

WITH PWD TRANSPORT DISCOUNT CARD? NO	YES	PWD PROFILER FORM	PLEASE USE CAPITAL LETTERS WHEN FILLING UP SPACES THAT REQUIRE CHARACTERS
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PERSONAL IDENTIFICATION		Date of Birth	
Name (Last) (First) (COMPLETE MIDDLE NAME)			
Address (Street) (Barangay) (Province) (Region)		Place of Birth	
		Height	in
		Weight	Kg
Sex Male Female	Civil Status Single Widowed Married Separated	Monthly Family Income Less than P2,000 P5,000-P10,000 P2,000-P5,000 More than P10, 000	Father's First Name
EDUCATION	Language(s) Dialect(s) Spoken	Receiving pension? Yes No	Mother's First Name Spouse's First Name
		From whom?	Private entities Relatives Government

No formal education

Elementary Elementary

Level, Grade

<p>Graduate Level, High School Year</p> <p>College Graduate Year, College Year</p> <p>Degree</p> <p>Vocational Field</p> <p>Special Education (SPED) Field</p> <p>Honors Received</p>		
	<p>SPECIAL LITERACY</p> <p>For the Hearing- Impaired</p> <p>Sign Language</p> <p>For the Visually-impaired</p> <p>Lip Reading</p> <p>Braille</p> <p>Oral</p> <p>Communication</p>	
	<p>OCCUPATIONAL SKILLS</p> <p>Skills Trainings Attended</p> <p>Hours</p> <p>No. of</p> <p>(Pls. continue on a separate sheet, if boxes provided are not enough)</p>	

EMPLOYMENT		Employment History		
Employed	Unemployed	No. of years		
Self-Employed	Searching for a job	Position	Company/Agency	
Employed in		Served		
Private Companies	Government			
DISABILITY		Mental Impairment	Motor	CAUSES
Right	Both	Disability		
		Mentally ill	Cerebra	
		Paralyzed		
		Mentally retarded	Stroke	
		Autistic	With	
		severe		
			Debilita	
		ting		
		Speech Impairment	arthritis	
		Cannot say a word		
		Unclear speech	Deformit	
		ies		
		Utters only irrelevant	Hunchb	
		acked		
		Words	Cleft	
		palate		
		Others (please specify)		

<p>Visual Impairment</p> <p>Cannot see at all</p> <p>Blurred vision</p> <p>Hearing Impairment</p> <p>Cannot hear at all</p> <p>Cannot hear clearly</p> <p>Orthopedic Impairment</p> <p>Underdeveloped arms</p> <p>Weak, paralyzed arms</p> <p>Missing arms</p> <p>Missing hands</p> <p>Undeveloped legs</p> <p>Weak, paralyzed legs</p> <p>Missing legs</p> <p>Missing feet</p>		<p>Inborn</p> <p>Illness/disease</p> <p>Injury-related</p> <p>Armed conflict</p> <p>Accident</p> <p>Environmental</p> <p>causes</p>
		<p>REHABILITATION</p>
		<p>Community-based</p> <p>Intitution-based</p> <p>None</p>

ASSISTANCE RECEIVED/NEEDED (PLS. Indicate

source of assistance

Received Needed

Received Needed

Govt NGO

Govt NGO

Medical

Assistive devices

Medicine

Wheel chair

Hospitalization

Crutches

Educational

Cane

Tuition subside

Prosthesis

Allowance	SPORTS	Football
Hearing aid	Athletics	Swimming
Braille materials	Basketball	Table tennis
Job placement	Badminton	Lawn tennis
Shelter	Bowling	Volleyball
Social Vocational	Cycling	Others
Subsistence (food, etc)	Fencing	
rehabilitation		
Livelihood		
None (Others specify)		
SEA-K Training		

	Organization Affiliated with
	Position
I certify that the above details are true and correct to the best of my knowledge, (Signature of PWD)	Interviewer _____
	Date _____

C E R T I F I C A T I O N

FOR ISSUANCE OF
TRANSPORTATION DISCOUNTED FARE
IDENTIFICATION CARD

This is to certify that the personal data mentioned in the PWF Profiler Form by the applicant is true and correct and is executed by him/her freely and voluntarily.

SIGNATURE OVER PRINTED NAME

(President of PWD Organization/ Health Worker/
Teacher-in-Charge [for students]/Social Worker [for clients]/
LGU Official)

Designation

Agency

Date



FOR NCWDP USE ONLY:

Code No.

Date:

Request:

Action Taken: