



BUKAS PALAD FOUNDATION OF THE PHILIPPINES, INC.

"Freely you receive, freely you give"

1862 Tramo St. cor Gil Puyat, Pasay City, Philippines

CN: _____

CASE INTAKE FORM

Secondary Program Availed:

- Support-At-A-Distance
 BPLC/ECCD
 Primary Health Care
 Feeding
 School of Life
 Others: _____

APPLICANT INFORMATION

Full Name: _____ Date Filed: _____
(Last Name) (Given Name) (Middle Name)
 Date of Birth: _____ Age: _____
 Place of Birth: _____
 Grade: _____ GWA: _____ School: _____
 Permanent Address: _____ Living with: _____

FAMILY INFORMATION:

<p>Father's Full Name: _____</p> <p>Date of Birth: _____</p> <p>Place of Birth: _____ Age: _____</p> <p>Current Address: _____</p> <p>_____ No. of years stay: _____</p> <p>Permanent/Provincial Address: _____</p> <p>Occupation: _____</p> <p>Current Employer: _____</p> <p>Employer's Address: _____</p> <p>Monthly Salary: _____</p> <p>Other income: _____</p>	<p>Mother's Full Name: _____</p> <p>Full Maiden Name: _____</p> <p>Date of Birth: _____</p> <p>Place of Birth: _____ Age: _____</p> <p>Current Address: _____</p> <p>_____ No. of years stay: _____</p> <p>Permanent/Provincial Address: _____</p> <p>Occupation: _____</p> <p>Current Employer: _____</p> <p>Employer's Address: _____</p> <p>Monthly Salary: _____</p> <p>Other income: _____</p>
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OTHER FAMILY MEMBERS:

NAME	Date of birth	Educational Background	Occupation	Relationship to applicant

SOCIOECONOMIC BACKGROUND				
House				
Physical description of the house				
Number of persons living in the house	Owned by the family		Owned by relatives	
	Rent			
	Others: _____			

Family Income/Expenses		
Estimated Joint Family Income	Expenses	
	House/Rent	
Financial support from the government? (e.g., 4Ps)	Water	
	Electricity	
Other Source/s of Income	Grocery	
	Healthcare	
	Others	
Total Family Income:	Total Expenses:	

Notes:

Physical Description of applicant: _____

Personality description of applicant: _____

Hobbies of the applicant: _____

Birth order of applicant: _____

Parent status: _____

Years of marriage: _____

ADDITIONAL INFORMATION:

I CONFIRM THAT TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS CORRECT

To be filled by the parent or guardian. Please indicate the relationship to the beneficiary.

Name: _____ Signature: _____

Date: _____ Relationship: _____

Evaluation/Recommendation

Recommended by: _____ Date: _____

Social Worker/Community Worker

<p>Endorsed by:</p> <p>_____</p> <p>Date: _____</p>
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<p>ACTION TAKEN:</p> <p>Approved for admission</p> <p>Remarks:</p> <p>_____</p> <p>_____</p> <p>Approved by:</p> <p>_____</p>
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_____ Date: _____
 (signature over printed name)