




CITY GOVERNMENT OF PASIG
PERSONS WITH DISABILITY AFFAIRS OFFICE
DEPARTMENT OF HEALTH
PHILIPPINE REGISTRY FOR PERSONS WITH DISABILITY VER. 4.0



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| <input type="checkbox"/> NEW APPLICANT <input type="checkbox"/> RENEWAL DATE APPLIED: _____ | | PLACE 1X1 PHOTO HERE | |
| 1. PWD NUMBER (RR-PPMM-BBB-NNNNNNN): | | | |
| 2. LAST NAME: | FIRST NAME: | | MIDDLE NAME: |
| 3. TYPE OF DISABILITY: (check all that apply) <input type="checkbox"/> DEAF/HARD OF HEARING <input type="checkbox"/> PSYCHOSOCIAL DISABILITY <input type="checkbox"/> INTELLECTUAL DISABILITY <input type="checkbox"/> SPEECH/LANGUAGE IMPAIRMENT <input type="checkbox"/> LEARNING DISABILITY <input type="checkbox"/> VISUAL DISABILITY <input type="checkbox"/> MENTAL DISABILITY <input type="checkbox"/> CANCER (RA-11215) <input type="checkbox"/> PHYSICAL DISABILITY <input type="checkbox"/> RARE DISEASE (RA-10747) | | 4. CAUSE OF DISABILITY: <input type="checkbox"/> CONGENITAL/INBORN <input type="checkbox"/> ACQUIRED <input type="checkbox"/> AUTISM <input type="checkbox"/> CHRONIC ILLNESS <input type="checkbox"/> ADHD <input type="checkbox"/> CEREBRAL PALSY <input type="checkbox"/> DOWN SYNDROME <input type="checkbox"/> INJURY | |
| 5. ADDRESS: HOUSE NO. AND STREET NAME: BARANGAY: | | | |
| CITY/MUNICIPALITY: PROVINCE: REGION: | | | |
| 6. CONTACT DETAILS: LANDLINE: | MOBILE NUMBER: | EMAIL ADDRESS: | |
| 7. DATE OF BIRTH (mm/dd/yyyy) AGE: | 8. SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | 9. CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPERATED <input type="checkbox"/> COHABITATION <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW/ER (LIVE-IN) | |
| 10. EDUCATIONAL ATTAINMENT: <input type="checkbox"/> NONE <input type="checkbox"/> KINDERGARTEN <input type="checkbox"/> ELEMENTARY <input type="checkbox"/> JUNIOR HIGH SCHOOL <input type="checkbox"/> SENIOR HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> VOCATIONAL <input type="checkbox"/> POST GRADUATE | 11. EMPLOYMENT STATUS: <input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> SELF EMPLOYED 11.1. CATEGORY OF EMPLOYMENT <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> PRIVATE 11.2. NATURE OF EMPLOYMENT <input type="checkbox"/> PERMANENT/REGULAR <input type="checkbox"/> CASUAL <input type="checkbox"/> SEASONAL <input type="checkbox"/> EMERGENCY | 12. OCCUPATION: <input type="checkbox"/> MANAGER <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> TECHNICIAN AND ASSOCIATE PROFESSIONALS <input type="checkbox"/> CLERICAL SUPPORT WORKERS <input type="checkbox"/> SERVICE AND SALES WORKERS <input type="checkbox"/> SKILLED AGRICULTURAL, FORESTRY AND FISHERY WORKERS <input type="checkbox"/> CRAFT & RELATED TRADE WORKERS <input type="checkbox"/> PLANT & MACHINE OPERATORS AND ASSEMBLERS <input type="checkbox"/> ELEMENTARY OCCUPATIONS <input type="checkbox"/> ARMED FORCES OCCUPATIONS <input type="checkbox"/> OTHER, SPECIFY: _____ | |
| 13. BLOOD TYPE: <input type="checkbox"/> A+ <input type="checkbox"/> AB+ <input type="checkbox"/> A- <input type="checkbox"/> AB- <input type="checkbox"/> B+ <input type="checkbox"/> O+ <input type="checkbox"/> B- <input type="checkbox"/> O- | 14. ORGANIZATION AFFILIATED: Organization Affiliated: _____ Contact Person: _____ Office Address: _____ Tel No.: _____ | 15. ID REFERENCE NO. <input type="checkbox"/> SSS NO. _____ <input type="checkbox"/> GSIS NO. _____ <input type="checkbox"/> PSN NO. _____ <input type="checkbox"/> PHILHEALTH NO. _____ <input type="checkbox"/> Philhealth Member <input type="checkbox"/> Philhealth Member-Dependent | |

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| 16. FAMILY BACKGROUND: | | | |
| | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| FATHER'S NAME: | | | |
| MOTHER'S NAME: | | | |
| 17. AACOMPLISHED BY: | | | |
| | <input type="checkbox"/> APPLICANT | <input type="checkbox"/> GUARDIAN | <input type="checkbox"/> REPRESENTATIVE |
| 18. IN CASE OF EMERGENCY, PLEASE NOTIFY: | | | |
| NAME: | RELATIONSHIP: | CONTACT NUMBER: | |
| _____ | _____ | _____ | |
| 19. SUBMISSION CHANNEL: | | | |
| | <input type="checkbox"/> Walk-In | <input type="checkbox"/> Barangay | <input type="checkbox"/> Online |
| <p>I _____ resident of Barangay _____ Pasig City agreed to consent by submitting this reply form; consent to the collection, generation, use, processing, storage and retention of my personal data by PDAO for the purpose(s) described in this document. Please ensure that you have completely read and understood the terms before signing. Any change will not be applied and will not alter how PDAO handles previously collected personal data without obtaining your consent, unless required by law.</p> <p style="text-align: center;">DATE: _____ SIGNATURE: _____</p> | | | |

The Republic Act No. 10173, or the Data Privacy Act of 2012 (DPA), with the National Privacy Commission (NPC) overseeing its proper implementation.

| REQUIREMENTS: | |
|--|---|
| NEW: | RENEWAL: |
| <ul style="list-style-type: none"> ➤ Filled-Out PWD ID Application Form Version 4.0 from Pasig City PDAO; ➤ 1x1 Picture; ➤ Proof of Life (Whole Body Picture while holding an updated calendar); ➤ Medical Certificate (With Final Diagnosis; FUNCTIONAL LIMITATION; Doctor's Name; Doctor's License Number); ➤ Birth Certificate OR Marriage Certificate (If married); ➤ Voter's ID OR Voter's Certificate OR National ID (Proof Of Residency); | <ul style="list-style-type: none"> ➤ Filled-Out PWD ID Application Form Version 4.0 from Pasig City PDAO; ➤ 1x1 Picture; ➤ Proof of Life (Whole Body Picture while holding an updated calendar); ➤ Medical Certificate (With Final Diagnosis; FUNCTIONAL LIMITATION; Doctor's Name; Doctor's License Number); ➤ Birth Certificate OR Marriage Certificate (If married); ➤ Voter's ID OR Voter's Certificate OR National ID (Proof Of Residency); ➤ Surrender Old/ Expired PWD ID (Original); |
| FOR INQUIRIES, CONTACT US: | |
| FACEBOOK PAGE: | https://web.facebook.com/PDAOPasigCityOfficial/  |
| PWD ID APPLICATION (ONLINE): | <pcpdaonlineapplication@gmail.com> |
| LANDLINE: | (02)8643-1111 Local 1162 |
| MOBILE PHONE: | (+63)9283435576 |
| GENERAL CONCERN (E-MAIL): | <pdoa@pasigcity.gov.ph> |