
 Province

 Municipality/City

 Baranagay



SENIOR CITIZENS GENERAL INTAKE SHEET
 (Please answer appropriately and legibly)

I. Identifying Information

NAME: _____
 (Last Name) (First Name) (Middle Name) (Suffix)

ADDRESS: _____
 (House No. & Street Name) (Barangay/District) (Municipality/City)

 (Province) (Region)

DATE OF BIRTH: _____
 (Year) (Month) (Day)

PLACE OF BIRTH: _____
 CIVIL STATUS: _____ Single _____ Widow/Widower _____ Separated _____ Married

RELIGION: Roman Catholic _____ Iglesia Ni Cristo
 Protestant _____ Islam Other, pls. Specify _____

_____ NHTS-PR (Listahan)
 _____ Indigenous People _____ Pantawid Beneficiary
 Type of Ethnic Group (pls. specify)
 A. _____
 B. _____ C. Other _____

EDUCATIONAL ATTAINMENT:
 _____ Elementary Level _____ High School Level _____ College Level
 _____ Elementary Graduate _____ High School Graduate _____ College Graduate
 _____ Not Attended Any School _____ Vocational _____ Post Graduate

ID NUMBER OSCA _____ GSIS _____ TIN _____
 SSS _____ PHILHEALTH _____ Others: (Please specify) _____

MONTHLY INCOME: (In Philippine Peso)
 _____ 10,000 & Above _____ 7,000-7,999 _____ 4,000-4,999 _____ 1,000-1,999
 _____ 9,000-9,999 _____ 6,000-6,999 _____ 3,000-3,999 _____ 999 & Below
 _____ 8,000-8,999 _____ 5,000-5,999 _____ 2,000-2,999

SOURCE OF INCOME & ASSISTANCE: (Check all applicable)
 _____ Own earnings, salaries/wages _____ Spouse's salary _____ Rentals/Sharerooms _____ Savings
 _____ Own pension, specify amount ₱. _____ Insurances _____ No Pension _____ Stocks/Dividends
 _____ Spouse's pension _____ Specify amount _____ Livestock/Orchards
 _____ Dependent on children/relatives _____ others (please specify)

II. FAMILY COMPOSITION

FAMILY COMPOSITION							
NAME	ADDRESS	RELATIONSHIP	DATE OF BIRTH/AGE	SEX	CIVIL STATUS	OCCUPATION	MONTHLY INCOME

LIVIG/RESIDING WITH: (Check all applicable)
 _____ Alone _____ Common Law Spouse _____ In Laws _____ Spouse _____ Grandchildren _____ Care Institutions
 _____ Househelps _____ Children _____ Relatives _____ Friends _____ Others, specify

AREAS OF SPECIALIZATION/SKILLS: (Check all applicable)
 _____ Medical _____ Farming _____ Evangelization _____ Engineering
 _____ Teaching _____ Fishing _____ Counseling _____ Arts
 _____ Legal Services _____ Cooking _____ Dental _____ Vocational

INVOLVEMENT IN COMMUNITY ACTIVITIES: (Check all applicable)

Medical Neighborhood Support Services Resource Volunteer Religious
 Community Beautification Counseling/referral Community/Organizational
 Sponsorship Dental Legal Services Friendly Visits Others,specify _____

PROBLEMS/NEEDS COMMONLY ENCOUNTERED: (Check all applicable)

A. Economic/Financial

Lack of income/resources
 Loss of income/resources
 Skills/Capability Training: (specify) _____
 livelihood opportunities: (specify) _____
 Others, _____

a.1. Have you experienced economic/financial abuse?

A. No B. Yes If yes, Please specify _____

b. Social/Emotional/Psychological

Feeling of neglect & rejection Inadequate leisure/recreational activities
 Feeling of helplessness & worthless Senior Citizen Friendly Environment
 Feeling of loneliness & isolation Others, specify _____

b .1 Have you experienced emotional/psychological abuse?

A. No B. Yes if yes, please specify _____

b .2 Have you experienced being neglected?

A No B. Yes if yes, please specify _____

b .3 Have you experienced being abandoned?

A. No B. Yes if yes, please specify _____

c. Health/Physical

Condition/illnesses _____
(please specify)

With maintenance: No Yes If yes, please specify (kind of medication _____
Amount: (please specify (weekly/monthly) _____

With Disability No Yes If yes, please specify (Type of Disability)

a. Psycholocial/Behavic e. Physical
 b. Learning f. Hearing
 c. Intellectual g. Speech Impairment
 d. Visual

c.1 Have you experienced physical abuse?

a . No b. Yes if yes, please specify _____

Concerns/Issues:

High cost medicines
 Lack of medical professionals
 Lack/No access to sanitation
 Health problems/Ailments: specify _____
 Lack/no health insurance/s inadequate health services
 Lack of Hospitals/medical facilities
 others, _____

d. Housing

Overcrowding in the family home Lost privacy
 No permanent housing Living in squater's area
 Longing for independent living/quiet atmosphere high cost rent
 Others, _____

e. Program, Services and Assistance Availed from National Government Agencies, LGU and NGO

No Yes if yes, what type of services/assistance Please specify Agency/LGU/NGO _____

a . Medical b . Livelihood c . Educational d . Burial e . others

d. Are you satisfied with the programs, services and assistance provided to you?

No Yes if no, please identify your other specific needs.

e . Community Service

Desire to participate Skills/resources to share, please specify _____ others, specify _____
 No Yes

PRINTED NAME AND SIGNATURE/THUMBMARK OF SENIOR CITIZEN	Printed Name And Signature of Interviewer

Date of Interview : _____

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