



Republic of the Philippines  
Province of Agusan del Sur  
**MUNICIPALITY OF PROSPERIDAD**



**GENERAL INTAKE SHEET**  
(For Social Pension Application)

Date of Interview: \_\_\_\_\_

OSCA ID Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

**I. IDENTIFYING INFORMATION**

Name of Senior Citizen: \_\_\_\_\_

**LAST NAME                      FIRST NAME                      MIDDLE NAME                      EXT. (Sr. Jr)**

Age: \_\_\_\_\_ Date of Birth ( \_\_\_ / \_\_\_ / \_\_\_ ) Place of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Religion: \_\_\_\_\_

Present Address: \_\_\_\_\_

Purok/ Sitio                      Barangay                      Municipality                      Province

Permanent Address: \_\_\_\_\_

Purok/ Sitio                      Barangay                      Municipality                      Province

Highest Educational Attainment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Estimated Monthly Income: \_\_\_\_\_ Other Source of Income: \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**MEMBERSHIP**

Pantawid Pamilya Beneficiary: Yes \_\_\_ No \_\_\_ HH No. \_\_\_\_\_

Indigenous People Group: Yes \_\_\_ No \_\_\_ Name of IP Group: \_\_\_\_\_

Philhealth No: \_\_\_\_\_ Member \_\_\_ Non Member \_\_\_ Dependent

Pensioner: Yes \_\_\_ No \_\_\_ Type of Pension: \_\_\_\_\_

**HEALTH CONDITION**

Type of Illness: \_\_\_\_\_

Monthly Medicine Maintenance: \_\_\_\_\_

**AGRICULTURAL LAND**

No. of Hectares \_\_\_\_\_

Crops Planted: \_\_\_\_\_

Location: \_\_\_\_\_

**II. FAMILY COMPOSITION**

Name	Sex	BIRTHDATE (mo/day/year)	Civil Status	Relationship	Educational Attainment	Occupation	Income

**III. PROBLEM PRESENTED**



