

Republic of the Philippines Department of Social Welfare and Development DISASTER ASSISTANCE FAMILY ACCESS CARD (DAFAC)

LOCATION OF THE AFFECTED FAMILY

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	THIS CARD IS NOT FOR SAI SOCIAL WORKER'S COF
1	OFFICIAL USE ONLY
1	SERIAL NUMBER

		A market Oracle Challe				\$ PAR				
1. REGION				4.1	BARANGAY					
2. PROVINCE				-	5. CITY/MUNICIPALITY					
3. DISTRICT				6. 1	EVACUATION CENTER EVACUATION SITE					
			HEA	D OF 1	THE FAMILY					
7. LAST NAME 14. SEX MALE FEMALE										
8. FIRST NAME			MOTHER'S MAIDEN							
9. MIDDLE NAME				16.	OCCUPATION	<u> </u>				
10. NAME EXT.				17.	MONTHLY FAMILY					
11. BIRTHDATE (Ex. 01 January 2021)				75.00	ID CARD PRESENTED					
12. AGE				19.	ID CARD NUMBER					
13. BIRTHPLACE				20.	CONTACT NUMBER	PRIMARY	ALTERNATE			
					331 (1 o 1 de production II o 1 o 1 de partir de 1 de					
21. PERMANENT ADDRESS										
	House/Block/Lo	ot No. Street	Subdi	vision/Villa	ge Barangay	City/Municipality	Province Zipcode			
22. OTHERS	4Ps Be	eneficiary	IP- Type	of Ethn	icity	-				
23. FAMILY INFO	ORMATION									
FAMILY ME	MBERS	RELATION TO FAMILY HEAD	AGE	SEX	EDUCATIONAL ATTAINMENT	OCCUPATIONAL REMARKS				
-										
-			-							
1										
-										
24. NO. OF VULN	ERABLE FA	MILY MEMBERS:	No. of Ole Persons	der	No. of Pregnant	& No. of	PWDs & with			
			ersons		- V					
□ow	The state of the s	SE OWNERSHIP RENTER SHAF	RER	į,	26.	HOUSING CONDITION DAMAGED TOTAL	NING LY DAMAGED			
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SERIAL NUMBER

	LOCAT	TION C	F THE	AFFECTED FAI	MILY				
I. REGION			4.1	BARANGAY					
2. PROVINCE			5. 0	5. CITY/MUNICIPALITY					
3. DISTRICT				EVACUATION CENTE EVACUATION SITE	R/				
		HEA		THE FAMILY					
7. LAST NAME			14.	SEX	MALE	FEMALE			
B. FIRST NAME			15.	MOTHER'S MAIDE	N				
. MIDDLE NAME			16.	NAME OCCUPATION					
10. NAME EXT.			17. MONTHLY FAMILY NET INCOME						
I1. BIRTHDATE (Ex. 01 January 2021)			1	ID CARD PRESENTE	5000				
12. AGE			19.	ID CARD NUMBER					
13. BIRTHPLACE			20.	CONTACT NUMBE	R PRIMARY	ALTERNATE			
21. PERMANENT ADDRESS		0.1.1		5					
House/Block		1	vision/Villa	5000 UNACCOSOS	City/Municipality	Province Zipcode			
A CANADA	Beneficiary	IP- Type	of Ethn	icity	_				
23. FAMILY INFORMATIO				FRUGATIONAL	COCUDATIONAL				
FAMILY MEMBERS	RELATION TO FAMILY HEAD	AGE	SEX	ATTAINMENT	OCCUPATIONAL SKILLS	REMARKS			
			-						
						-			



















DATE	NAME OF RECEIVING FAMILY MEMBER	ASSISTANCE PROVIDED DURING: R			RECIPIENT'S	NAME NAME	NAME OF RECEIVING	ASSISTANCE PROVIDED DURING:			RECIPIENT'S		
		KIND/TYPE	QTY.	COST	PROVIDER	SIGNATURE/ THUMBMARK	DATE	FAMILY MEMBER	KIND/TYPE	QTY.	COST	PROVIDER	RECIPIENT'S SIGNATURE/ THUMBMARK
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	01-1-5	h		101	(D 0								
	Signature/Thum	bmark of Family He	ad N	ame/Signatui	re of Brgy. Captair			Signature/Thum!	omark of Family Hea	id N	Name/Signatu	e of Brgy. Captain	
IGHT THUM	BMARK Date	Registered		Name/Signs	ature of LSWDO		RIGHT THUME	MARK Data	Registered		Name/Circa	ture of LOWIDO	
	Date Registered Name/Signature of LSWDO 28. DATA PRIVACY DECLARATION					RIGHT THUMBMARK Date Registered Name/Signature of LSWDO 28. DATA PRIVACY DECLARATION							