DEPARTMENT OF HEALTH
Philippine Registry For Persons with Disability Version 3.0
Application Form

1. PERSONS WITH DISABILITY NUMBER (RR-PPMM-BBB-NNNNNNN) *	2. DATE APPLIED: * (mm/dd/yyyy)	Place 1"x1" Photo Here

3. PERSONAL INFORMATION *

LAST NAME: *	FIRST NAME: *	MIDDLE NAME: *	SUFFIX:	

4. DATE OF BIRTH: * (mm/dd/yyyy)	AGE: * (if date of birth is not available)	5. RELIGION:	6. ETHNIC GROUP:

7. SEX: *
- ○ Male
- ○ Female

8. CIVIL STATUS: *
- ○ Single   ○ Married
- ○ Separated   ○ Widow/er
- ○ Cohabitation (live-in)

9. BLOOD TYPE:
- ○ A+   ○ AB+   ○ B+   ○ O+
- ○ A-   ○ AB-   ○ B-   ○ O-

10. TYPE OF DISABILITY: *
- ☐ Deaf or Hard of Hearing
- ☐ Intellectual Disability
- ☐ Learning Disability
- ☐ Mental Disability
- ☐ Orthopedic Disability
- ☐ Physical Disability
- ☐ Psychosocial Disability
- ☐ Speech and Language Impairment
- ☐ Visual Disability

11. CAUSE OF DISABILITY: *
- ☐ Acquired
- ☐ Cancer
- ☐ Chronic Illness
- ☐ Congenital/Inborn
- ☐ Injury
- ☐ Rare Disease
- ☐ Autism

12. RESIDENCE ADDRESS *

House No. And Street:*	Barangay:*	Municipality:*	Province:*	Region:*

13. CONTACT DETAILS

Landline No.:	Mobile No.:	E-mail Address:

14. EDUCATIONAL ATTAINMENT: *
- ○ None
- ○ Elementary Education
- ○ High School Education
- ○ College
- ○ Postgraduate Program
- ○ Non-Formal Education
- ○ Vocational

15. STATUS OF EMPLOYMENT: *
- ○ Employed
- ○ Unemployed
- ○ Self-employed

15a. CATEGORY OF EMPLOYMENT: *
- ○ Government
- ○ Private

15b. TYPES OF EMPLOYMENT: *
- ○ Permanent/Regular
- ○ Seasonal
- ○ Casual
- ○ Emergency

16. OCCUPATION: *
- ○ Managers
- ○ Professionals
- ○ Technician and Associate Professionals
- ○ Clerical Support Workers
- ○ Service and Sales Workers
- ○ Skilled Agricultural, Forestry and Fishery Workers
- ○ Craft and Related Trade Workers
- ○ Plant and Machine Operators and Assemblers
- ○ Elementary Occupations
- ○ Armed Forces Occupations
- ○ Others, specify: _____

17. ORGANIZATION INFORMATION:

Organization Affiliated:	Contact Person:	Office Address:	Tel. Nos.:

18. ID REFERENCE NO.:

SSS NO.:	GSIS NO.:	Pag-IBIG NO.:	PhilHealth NO.:

19. FAMILY BACKGROUND:	LAST NAME	FIRST NAME	MIDDLE NAME
FATHER'S NAME:			
MOTHER'S NAME:			
GUARDIAN'S NAME:			

20. ACCOMPLISHED BY: *	
20a. NAME OF REPORTING UNIT:	
21. REGISTRATION NUMBER:	

NO.	FIELD NAME	INSTRUCTION and DEFINITION
1.	Registration No.	This is a system-generated number assigned by the PRPWD software. Once the *Person with Disability* data is encoded into the system, copy the system-generated number and write into the box of the Application Form.
2.	Date	The date when the form was accomplished must be entered in this portion. The format is "mm/dd/yyyy"
3.	Personal Information	Write the last name, first name and middle name in the appropriate space provided. *Note: Middle name is default to "N/A" because it is a required field. If the Person with Disability has a middle name, remove the "N/A" and write the middle name.*
4.	Birthdate	Write the birthdate of the *Person with Disability* in the format of "mm/dd/yyyy" (e.g. July 1, 1970 should be written as 07/01/1970). The birthdate should not be later than the current date/registration date. If the birthdate is not provided, write the "Age" of the Person with Disability.
5.	Religion	Write the religion on the space provided in the form. *Note: List for this field is built-in to the system.*
6.	Ethic Group	Write the specific Ethnic Group on the space provided in the form. *Note: List for this field is built-in to the system.*
7.	Sex	Check the appropriate box for the sex of the *Person with Disability*.
8.	Civil Status	Check the appropriate box for the civil status of the *Person with Disability.* Not legally separated is still considered as "Married"
9.	Blood Type	Check the appropriate box for the blood type of the *Person with Disability*.
10.	Type of Disability	Check the appropriate box/es for the Type/s of Disability . One or more items can be checked for this field. ***Deaf or Hard of Hearing*** - refers to people with hearing loss, implies little or no hearing/ranging from mild to severe. Hearing loss, also known as hearing impairment means the complete or partial loss of the ability to hear from one or both ears with 26 dB or greater hearing threshold, averaged at frequencies' 0.5, 1, 2, 4 kilohertz. ***Intellectual Disability -*** a significantly reduced ability to understand new or complex information and to learn and apply new skills. ***Learning Disability -*** persons who, although normal in sensory, emotional and intellectual abilities, exhibit disorders in perception, listening, thinking, reading, writing, spelling, and arithmetic. ***Mental Disability -*** disability resulting from organic brain syndrome and or mental illness (psychotic or non-psychotic disorder) ***Orthopedic Disability -*** disability in the normal functioning of the joints, muscles, and limbs ***Physical Disability -*** any impairment which limit the function of limbs or fine or gross motor ability. ***Psychosocial Disability -*** any acquired behavioral, cognitive, emotional or social impairment that limits one or more activities necessary to effective interpersonal transactions and other civilizing process or activities to daily living such as but not limited to deviancy or anti-social behavior. ***Speech and Language Impairment -*** one or more speech/language disorders of voice, articulation, rhythm and/or the receptive and expressive processes of language. ***Visual Disability -*** A person with visual disability (Impairment) is one who has impairment of visual functioning even after treatment and/or standard refractive correction, and has visual acuity in the better eye of less than 6/18 for low vision and 3/60 for blind, or a visual field of less than 10 degrees from the point of fixation. A certain level of visual impairment is defined as legal blindness. One is legally blind when your best corrected central visual acuity in your better eye is 6/60 on worse or your side vision is 20 degrees or less in the better eye.
11.	Cause of Disability	Check the appropriate box/es for the Cause/s of Disability. One or more items can be checked for this field. ***Acquired*** – is a **disability** that has developed during the person's lifetime – that is as a result of an accident or illness rather than a **disability** the person was born with. ***Cancer -*** *Cancer* refers to a genetic term for a large group of diseases that can affect any part of the body. Other terms used are malignant tumors and neoplasms. One defining feature of cancer is the rapid creation of abnormal cells that grow beyond their usual boundaries, and which can then invade adjoining parts of the body and spread to other organs; ***Chronic illness -*** describes a group of health conditions that last a long time. It may get slowly worse over time or may become permanent or may lead to death. It may cause permanent change to the body and will certainly affect the person's quality of life. This is also true to persons diagnosed with Cancer or Rare Disease. Thus, Chronic illnesses may cause disability, hence, it is considered not a disability. ***Congenital/Inborn -*** disease is present at birth ***Injury -*** An injury is the physical damage that results when a human body is suddenly or briefly subjected to intolerable levels of energy. It can be a bodily lesion resulting from acute exposure to energy in amounts that exceed the threshold of physiological tolerance, or it can be an impairment of function resulting from a lack of one or more vital elements (i.e. air, water, warmth), as in drowning, strangulation or freezing. The time between exposure to the energy and the appearance of an injury is short. (INJURY SURVEILLANCE GUIDELINES, Published in conjunction with the Centers for Disease Control and Prevention, Atlanta, USA, by the World Health Organization, 2001) ***Rare Disease*** -refers to disorders such as inherited metabolic disorders and other diseases with similar rare occurrence as recognized by the DOH upon recommendation of the NIH but excluding catastrophic (i.e., life threatening, seriously debilitating, or serious and chronic) forms of more frequently occurring diseases.
12	Residence Address	Write the *Person with Disability*'s permanent address - House No. and Street, Barangay, Municipality/City, Province and Region *Note: House No. and Street name should be encoded in the system, but the Region, Province, Municipality/City and Barangay are already built–in to the system; just click the appropriate Region, Province, Municipality/City, and Barangay of the Person with Disability*
13.	Contact Details	Write the Telephone No., Mobile No., and E-mail address of the *Person with Disability* if available.

14.	Educational Attainment	Check the appropriate circle for the highest education attained by the *Person with Disability*.
15.	Status of Employment	Check the appropriate circle for the working status of the *Person with Disability*. One item must be chosen in this field. ***Employed -*** persons in the labor force who were reported either at work or with a job or business although not at work: a) At Work - those who did some work, even for one hour during the reference period. b) With a Job or Business but not at Work - those who have a job or business even though not at work during the reference period because of temporary illness/injury, vacation or other leave of absence, bad weather or strike/labor dispute or other reasons. Likewise, persons who are expected to report for work or to start operation of a farm or business enterprise within two weeks from the date of the enumerator's visit are considered employed. ***Unemployed -*** includes all persons who are 15 years old and over as of their last birthday and are reported as: 1) without work, i.e., had no job or business during the basic survey reference period; AND, 2) currently available for work, i.e., were available and willing to take up work in paid employment or self-employment during the basic survey reference period, and/or would be available and willing to take up work in paid employment or self-employment within two weeks after the interview date; AND, 3) seeking work, i.e., had taken specific steps to look for a job or establish a business during the basic survey reference period; OR not seeking work due to the following reasons: (a) tired/believe no work available, i.e, the discouraged workers who looked for work within the last six months prior to the interview date; (b) awaiting results of previous job applications; (c) temporary illness/disability; (d) bad weather; and (e) waiting for rehire/job recall. ***Self-employed*** - is an independent contractor or sole proprietor who reports income-earned in own business. The person works for him/herself at a variety of trades, professions, and occupations rather than working for an employer.
15a.	Category of Employment	Check the appropriate circle for the Category of Employment of the *Person with Disability*. ***Permanent/Regular -*** the directly employed; work for an employer and are paid directly by that employer; permanent/regular employees do not have a predetermined end date of employment; permanent employees are often eligible to switch job positions within their companies ***Seasonal -*** the term seasonal employment refers to open positions in an organization that are available for only a portion of the year; seasonal employment is a form of temporary employment, whereby the workload occurs only during certain times of the year ***Casual -*** employees are employees who do not have regular or systematic hours of work or an expectation of continuing work; a typical casual employee is employed on a daily basis when the need arises ***Emergency -*** means any work performed for the purpose of preventing or alleviating the physical trauma or property damage threatened or caused by an emergency; emergency work means work which could not be covered by a weekly employee because of extenuating circumstances
15b.	Types of Employment	Check the appropriate circle for the Type of Employment of the *Person with Disability.*
16.	Occupation	Check the appropriate circle for the Occupation of the *Person with Disability*. If not stated in the choice, check "Others" then specify.
17.	Organization Information	Write the organization information of the *Person with Disability* including the name of organization affiliated, contact person, office address, and telephone number. If none, leave it blank
18.	ID Reference No.	Write the SSS, GSIS, PAG-IBIG, and Philippine Health Insurance Number if available
19.	Family Background	Write the names of the father, mother and guardian of the *Person with Disability* in the space provided.
20.	Accomplished By	Personnel completing the form must be entered on this required field.
20a	Name of Reporting Unit	For the issuing office, write the name of your office.
21	Registration Number	This is a system-generated number after the information have been encoded and submitted in the system.