

MAY OSCA ID <span style="margin-left: 20px;"> <input type="checkbox"/> MERON  <input type="checkbox"/> WALA         </span>	<b>Porma Ng Pagkakakilanlan ng Senior Citizens</b>																																																													
<b>PANGUNAHING PAGKAKAKILANLAN</b>																																																														
Surname(Apelyido)                      Name(Pangalan)                      Middle Name(GitnangPangalan)	Kapanganakan <hr/> Lugar ng Kapanganakan																																																													
Address (tirahan) (Street/Subd)                                      Barangay                                      Municipality                                      Province																																																														
Sex (Kasarian) <input type="checkbox"/> Female(babae) <input type="checkbox"/> Male (lalaki)	<b>KatayuanSibil</b> <input type="checkbox"/> Single (walangAsawa) <input type="checkbox"/> Married (May Asawa) <input type="checkbox"/> Widowed (Balo) <input type="checkbox"/> Separated (hiwalay)	<b>Taunang Kita</b> P60,000pababa P60,000pataas	<b>Pangalan ng Asawa</b> <hr/> Contact No.(Landline/CP #)																																																											
<b>Edukasyon</b> <input type="checkbox"/> Di nakapag-aral <input type="checkbox"/> Mababang Paaralan <input type="checkbox"/> Mataas na Paaralan <input type="checkbox"/> Kolehiyo <input type="checkbox"/> <b>KURSO</b> <input type="checkbox"/> Vocational	<b>Salitang Ginagamit</b> Taon _____ Taon _____ Taon _____	<b>Kayo po ba ay tumatanggap ng pensyon?</b> <input type="checkbox"/> Oo    Kung Oo ito ba ay sa <input type="checkbox"/> GSIS <input type="checkbox"/> Hindi <input type="checkbox"/> SSS <input type="checkbox"/> Others (iba pa)																																																												
<b>COMMON ILLNESSES (MGA KARANIWANG KARAMDAMAN)</b>																																																														
<input type="checkbox"/> Hypertension (Mataas ng Presyon ng Dugo) <input type="checkbox"/> Heart Disease (Sakit sa Puso) <input type="checkbox"/> Cerebrovascular Disease (Stroke) <input type="checkbox"/> Pulmonary Tuberculosis <input type="checkbox"/> Bronchial Asthma (Hika) <input type="checkbox"/> Diabetes Milletus (Diabetes) <input type="checkbox"/> Kidney Disease (sakit sa Bato) <input type="checkbox"/> Peptic Ulcer (Sakit sa Sikmura) <input type="checkbox"/> Liver Disease (Sakit sa Atay) <input type="checkbox"/> Arthritis <input type="checkbox"/> Visual Impairment (May Kapansanan sa Mata) <input type="checkbox"/> Hearing Impairment (May Kapansanan sa Pandinig) <input type="checkbox"/> Others	<input type="checkbox"/> Oo <input type="checkbox"/> Oo <input type="checkbox"/> Oo <input type="checkbox"/> Oo <input type="checkbox"/> Oo <input type="checkbox"/> Oo <input type="checkbox"/> Oo <input type="checkbox"/> Oo <input type="checkbox"/> Oo <input type="checkbox"/> Oo <input type="checkbox"/> Oo <input type="checkbox"/> Oo	<input type="checkbox"/> Hindi <input type="checkbox"/> Hindi <input type="checkbox"/> Hindi <input type="checkbox"/> Hindi <input type="checkbox"/> Hindi <input type="checkbox"/> Hindi <input type="checkbox"/> Hindi <input type="checkbox"/> Hindi <input type="checkbox"/> Hindi <input type="checkbox"/> Hindi <input type="checkbox"/> Hindi <input type="checkbox"/> Hindi																																																												
<b>Mga Tulong Na Natanggap/Kinakailangan pa</b>																																																														
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">NATANGGAP</th> <th colspan="2">KAILANGAN PA</th> </tr> <tr> <th>Gov't</th> <th>NGO</th> <th>Gov't</th> <th>NGO</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Medicine (Gamot)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Hospitalization (Hospitalisasyon)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Shelter</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Subsistence food (Pagkain)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Livelihood (Hanapbuhay)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Wheelchair</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Crutches (saklay)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Cane (tungkod)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Prostetics (Artipisyal ng paa o kamay)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Hearing Aid</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		NATANGGAP		KAILANGAN PA		Gov't	NGO	Gov't	NGO	<input type="checkbox"/> Medicine (Gamot)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hospitalization (Hospitalisasyon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Subsistence food (Pagkain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Livelihood (Hanapbuhay)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Crutches (saklay)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cane (tungkod)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Prostetics (Artipisyal ng paa o kamay)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hearing Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Organization Affiliated with (Kinabibilangang Samahan)</b> <hr/> <b>Katungkulan</b>		
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Ito po ay nagpapatunay na ang nabanggit na mga impormasyon sa itaas ay pawang katotihanan <div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px 0;"></div> <div style="text-align: center; margin: 5px 0;">           _____            Lagda         </div>			Tagapagtanong <hr/> Petsa																																																											
Office of the Senior Citizens Affairs Tel. No. 8696-2576																																																														