



SOCIAL PENSION INTAKE FORM

A. Background Information:

1. Name of SC _____ NHTS-PR HH No. _____
(Surname/First Name/Middle Name) (to be filled up by the RSPO)
2. Sex : _____ Male _____ Female _____ 3. Age : _____
4. Civil Status : Single _____ Married _____ Widow _____ Separated _____
5. Date of Birth : _____ 6. Place of Birth: _____
(Month/Day/Year)
7. Address: _____
(House No./Street/Sitio/Barangay)
8. Contact Details: Landline _____ E-mail _____ Mobile No. _____
9. Living Arrangement: (Pls. check): Living Alone _____ Living with Relatives _____
Owned House _____ Rented _____ No. of Years _____
10. If Pensioner: (Pls. check) GSIS _____ SSS _____ Private _____ Previous Work _____
11. If Non-Pensioner, Do you get support from family, friends, etc.? Yes _____ No _____
12. Affiliation: (Pls. check) FSCAP _____ COSE _____ Others (Specify) _____
13. SC-ID Presented: I.D. No. _____ : Issued On: _____ Place of Issue: _____
14. In case bedridden/immobile/disabled (specify) _____
15. Name of Authorized Representative: _____
Relationship : _____ Address: _____
Contact Nos.: _____

B. Other Information:

1. Self-Rated Hunger:
Nakakaranas ka ba ng pagkagutom, If yes, (Gaano ka kadalas nakakaranas ng pagkagutom sa Isang linggo?) Most Often (Mas Madalas) _____ Often (Madalas) _____
Not So Often(Hindi Gaano) _____ Once in a while (Minsan Lang) _____
2. Health/Physical Condition:
2.1 May sakit ka ba o karamdaman? Meron _____ Wala _____
2.2 Immobile _____ Mobile _____ Completely Dependent on Assistive Device _____
Slightly Dependent on Assistive Device _____

Interviewed by:

OSCA Head: **ELENA G. PASTRANA**
(Signature over Printed Name)

Date Accomplished: _____

Noted by: _____
(C/MSWDO)