



LOCATION OF THE AFFECTED FAMILY

1. REGION 4. BARANGAY
 2. PROVINCE 5. CITY/MUNICIPALITY
 3. DISTRICT 6. EVACUATION CENTER/
EVACUATION SITE

HEAD OF THE FAMILY

7. LAST NAME 14. SEX MALE FEMALE
 8. FIRST NAME 15. MOTHER'S MAIDEN NAME
 9. MIDDLE NAME 16. OCCUPATION
 10. NAME EXT. 17. MONTHLY FAMILY NET INCOME
(Jr., Sr., I)
 11. BIRTHDATE 18. ID CARD PRESENTED
(Ex. 01 January 2021)
 12. AGE 19. ID CARD NUMBER
 13. BIRTHPLACE 20. CONTACT NUMBER PRIMARY ALTERNATE
 21. PERMANENT ADDRESS
House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province Zipcode
 22. OTHERS 4Ps Beneficiary IP- Type of Ethnicity _____

23. FAMILY INFORMATION

FAMILY MEMBERS	RELATION TO FAMILY HEAD	AGE	SEX	EDUCATIONAL ATTAINMENT	OCCUPATIONAL SKILLS	REMARKS

24. NO. OF VULNERABLE FAMILY MEMBERS: No. of Older Persons No. of Pregnant & Lactating Mothers No. of PWDs & with Medical Conditions

25. HOUSE OWNERSHIP OWNER RENTER SHARER

26. HOUSING CONDITIONING PARTIALLY DAMAGED TOTALLY DAMAGED



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DATE	NAME OF RECEIVING FAMILY MEMBER	ASSISTANCE PROVIDED DURING:				RECIPIENT'S SIGNATURE/ THUMBMARK
		KIND/TYPE	QTY.	COST	PROVIDER	

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		KIND/TYPE	QTY.	COST	PROVIDER	

RIGHT THUMBMARK	_____ Signature/Thumbmark of Family Head	_____ Name/Signature of Brgy. Captain
	_____ Date Registered	_____ Name/Signature of LSWDO

RIGHT THUMBMARK	_____ Signature/Thumbmark of Family Head	_____ Name/Signature of Brgy. Captain
	_____ Date Registered	_____ Name/Signature of LSWDO