



# Paraña-cash Survey Form

(Cash Assistance Para sa Parañaqueño Program)



Kumpletuhin ang detalye at maglagay ng tanda [✓] sa angkop na sagot.

<b>FULL NAME</b> <i>(Head of the Family)</i>	(Last Name)	(First Name)	(Middle Name)
<b>SEX</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Birthday</b> (mm/dd/yy): _____	<b>Age:</b> _____
<b>COMPLETE ADDRESS</b>	(House No./Lot/Block)	(Street/Subdivision/Sitio)	(Barangay) <b>Parañaque City</b> (Municipality)
<b>TEL NO./CEL NO./EMAIL</b>			
<b>CIVIL STATUS</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
<b>SECTORAL GROUP</b>	<input type="checkbox"/> Senior <input type="checkbox"/> PWD <input type="checkbox"/> Solo Parent <input type="checkbox"/> Pregnant/Lactating		
	Mayroon ba kayong miyembro ng pamilya na <i>child with special needs</i> ? <input type="checkbox"/> Mayroon <input type="checkbox"/> Wala Kung mayroon, ilan? _____		
<b>NO. OF FAMILY MEMBERS</b>	<input type="checkbox"/> 1 Solo <input type="checkbox"/> 2 to 5 members <input type="checkbox"/> 6 to 10 members <input type="checkbox"/> 11 members and above		
<b>EMPLOYMENT STATUS</b>	<input type="checkbox"/> Employed <input type="checkbox"/> Government <input type="checkbox"/> Private Co/Corp. <input type="checkbox"/> Self-employed <input type="checkbox"/> OFW <input type="checkbox"/> None	Nature of Business: _____	
<b>MONTHLY INCOME OF HOUSEHOLD</b> <i>(Buwanang sahod ng bawat miyembro ng pamilya)</i>	<input type="checkbox"/> Less than P7,000 <input type="checkbox"/> P7,000 to less than P10,000 <input type="checkbox"/> P10,000 to less than P14,000	<input type="checkbox"/> P14,000 to less than P25,000 <input type="checkbox"/> P25,000 to less than P50,000 <input type="checkbox"/> P50,000 and ABOVE	
<b>ASSISTANCE RECEIVED FROM THE GOVERNMENT</b> <i>(Suportang natanggap mula sa gobyerno) (Barangay, City and Municipality, and National Government Agencies)</i>	<input type="checkbox"/> TUPAD (DOLE) <input type="checkbox"/> DOLE-CAMP <input type="checkbox"/> DSWD SAP (P8,000) <input type="checkbox"/> Financial Subsidy to Rice Farmers <input type="checkbox"/> Family Food Packs <input type="checkbox"/> LGU <input type="checkbox"/> Barangay <input type="checkbox"/> None	<input type="checkbox"/> LTFRB for JODA/TNVS <input type="checkbox"/> 4Ps	

Miyembro ng Pamilya <i>(Apelyido, Pangalan, Gitang Pangalang)</i>	Relasyon sa Puno ng Pamilya	Petsa ng Kapanganakan <i>(mm/dd/yy)</i>	Kasarian <i>(M/F)</i>	Trabaho	Sektor <i>(A-F)</i>	Kondisyon ng Kalusugan <i>(1-5)</i>

<b>Sektor:</b> A - Nakakatanda    B - Buntis    C - Nagpapasung Ina D - PWD    E - Solo Parent    F - Walang Tirahan	<b>Kondisyon ng Kalusugan:</b> 1 - Sakit sa Puso    2 - Altapresyon    3 - Sakit sa Baga 4 - Diyabetis    5 - Kanser
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Pinatutunayan ko na ang mga impormasyong nakasaad sa itaas ay kumpleto at totoo, at naiintindihan ko na ako ay maaring kasuhan ng perjury o anumang kasong kriminal sa anumang di makatotohanang impormasyong nakasaad dito.

\_\_\_\_\_  
(Lagda at Pangalan)

Petsa: \_\_\_\_\_

