



# 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"x1" 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: *	
			<input type="radio"/> FEMALE	
			<input type="radio"/> MALE	
7. CIVIL STATUS: *				
<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: *	
<input type="checkbox"/> Deaf or Hard of Hearing <input type="checkbox"/> Psychosocial Disability <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Speech and Language Impairment <input type="checkbox"/> Learning Disability <input type="checkbox"/> Visual Disability <input type="checkbox"/> Mental Disability <input type="checkbox"/> Cancer (RA11215) <input type="checkbox"/> Physical Disability (Orthopedic) <input type="checkbox"/> Rare Disease (RA10747)			<input type="checkbox"/> Congenital / Inborn <input type="checkbox"/> Acquired <input type="checkbox"/> Autism <input type="checkbox"/> Chronic Illness <input type="checkbox"/> ADHD <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Injury <input type="checkbox"/> Down Syndrome	
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: *	
<input type="radio"/> None <input type="radio"/> Senior High School <input type="radio"/> Kindergarten <input type="radio"/> College <input type="radio"/> Elementary <input type="radio"/> Vocational <input type="radio"/> Junior High School <input type="radio"/> Post Graduate			<input type="radio"/> Managers <input type="radio"/> Professionals <input type="radio"/> Technicians and Associate Professionals <input type="radio"/> Clerical Support Workers <input type="radio"/> Service and Sales Workers <input type="radio"/> Skilled Agricultural, Forestry and Fishery Workers <input type="radio"/> Craft and Related Trade Workers <input type="radio"/> Plant and Machine Operators and Assemblers <input type="radio"/> Elementary Occupations <input type="radio"/> Armed Forces Occupations <input type="radio"/> Others, specify: _____	
13. STATUS OF EMPLOYMENT: *		13 b. TYPES OF EMPLOYMENT: *		
<input type="radio"/> Employed <input type="radio"/> Unemployed <input type="radio"/> Self-employed		<input type="radio"/> Permanent / Regular <input type="radio"/> Seasonal <input type="radio"/> Casual <input type="radio"/> Emergency		
13 a. CATEGORY OF EMPLOYMENT: *				
<input type="radio"/> Government <input type="radio"/> Private				
15. ORGANIZATION INFORMATION:				
Organization Affiliated:		Contact Person:	Office Address:	Tel. Nos.:
16. ID REFERENCE NO.:				
SSS NO.:	GSIS NO.:	PAG-IBIG NO.:	PSN NO.:	PhilHealth NO.:
17. FAMILY BACKGROUND:				
FATHER'S NAME:		LAST NAME	FIRST NAME	MIDDLE NAME
MOTHER'S NAME:				
GUARDIAN:				
18. ACCOMPLISHED BY: *		LAST NAME	FIRST NAME	MIDDLE NAME
<input type="radio"/> APPLICANT <input type="radio"/> GUARDIAN <input type="radio"/> REPRESENTATIVE				
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.: *				

### LIST OF REQUIREMENTS

- Certificate of Disability (Apparent/Non-Apparent) from **GOVERNMENT DOCTOR**
- Two "1x1" recent ID pictures with the name, and signature or thumbmark at the back of the picture.
- One valid government ID with **IMUS ADDRESS**  
For children, school ID will be accepted, in the absence of school ID, a photocopy of the Birth Certificate will be required and I.D. of parent/guardian.  
For applicant of legal age with no valid government ID, a Barangay Certificate indicating Name and Complete Address will be required.
- Proof of Residence (Utility bill/SOA)

**For guardian/representative:**

- Guardian, proof of guardianship
- Notarized Authorization Letter
- Photocopy of valid government I.D. of authorized representative

**For renewal or revalidation transactions, submission of additional documents below are required:**

- Accomplished PWDID-AF (Renewal box checked)
- Expired PWD-IDC
- Affidavit of Loss if PWD-IDC is declared lost.
- In the absence of expired PWD-IDC, two "1x1" recent ID pictures with the name, and signature or thumbmark at the back.