCOPE: This Order shall apply to all DOH Central Office, Centers for Health Development Offices, Philippine Health Insurance Corporation, Provincial/District/City/Municipal Offices, Government and Private Clinics/hospitals, medical professional, societies/associations, and related health care establishments, pharmacies and other establishment dispensing medicines.

DEFINITION OF TERMS: Consistent with the pertinent definitions used in the IRR of R.A. 7277 and R.A. 9442 and World Health Organization, the following terms of Types of Disability shall be defined as follows:

1. **DEAF/HARD OF HEARING** – refers to people with hearing loss, implies little or no hearing ranging from mild to severe. Hearing loss, also known as hearing impairment means the complete or partial loss of the ability to hear from one or both ears with 26 dB or greater hearing threshold, averaged at frequencies 0.5, 1, 2, 4 kilohertz.
2. **INTELLECTUAL DISABILITY** – a significantly reduced ability to understand new or complex information and to learn and apply new skills.
3. **LEARNING DISABILITY** – persons who, although normal in sensory, emotional and intellectual abilities, exhibit disorders in perception, listening, thinking, reading, writing, spelling and arithmetic.
4. **MENTAL DISABILITY**– disability resulting from organic brain syndrome and or mental illness (psychotic or non-psychotic disorder).
5. **PHYSICAL DISABILITY** – is a restriction of participation due to any impairment that affects a person's mobility, endurance or stamina in the safe performance of sustained physical activity, dexterity in accomplishing tasks skilfully and quality of life. Causes may be congenital, hereditary or acquired fro trauma, infection, surgical or medical condition and include the following disorders, namely: (1) Connective tissues, musculoskeletal or orthopaedic disorders (2) Neurological or neuromuscular disorders (3) Cardiopulmonary disorders.
6. **PSYCHOSOCIAL DISABILITY** – any acquired behavioral, cognitive, emotional or social impairment that limits one or more activities necessary to effective interpersonal transactions and other civilizing process or activities to daily living such as but not limited to deviancy or anti-social behavior. (Medical Certification must be certified by Psychiatrist or Psychologist)
7. **SPEECH AND LANGUAGES IMPAIRMENTS** – means one or more speech/language disorders of voice, articulation, rhythm and/or the receptive and expressive processes of language.
8. **VISUAL DISABILITY** – A person with visual disability is one who has impairment of visual functioning even after treatment and/or standard refractive correction, and has visual acuity in the better eye of less than (6/18 for low vision and 3/60 for blind), or a visual field of less than 10 degrees from the point of fixation. A certain level of visual impairment is defined as legal blindness. One is legally blind when your best corrected central visual acuity in your better eye is 6/60 or worse or your side vision is 20 degrees or less in the better eye. (Medical Certificate must be issued by an Ophthalmologist).
9. **CANCER (R.A. 11215)** – Cancer refers to a genetic term for a large group of diseases that can affect any part of the body. Other terms used are malignant tumors and neoplasms. One defining feature of cancer is the rapid creation of abnormal cells that grow beyond their usual boundaries, and which can then invade adjoining parts of the body and spread to other organs.
10. **RARE DISEASE (R.A. 10747)** – refers to disorders such as inherited metabolic disorders and other diseases with similar rare occurrence as recognized by the DOH upon recommendation of the NH but excluding catastrophic (i.e. life threatening, seriously debilitating, or serious and chronic) forms of more frequently occurring diseases.

CAUSES OF DISABILITY:

1. **CONGENITAL/INBORN** (Autism, ADHD, Cerebral Palsy, Down Syndrome)
2. **ACQUIRED** (Chronic Illness, Cerebral Palsy, Injury, Rare Disease)

DECLARATION OF POLICIES

1. RA 11228, s. 2019 – An Act Providing for the Mandatory Phil Health Coverage for all PWD's amending for the purpose RA 7277, otherwise known as the Magna Carta for Persons with Disability
2. RA 11215, s. 2019 – An Act Institutionalizing a National Integrated Cancer Control Program and Appropriating Funds
3. RA 10747, s. 2016 – An Act Promulgating a Comprehensive Policy in Addressing the Needs of Persons with Rare Disease