Republic of the Philippines
CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE
Upper Session Road Extension, Baguio City
Tel. Nos. (074) 442-7893/442-3842
E-mail Address: cswdo_baguiocity@yahoo.com.ph

APPLICATION FORM:

PERSON WITH DISABILITY (PWD) IDENTIFICATION CARD

REGISTRATION NO.:1411 | **DATE:**

LAST NAME:	FIRST NAME:	MIDDLE NAME:

TYPE OF DISABILITY (Please check)

_____ **VISUAL DISABILITY**
[ ] Total [ ] Partial

_____ **COMMUNICATION DISABILITY**
[ ] Hearing Impairment
[ ] Speech

_____ **ORTHOPEDIC DISABILITY**

_____ **INTELLECTUAL DISABILITY**

_____ **LEARNING DISABILITY**

_____ **MENTAL DISABILITY**

_____ **PSYCHOSOCIAL DISABILITY**

CAUSE OF DISABILITY:
[ ] Inborn
[ ] Illness/ Disease: _____
[ ] Injury Related
[ ] Armed-Conflict
[ ] Accident
[ ] Environmental Cause

CITY ADDRESS:

PROVINCIAL ADDRESS:

DATE OF BIRTH:	PLACE OF BIRTH:
SEX (Please check): [ ] Male [ ] Female	CONTACT NUMBER:
NATIONALITY:	BLOOD TYPE:

CIVIL STATUS:
[ ] Single [ ] Married [ ] Legally Separated
[ ] Widow/er [ ] Co-Habitation

EDUCATIONAL ATTAINMENT: *(Please check one)*
[ ] Elementary Graduate [ ] Elementary Undergraduate
[ ] High School Graduate [ ] High School Undergraduate
[ ] College Graduate [ ] College Undergraduate
[ ] Post- Graduate [ ] Vocational Graduate
[ ] Non-Formal Education

SPECIAL LITERACY SKILLS:
[ ] Braille [ ] Sign Language
[ ] Lip Reading [ ] Oral Communication
Other skills: _____

EMPLOYMENT STATUS: (Please check one)
[ ] Employed [ ] Unemployed [ ] Displaced Worker
[ ] Resigned [ ] Retired [ ] Returning OFW

NATURE OF EMPLOYER: (Please check one)
[ ] Private [ ] Government

TYPE OF EMPLOYMENT:
[ ] Contractual [ ] Permanent
[ ] Self- Employed [ ] Seasonal

ID Reference No.
SSS ID No. _____
GSIS ID No. _____
Philhealth No. _____
[ ] Philhealth Member
[ ] Philhealth Dependent

OCCUPATION:
[ ] Officials of Government and Special Interest Orgs., Executives, Managers, Supervisors, Managing Proprietors
[ ] Professionals
[ ] Technicians and Associate Professionals
[ ] Clerks
[ ] Service Workers, Shops and Market Sales
[ ] Farmers, Forestry Workers, Fishermen
[ ] Trades and Related Workers
[ ] Plant and Machine Operators
[ ] Laborers
[ ] Unskilled Workers
[ ] Not Applicable
[ ] Others: _____

ORGANIZATION AFFILIATION:
Organization Affiliated: _____
Contact Person: _____ Office Address: _____

	LAST NAME	FIRST NAME	MIDDLE NAME	CONTACT NUMBER
FATHER'S NAME				
MOTHER'S NAME				
CONTACT PERSON IN CASE OF EMERGENCY				

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

_____
Signature/ Thumb mark of Applicant

Processed by:

_____

Noted by:

BETTY F. FANGASAN
City Social Welfare and Dev't Officer

REQUIREMENTS:

- **Duly Accomplishment Form**
- **Photocopy of Medical Certificate specifying the disability of applicant**
- **2 copies 1x1 ID Picture**
- **Barangay Residency Certificate**

NOTE: Chronic Illness is not a disability, rather a medical condition. To qualify for the 20% PWD discount, there should be a disability resulting from the chronic illness (For example, visual disability due to diabetes, orthopedic disability due to cancer).