




IV. Assessment

1. Problem/s Presented

2. Assessment

3. Income and Data Expenses:
Father: Php.
Mother: Php.
Other Source: Php.
Electric Bill: Php.
Water Bill: Php.
House Rental: Php.

4. Client Category (check only one)
Children in Need of Special Protection
Youth in Need of Special Protection
Women in Especially Difficult Circumstances
Person with Disability
Senior Citizen
Solo Parent
Family Head and Other Needy Adult

5. Client Sub-Category

V. Recommended Services and Assistance

1. Nature of Service / Assistance
Financial Assistance: Medical, Burial, Transportation, Educational, Food Subsidy, Others
Material Assistance: Food Pack, Used Clothing, Hot Meal, Assistive Device, Source of Assistance, Regular Funds, Donation, Expanded AICS, Others
Amount of Financial Assistance to P .00
Mode of Financial Assistance: Cash, Check, Guarantee Lett, Tickets, Bus
Source of Assistance: Regular Funds, Donation, Expanded AICS, Others

Thumb Mark
Client's Signature
Interviewed by:
Reviewed and Approved by:
Name/Signature of Social Worker
PATRIA B. AGCAOILI, RSW
SWO IV, Department Head

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