



<b>CITY SOCIAL WELFARE AND DEVELOPMENT DEPARTMENT</b>				Place a photo here Do not staple  1x1	
<b>Philippine Registry Form for Persons With Disability Ver. 2.0</b>					
1. PWD NUMBER :		2. DATE :		4 P'S _____	NON 4P'S _____
3. LAST NAME:		FIRST NAME:		MIDDLE NAME:	
4. TYPE OF DISABILITY :		<input type="radio"/> Psychosocial Disability		<input type="radio"/> Learning Disability	
<input type="radio"/> Mental / Intellectual		<input type="radio"/> Visual Disability		<input type="radio"/> Orthopedic ( muscoskeletal disability)	
<input type="radio"/> Hearing Disability		<input type="radio"/> Speech Impairment			
5. CAUSES OF DISABILITY :		<input type="radio"/> Congenital / Inborn		<input type="radio"/> Illness	<input type="radio"/> Injury
6. ADDRESS :					
House No. and Street		Barangay	Municipality	Province	Region
7. CONTACT DETAILS :					
7a. TEL. NOS. :		7b. MOBILE NO:		7c. EMAIL ADDRESS :	
8. DATE OF BIRTH :mmddyy	AGE :	9. SEX :	10. CIVIL STATUS :		
		<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Single	<input type="radio"/> Married	
			<input type="radio"/> Widow/er	<input type="radio"/> Separated	<input type="radio"/> Co-habitation (live-in)
11. EDUCATIONAL ATTAINMENT:					
<input type="radio"/> Elementary Undergraduate		<input type="radio"/> Elementary Graduate		<input type="radio"/> High School Undergrad.	<input type="radio"/> High School Graduate
<input type="radio"/> College Undergraduate		<input type="radio"/> College Graduate		<input type="radio"/> Post Graduate	<input type="radio"/> Vocational <input type="radio"/> None
12. EMPLOYMENT STATUS : <input type="radio"/> Employed <input type="radio"/> Unemployed					
13. TYPE OF EMPLOYMENT (Please Check one if employed) : <input type="radio"/> Private <input type="radio"/> Government					
14. TYPE OF EMPLOYER ( Please check one if employed): <input type="radio"/> Permanent <input type="radio"/> Regular					
<input type="radio"/> Contractual		<input type="radio"/> Casual		<input type="radio"/> Self-Employed	<input type="radio"/> Seasonal <input type="radio"/> Emergency
15. OCCUPATION : (Please check one):			16. ID Reference No.		
<input type="radio"/> Officials of Government and Special Interest Organizations, Corporate Executives, Managers, Managing Proprietors and Supervisors			SSS No:		
<input type="radio"/> Professionals			GSIS No:		
<input type="radio"/> Technicians and Associate Professionals			Pag-ibig No:		
<input type="radio"/> Clerks			Philhealth No:		
<input type="radio"/> Service Workers and Shop and Market Sales Workers			<input type="radio"/> Philhealth Member		
<input type="radio"/> Farmers, Forestry Workers and Fishermen			<input type="radio"/> Philhealth Member Dependent		
<input type="radio"/> Trades and Related Workers			17. BLOOD TYPE:		
<input type="radio"/> Plant and Machine Operators and Assemblers			<input type="radio"/> A+	<input type="radio"/> A-	<input type="radio"/> B+
<input type="radio"/> Laborers			<input type="radio"/> AB+	<input type="radio"/> AB-	<input type="radio"/> O+
<input type="radio"/> Unskilled Workers			<input type="radio"/> B-	<input type="radio"/> O-	<input type="radio"/> O-
<input type="radio"/> Not Applicable			18. ORGANIZATION INFORMATION :		
<input type="radio"/> Others , specify _____			Organization Affiliated :		
			Contact Person :		
			Office Address :		
			Telephone Number: _____		
19. Family Background		Last Name		First Name	Middle Name
FATHER'S NAME					
MOTHER'S NAME					
GUARDIAN'S NAME					
20. ACCOMPLISHED BY:					
20A. NAME OF REPORTING UNIT:					
21. REGISTRATION NUMBER :					



List of Requirements:

- 3 pieces 1x1 picture ( Latest )
- Barangay Certificate ( Residency/ Indigency )
- Medical Abstract / Certificate ( Upadated )
- Certificate of Disability ( w/ doctor's licensed no.)



