



Republic of the Philippines
DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
DILG-NAPOLCOM Center, EDSA cor. Quezon Avenue, West Triangle, Quezon City
www.dilg.gov.ph

MEMORANDUM

TO : DILG REGIONAL AND FIELD OFFICES, ALL PROVINCIAL, CITY AND MUNICIPAL GOVERNMENTS AND ALL OTHER CONCERNED

SUBJECT : COLLECTION AND SUBMISSION OF SENIOR CITIZENS' DATA TO NCSC

DATE : SEP 12 2022

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This is pursuant to the formal signing of the Memorandum of Agreement (MOA) by and between the Department of Social Welfare and Development (DSWD) and the National Commission of Senior Citizens (NCSC) held last 29 June 2022, detailing the transfer of function, activities and programs for Senior Citizens currently undertaken by the DSWD and now officially transferred to the NCSC.

In this regard, all City and Municipality Governments are hereby requested to collect Senior Citizens' data thru their Office of the Senior Citizen Affairs(OSCA) using the prescribed SC Data Form attached in this Memorandum. The collected data shall be submitted to the office of NCSC.

Relatively, the DILG Regional Directors are hereby directed to cause the immediate and widest dissemination of this Memorandum and its attachment to all DILG Field Offices and Local Government Units within their respective area of jurisdiction.

Should there be any concerns or queries regarding the matter, please coordinate directly with the NCSC, through this email address: ph.ncsc@gmail.com.

Attached is the said SC Data Form, for the information and reference of all concerned.


MARLO L. IRINGAN
Undersecretary for Local Government
BLGD/AFB/AAM/LADD/GRM/JSM/rzm



Republic of the Philippines
Office of the President of the Philippines
NATIONAL COMMISSION OF SENIOR CITIZENS
SENIOR CITIZEN DATA FORM

LATEST
2 X 2 PICTURE

Reference Code:

REGION	PROVINCE
CITY/MUNICIPALITY	BARANGAY

I. IDENTIFYING INFORMATION

1. Name of Senior Citizen	Last Name	First Name	Middle Name	Extension (Jr, Sr)
2. Address	Region	Province	City/Municipality	Barangay
	House No./Zone/Purok/Sitio			Street
3. Date of Birth	4. Place of Birth		6. Marital Status	
m m d d y y				
7. Contact Number	8. Email Address	9. Messenger		
10. Religion	11. Ethnic Origin	12. Language Spoken / Written		
13. OSCA ID Number	14. GSIS	15. SSS		
16. Philhealth	17. SC Association / Org ID No.	18. Other ID, please specify		
19. Capability to Travel	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	20. Active in Politics	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	21. Current Pension (specify)

II. FAMILY COMPOSITION

22. Name of Spouse	Last Name	First Name	Middle Name	Extension (Jr, Sr)	
23. Father's Name	Last Name	First Name	Middle Name	Extension (Jr, Sr)	
24. Mother's Maiden Name	Last Name	First Name	Middle Name		
25. Child(ren)	Full name	Occupation	Income	Age	Dependency

III. DEPENDENCY PROFILE

26. Living/Residing with (check all applicable)			27. Housing		
<input type="checkbox"/> 1 Alone	<input type="checkbox"/> 2 Grand Child(ren)	<input type="checkbox"/> 3 Common Law Spouse	<input type="checkbox"/> 1 No privacy	<input type="checkbox"/> 2 Overcrowded in home	
<input type="checkbox"/> 4 Spouse	<input type="checkbox"/> 5 In-law(s)	<input type="checkbox"/> 6 Care Institution	<input type="checkbox"/> 3 Informal Settler	<input type="checkbox"/> 4 No permanent house	
<input type="checkbox"/> 7 Child(ren)	<input type="checkbox"/> 8 Relative(s)	<input type="checkbox"/> 9 Friend(s)	<input type="checkbox"/> 5 High cost of rent	<input type="checkbox"/> 6 Longing for independent living quiet atmosphere	
<input type="checkbox"/> 10 Others, pls specify			<input type="checkbox"/> 7 Others, specify		

IV. EDUCATION / HR PROFILE

28. Educational Attainment			29. Areas of Specialization / Technical Skills (Check all applicable)		
<input type="checkbox"/> 1 Elementary Level	<input type="checkbox"/> 2 Elementary Graduate	<input type="checkbox"/> 3 High School Level	<input type="checkbox"/> 1 Medical	<input type="checkbox"/> 2 Teaching	<input type="checkbox"/> 3 Legal Services
<input type="checkbox"/> 4 High School Graduate	<input type="checkbox"/> 5 College Level	<input type="checkbox"/> 6 College Graduate	<input type="checkbox"/> 4 Dental	<input type="checkbox"/> 5 Counseling	<input type="checkbox"/> 6 Farming
<input type="checkbox"/> 7 Post Graduate	<input type="checkbox"/> 8 Vocational	<input type="checkbox"/> 9 Not Attended School	<input type="checkbox"/> 7 Fishing	<input type="checkbox"/> 8 Cooking	<input type="checkbox"/> 9 Arts
30. Community Service / Others			<input type="checkbox"/> 10 Engineering	<input type="checkbox"/> 11 Carpenter	<input type="checkbox"/> 12 Plumber
<input type="checkbox"/> 1 Desire to participate			<input type="checkbox"/> 13 Barber	<input type="checkbox"/> 14 Mason	<input type="checkbox"/> 15 Sapatero
<input type="checkbox"/> 2 Skills / resources to share			<input type="checkbox"/> 16 Evangelization	<input type="checkbox"/> 17 Tailor	<input type="checkbox"/> 18 Chef/Cook
<input type="checkbox"/> 3 Others, specify			<input type="checkbox"/> 19 Millwright	<input type="checkbox"/> 20 Others, specify	

31. Involvement in Community Activities (Check all applicable)		
<input type="checkbox"/> 1 Medical	<input type="checkbox"/> 2 Resource Volunteer	<input type="checkbox"/> 3 Community Beautification
<input type="checkbox"/> 4 Community / Organization Leader	<input type="checkbox"/> 5 Dental	<input type="checkbox"/> 6 Friendly Visits
<input type="checkbox"/> 7 Neighborhood Support Services	<input type="checkbox"/> 8 Legal Services	<input type="checkbox"/> 9 Religious
<input type="checkbox"/> 10 Counseling / Referral	<input type="checkbox"/> 11 Sponsorship	
<input type="checkbox"/> 12 Others, specify _____		

V. ECONOMIC PROFILE

32. Source of Income and Assistance (Check all applicable)		
<input type="checkbox"/> 1 Own earnings, salary / wages	<input type="checkbox"/> 2 Own Pension	<input type="checkbox"/> 3 Stocks / Dividends
<input type="checkbox"/> 4 Dependent on children / relatives	<input type="checkbox"/> 5 Spouse's salary	<input type="checkbox"/> 6 Insurance
<input type="checkbox"/> 7 Spouse's Pension	<input type="checkbox"/> 8 Rentals / sharecrops	<input type="checkbox"/> 9 Savings
<input type="checkbox"/> 10 Livestock / orchards	<input type="checkbox"/> 11 Others, specify _____	

33. Assets and Properties (Check all applicable)		34. Monthly Income (in Philippine Peso)		
<input type="checkbox"/> 1 House	<input type="checkbox"/> 2 Lot / Farmland	<input type="checkbox"/> 3 House & Lot	<input type="checkbox"/> 1 50,000 and above	<input type="checkbox"/> 2 30,000 < 50,000
<input type="checkbox"/> 4 Commercial Building	<input type="checkbox"/> 5 Fishpond / resort		<input type="checkbox"/> 3 10,000 < 30,000	
<input type="checkbox"/> 6 Others, specify _____			<input type="checkbox"/> 4 5,000 < 10,000	<input type="checkbox"/> 5 1,000 < 5,000
			<input type="checkbox"/> 6 < 1,000	

V. HEALTH PROFILE

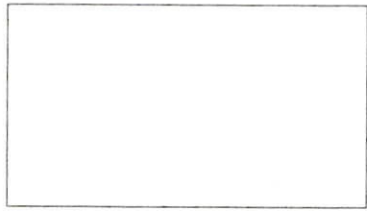
35. Problems / Needs Commonly Encountered (Check all applicable)		35.A Social / Emotional	
35.B Economic		<input type="checkbox"/> 1 Feeling neglect / rejection	
<input type="checkbox"/> 1 Lack of income / resources		<input type="checkbox"/> 2 Feeling helplessness / worthlessness	
<input type="checkbox"/> 2 Loss of income / resources		<input type="checkbox"/> 3 Feeling loneliness / isolate	
<input type="checkbox"/> 3 Skills / capability training (specify) _____		<input type="checkbox"/> 4 Lack leisure / recreational activities	
<input type="checkbox"/> 4 Livelihood opportunities (specify) _____		<input type="checkbox"/> 5 Lack SC friendly environment	
<input type="checkbox"/> 5 Others, specify _____		<input type="checkbox"/> 6 Others, specify _____	

35.C Health / Chronic Disease		<input type="checkbox"/> 6 Health problems / ailments	
<input type="checkbox"/> 1 High cost of medicines		<input type="checkbox"/> 6.1 Hypertension	<input type="checkbox"/> 6.2 Arthritis / Gout
<input type="checkbox"/> 2 Lack of medical professionals		<input type="checkbox"/> 6.3 Coronary Heart Disease	
<input type="checkbox"/> 3 Lack / no access to sanitation		<input type="checkbox"/> 6.4 Diabetes	<input type="checkbox"/> 6.5 Chronic Kidney Disease
<input type="checkbox"/> 4 Lack / no health insurance		<input type="checkbox"/> 6.6 Alzheimer's / Dementia	
<input type="checkbox"/> 5 Lack of hospitals / medical facilities		<input type="checkbox"/> 6.7 Chronic Obstructive Pulmonary Disease	
		<input type="checkbox"/> 6.8 Others, pls specify _____	

36. List of Medicines for Maintenance		

This certifies that I have willingly given my personal consent and willfully participated in the provision of data and relevant information regarding my person, being part of the establishment of database of Senior Citizens.

Name and Signature of Senior Citizen



Right Thumb Print of Senior Citizen

Name and Signature of Assisting Person 1

Relationship to Senior Citizen

Name and Signature of Assisting Person 2

Relationship to Senior Citizen

Name of Signature of Interviewer/Verifier

Organization/Office

Date of Interview: _____
Place of Interview: _____