



DEPARTMENT OF HEALTH
Philippine Registry For Persons with Disabilities Version 4.0
Application Form

1. <input type="radio"/> NEW APPLICANT <input type="radio"/> RENEWAL *				Place 1"x 1"Photo Here	
2. PERSONS WITH DISABILITY NUMBER (RR-PPMM-BBB-NNNNNNN) *			3. Date Applied *(mm/dd/yyyy)		
4. PERSONAL INFORMATION*					
LAST NAME: *		FIRST NAME:*		MIDDLE NAME:*	SUFFIX:*
5. DATE OF BIRTH: *(mm/dd/yyyy)			6. SEX: *		6 a. BLOOD TYPE: (optional)
			<input type="radio"/> FEMALE <input type="radio"/> MALE		
7. CIVIL STATUS: *					MAIDEN NAME: (if a female is married)
<input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Cohabitation (live-in) <input type="radio"/> Married <input type="radio"/> Widow/er					
8. TYPE OF DISABILITY: *			9. CAUSE OF DISABILITY:		
<div><input type="checkbox"/> Deaf or Hard of Hearing</div> <div><input type="checkbox"/> Intellectual Disability</div> <div><input type="checkbox"/> Physical Disability</div> <div><input type="checkbox"/> Sensory Disability</div> <div><input type="checkbox"/> Specific Learning Disability</div> <div><input type="checkbox"/> Mental Illness</div> <div><input type="checkbox"/> Personality Disorder</div> <div><input type="checkbox"/> Substance Use Disorder</div> <div><input type="checkbox"/> Autism Spectrum Disorder</div> <div><input type="checkbox"/> Down Syndrome</div> <div><input type="checkbox"/> Cerebral Palsy</div> <div><input type="checkbox"/> Epilepsy</div> <div><input type="checkbox"/> Chronic Illness</div> <div><input type="checkbox"/> Cancer (RA11215)</div> <div><input type="checkbox"/> Rare Disease (Ra10747)</div>			<div><input type="checkbox"/> Congenital/Inborn</div> <div><input type="checkbox"/> Acquired</div> <div><input type="checkbox"/> Chronic Illness</div> <div><input type="checkbox"/> Cancer (RA11215)</div> <div><input type="checkbox"/> Rare Disease (Ra10747)</div>		
10. RESIDENCE ADDRESS *					
House No. and Street: *		Barangay: *	Municipality: *	Province: *	Region: *
11. CONTACT DETAILS					
Landline No:		Mobile No: *		E-mail Address:	
12. EDUCATIONAL ATTAINMENT: *			14. OCCUPATION: *		
<div><input type="radio"/> None</div> <div><input type="radio"/> Kindergarten</div> <div><input type="radio"/> Elementary</div> <div><input type="radio"/> Junior High School</div> <div><input type="radio"/> Senior High School</div> <div><input type="radio"/> College</div> <div><input type="radio"/> Vocational</div> <div><input type="radio"/> Post Graduate</div>			<div><input type="radio"/> Managers</div> <div><input type="radio"/> Professionals</div> <div><input type="radio"/> Technicians and Associate Professionals</div> <div><input type="radio"/> Skilled Agricultural Forestry and Fishery Workers</div> <div><input type="radio"/> Craft and Related Occupations</div> <div><input type="radio"/> Unskilled Workers</div> <div><input type="radio"/> Armed Forces Occupations</div> <div><input type="radio"/> Others, specify: _____</div>		
13. STATUS OF EMPLOYMENT: *		13 b. TYPES OF EMPLOYMENT: *			
<div><input type="radio"/> Employed</div> <div><input type="radio"/> Unemployed</div> <div><input type="radio"/> Self-employed</div>		<div><input type="radio"/> Permanent / Regular</div> <div><input type="radio"/> Seasonal</div> <div><input type="radio"/> Casual</div> <div><input type="radio"/> Emergency</div>			
13 a. CATEGORY OF EMPLOYMENT: *					
<div><input type="radio"/> Government</div> <div><input type="radio"/> Private</div>					
15. ORGANIZATION INFORMATION:					
Organization Affiliated:		Contact Person:		Office Address:	Tel Nos:
16. ID REFERENCE NO:					
SSS NO:		GSIS NO:	PAG-IBIG NO:	Tel Nos:	PhilHealth NO:
FOR AVAILING TAX INCENTIVES AS DEPENDENT:					
Tax Claimant:				Contact No.:	
17. FAMILY BACKGROUND:		LAST NAME		FIRST NAME	MIDDLE NAME
FATHER'S NAME:					
MOTHER'S NAME:					
GUARDIAN:					
18. ACOMPLISHED BY: *		LAST NAME		FIRST NAME	MIDDLE NAME
<div><input type="radio"/> APPLICANT:</div> <div><input type="radio"/> GUARDIAN:</div> <div><input type="radio"/> REPRESENTATIVE:</div>					
19. NAME OF CERTIFYING PHYSICIAN:					
LICENSE NO.:					
20. PROCESSING OFFICER: *					
21. APPROVING OFFICER: *					
22. ENCODER: *					
23. NAME OF REPORTING UNIT: (OFFICE / SECTION) *					
24. CONTROL NO.: *					