

REPUBLIC OF THE PHILIPPINES
MUNICIPAL WELFARE AND DEVELOPMENT OFFICE
ASSISTANCE FORM
 Region: **CARAGA**
 Province: **AGUSAN DEL SUR**
 Municipality: **PROSPERIDAD**

DATE	SERVICES EXTENDED	SIGNATURE

APPLICATION

<input type="checkbox"/>	Resettled	<input type="checkbox"/>	Disaster
<input type="checkbox"/>	Returnees	<input type="checkbox"/>	Man-made
<input type="checkbox"/>	Squatter	<input type="checkbox"/>	Natural
<input type="checkbox"/>	Repatriate	<input type="checkbox"/>	Refugees
<input type="checkbox"/>	Cultural Community	<input type="checkbox"/>	/ AICS

Date of Occurrence: _____
 Family Head: _____ Age: _____
 Address: _____

RECOMMENDATIONS

Date: _____

<input type="checkbox"/>	Closed	<input type="checkbox"/>	Food for work
<input type="checkbox"/>	Restoration	<input type="checkbox"/>	SEA/FY
<input type="checkbox"/>	Housing Assistance	<input type="checkbox"/>	Skills Training
<input type="checkbox"/>	Food for Work	<input type="checkbox"/>	Job Place
<input type="checkbox"/>	Transportation Assistance	<input type="checkbox"/>	For Resettlement
<input type="checkbox"/>	Medical	<input type="checkbox"/>	Psychosocial
<input type="checkbox"/>	Burial for Senior Citizen	<input type="checkbox"/>	Others: <u>ESA</u>

FAMILY COMPOSITION

	<u>NAME</u>	<u>AGE</u>	<u>RELATION TO HEAD</u>	<u>EDUCATIONAL ATTAINMENT</u>	<u>REMARKS</u>
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____

House owner: / House Renter: _____ Estimated

JENE V. GALLEROS
 Social Worker

Casualties	Name	Age
	_____	_____
	_____	_____

Date Registered: _____

Signature of Client or Thumbmark _____