FORM FMSOLO-001
Revised as of 05/01/2024

Republic of the Philippines
City of Makati
Makati Social Welfare and Development Department
Program Management Division
APPLICATION FORM FOR SOLO PARENTS

Control No: _____
Application Date: _____
Interviewer: _____

Application Type:
☐ NEW ☐ RENEWAL

The personal data collected shall only be used for Solo Parent application and shall be shared with Makati Action Center, Accounting and Gcash, and other service providers for purposes of Solo Parent benefits and privileges.

We are committed in protecting and respecting your privacy. If you want to know more about how we collect, use, store, and protect your personal data you may read our privacy Notice posted in front of MSWDD offices or you can request a copy of the Privacy Notice from 5th floor, MSWDD office.

☐ 4Ps (Pantawid)
☐ Senior with Blu Card
☐ PWD ID No.: _____
o If Applicant
Place issued: _____ Valid until: _____/_____/_____
(Month / Date / Year)
o If Dependent
Place issued: _____ Valid until: _____/_____/_____
(Month / Date / Year)

Makati City Government Employee?
☐ YES ☐ NO
If YES, Dept/Office/Div: _____

Firstname**:** _____ Middlename: _____ Lastname: _____
Mobile No: _____ Email: _____ Civil Status: _____
Sex: _____ Age: _____ Date of Birth: _____/_____/_____ Gcash No: _____
(Month / Date / Year)

I. RESIDENCY: ☐ Makati Voter ☐ Non-Makati Voter

ADDRESS: House#/Lot#/Room/Unit#: _____
Barangay: _____ Street _____ Bldg/Subd/Zone: _____

Types of Employment Status:
☐ **Employed**
o Casual o Permanent Position: _____
Name of Company: _____
Monthly Income: Php _____ Family Resources: _____

☐ **Self-Employed:** _____
☐ **Worker** (Type of Work): _____
☐ **Unemployed**

☐ A – Php 13,500 below
☐ B – Php 13,501-Php 20,000
☐ C - Php 20,0001-Php 30,000
☐ D - Php 30,0001-Php 40,000
☐ E- Php 40,001 and above
☐ F – Unemployed

II. HOUSEHOLD COMPOSITION: ***(Person who are living with the applicant and his/her dependents)***

Name	Date of Birth *(mm/dd/yyyy)*	Age	Relationship to the applicant	Civil Status	Educational Attainment	Occupation / Monthly Income

III. CLASSIFICATION / CIRCUMSTANCES OF BEING A SOLO PARENT:

☐ (1) Solo Parent as a consequence of rape
☐ (2) Widow/widower
☐ (3) Spouse of a person deprived of liberty (PDL)
☐ (4) Spouse of a person with disability (PWD)
☐ (5) Due to de facto separation (legally separated)
☐ (6) Due to nullity of marriage
☐ (7) Abandoned
☐ (8) Spouse of an OFW
☐ (9) Relative of an OFW
☐ (10) Unmarried mother/father
☐ (11) Legal guardian, adoptive or foster care parent
☐ (12) Any relative in the 4th degree of consanguinity/affinity
☐ (13) Pregnant woman

IV. PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Contact No. _____ Relation to Applicant: _____
Address: _____

========== **PLS. DO NOT WRITE BELOW THIS LINE** ==========

SUBMITTED DOCUMENTS:

- ☐ COMELEC Cert (Photocopy)
- ☐ Latest Barangay Certificate (Original)
- ☐ Affidavit of Solo Parent (Original)
- ☐ Death Certificate of Spouse (Photocopy)
- ☐ Court Declaration of Annulment/ Legal Separation (Photocopy)
- ☐ PWD I.D. (spouse of applicant) (Photocopy)
- ☐ Certificate of Detention (Photocopy)
- ☐ Birth Certificate of child/ children 21 years old and below (Photocopy)
- ☐ 2 pcs. 1x1 ID picture of applicant (Original)
- ☐ Latest Income Tax Return (Photocopy) or COE with compensation
- ☐ Latest picture of child/ children with the applicant (Original)
- ☐ Latest school I.D. of child/ Certificate of Enrollment (Photocopy)
- ☐ PWD ID (If with disability)
- ☐ Others: _____

A. SOCIAL WORKER/INTERVIEWER'S NOTES:

_____
_____
_____
_____

B. HOMEVISIT REMARKS:

Source of Information: _____

_____
_____
_____

DATA PRIVACY CONSENT

In accordance with the Data Privacy Act of 2012 (DPA), its Implementing Rules and regulations and all other applicable laws, I hereby consent to the following:

1. Collection of my personal data.
2. Use of my personal data for purposes mentioned and in accordance with the Makati Social Welfare Department Privacy Notice.
3. Storage and retention of my personal data for a reasonable and necessary period as specified.
4. Sharing of my personal data for the purposes mentioned.

I also declare that I have read this form as well as the Privacy Notice and understood its contents. I understand that my consent does not preclude the existence of other criteria for lawful processing of personal data and does not waive any of my rights under the DPA and other applicable laws.

Signed this ___day of _____20__at Makati City.

_____
Signature over Printed Name

Interviewed by:

_____
Signature over Printed Name

Home visited by:

_____
Signature Over Printed Name / Date

Assessed by:

VINCENT L. MANGAO, RSW
Social Worker

Recommending Approval:

LOIDA E. PANGILINAN, RSW
Head, Program Management Division

Approved by:

JOSELINE P. NIWANE
Officer In-Charge
Makati Social Welfare and
Development Department