



MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE

GENERAL INTAKE SHEET

4P's	Non-4P's

Date of Interview: _____

Case: _____

I. Identifying Information:

Name of Applicant/Client: _____
 Age: _____ Birthdate: _____
 Birthplace: _____
 Present Address/residence: _____
 Length of years at the resident address: _____
 Civil Status: _____ Educational Attainment: _____
 Religion: _____
 Present Occupation: _____ Monthly Income: _____
 Status of House Occupancy: _____ owner _____ renter _____
 Estimated damaged to property P _____ (if distressed) _____
 Is applicant/client has physical disability? _____ Type of disability _____

Family Members:

	<u>Name</u>	<u>Age</u>	<u>Civil Status</u>	<u>Relationship To applicant</u>	<u>Educational Attainment</u>	<u>Occupation & Income</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____

Sources of Income: _____ Total Family Income: _____

A. Agricultural Land (No. of hectares) _____
 Crops planted (specify) _____
 Area of Location _____

B. Other Sources of income: _____

C. Has Family Sought Outside Assistance? _____ Yes _____ No
 If yes, what type of assistance & Source _____

II. Problem Presented

III. Family Background Information:

IV. Assessment:

V. Recommendation/Action Taken:

Priority Assistance for _____ Rank _____

Name & Signature of Client

Date Interviewed: _____

Interviewed & Assessed by:

Name & Signature of MSWDO worker

Date: _____

Noted by:

DELIA I. LINA, RSW
MSWDO