



MUN. SOCIAL WELFARE & DEVELOPMENT OFFICE

INTAKE SHEET

Date _____

I. Identifying Data

Name of Client: _____

Address: _____

Age: _____ Date of Birth: _____

Religion: _____

Civil Status: _____

Educational Attainment: _____

Occupation: _____

Monthly Income: _____

Informant: _____

Relationship to _____

Client: _____

II. Family Composition

Name	Age	Relationship to client	C.S.	Educational Attainment	Occupation/ Income

iii. Other Source of Income

Food Support from Relatives

Backyard livestock raising

Backyard garden

Educational Assistance / Scholarship grant

IV. Problem Presented

V. Background Information

A. Housing and Other Living condition

Housing: Owned Rented Shared Caretaker

Housing Structure: Makeshift/Dilapidated Light Materials

Lot: Concrete Combined heavy and light materials
 Owned Amortized Sharer
Lightning: Kerosene Lamp Electricity Candle
 Shared Owned

Individual household member monthly per capital income
 within poverty threshold level (Php 1, 500.41)
 below poverty threshold level
 within food threshold level (Php 980)
 below food threshold level

C. If medical case, please check in patient out patient
If in – patient, name of hospital:

D. Name of Health Insurance:
 Employed / regular Self-employed Indigent
 Lifetime member Not member

I hereby certify that the above information are true and correct to the best of my knowledge and belief.

Client's / Informant's Signature _____

VI. Evaluation and Recommendation:

Base on the above information, the herein client is found eligible for:
 Medical Transportation
 Educational Burial

And hereby recommended to avail of _____(Php.
)

Prepared by:

(Name & Signature over Printed Name /Date)

Date: _____

Recommendation Approval:

EDELISA R. AGUILAR,RSW
MSWDO

Approved by:

RHADAM P. AGUILAR
Municipal Mayor