



GENERAL INTAKE SHEET

Control No. _____

MAARING MAGPATULONG SUMAGOT SA CSWD PERSONNEL

Date: _____

IMPORMASYON NG BENEPISYARYO (Beneficiary's Identifying Information)

Apelyido (Last Name)	Unang Pangalan (First Name)	Gitnang Pangalan (Middle Name)	Ext. (Sr. Jr.)
House No./Street/Purok	Barangay	City/Municipality	Province/District
Region			
Numero ng Telepono	Kapanganakan	Edad	Kasarian
Civil Status	Trabaho	Buwanang Kita	

IMPORMASYON NG KINAKATAWAN (Representative's Identifying Information)

Apelyido (Last Name)	Unang Pangalan (First Name)	Gitnang Pangalan (Middle Name)	Ext. (Sr. Jr.)
House No./Street/Purok	Barangay	City/Municipality	Province/District
Region			
Numero ng Telepono	Kapanganakan	Edad	Kasarian
Civil Status	Trabaho	Buwanang Kita	

Relasyon sa Benepisyaryo

KOMPOSISYON NG PAMILYA (Family Composition)

BUONG PANGALAN	RELASYON SA BENEPISYARYO	EDAD	TRABAHO	BUWANANG KITA

SOCIAL WORKER'S ASSESSMENT

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Food Assistance | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Funeral/Burial | <input type="checkbox"/> Cash Assistance for Other Support Service | |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Transportation | |

PROVIDED ASSISTANCE

AMOUNT

FUND SOURCE

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Records of this case such as the following are confidentially filed at the City Accounting Office

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> General Intake Sheet | <input type="checkbox"/> Quotation | <input type="checkbox"/> Statement of Account | <input type="checkbox"/> Birt Card |
| <input type="checkbox"/> Valid ID Presentation | <input type="checkbox"/> Laboratory Requests | <input type="checkbox"/> Death Certificate | <input type="checkbox"/> CHO Referral |
| <input type="checkbox"/> Medical Certificate/Abstract | <input type="checkbox"/> Funeral Contract | <input type="checkbox"/> Biopsy Report/Incident Report | <input type="checkbox"/> Prescription |

I declare under oath that I personally accomplished the GIS Form and all the information provided herewith is TRUE, CORRECT, VALID, and COMPLETE pursuant to existing laws, rules, and regulations of the Republic of the Philippines. I authorized the agency Head/Authorized Representatives to verify and validate the contents stated herein. I also AGREE that any MISINTERPRETATION and information/acts to DEFRAUD the government, including attached documents, shall cause the filing of appropriate cases against me.

Interviewed by:

Reviewed and Approved by:

 Buong Pangalan at Firma

 Social Worker

RENE B. RACHO, RSW, MGSW, DPM
 CSWDO Department Head