Republic of the Philippines
OFFICE OF THE PRESIDENT
PHILIPPINE CHARITY SWEEPSTAKES OFFICE
Quezon City

INDIVIDUAL MEDICAL ASSISTANCE PROGRAM (IMAP) APPLICATION FORM

REFERENCE NO.: _____
PETSA *(Date)*: _____ mm/dd/yr _____

Sagutan ang lahat ng patlang at lagyan ng tsek "✓" ang angkop nasagot. *(Fill up all the blank spaces and check the answer that applies.)*

1. ☐**BAGONG APLIKANTE** *(New Applicant)* ☐**DATING APLIKANTE** *(Old Applicant)*

2. BUONG PANGALAN NG PASYENTE: _____
(Full Name of Patient) **APELYIDO** *(Surname)* **PANGALAN** *(Given name)* **GITNANG PANGALAN** *(Middle name)*

3.TIRAHAN *(Address)*
☐**Permanente***(Permanent)*_____
No. Street. Brgy. Municipality/City Province Region

☐**Pansamantala***(Temporary)*_____
No. Street. Brgy. Municipality/City Province Region

4. KATAYUANG SIBIL: *(Civil Status)*
☐**WalangAsawa** *(Single)* ☐**Kasal***(Married)*
☐**Balo***(Widow(er))* ☐**Hiwalay***(Separated)*
☐**May Kinakasama** *(With Common Law Partner)*
☐**Others** *(Pakisulat)*_____

5. PETSA NG KAPANGANAKAN_____ mm/dd/yr *(Birth Date)* **6. EDAD** _____ *(Age)* **7. KASARIAN:** ☐**Lalake** ☐**Babae** *(Sex)*

8. NATIONALITY _____ **9. RELIGION** *(Relihiyon)*_____

10.NATAPOS NA ANTAS NG PAG-AARAL:
(Highest Educational Attainment)☐**Post-graduate** ☐**High School**
☐**Vocational** ☐**Elementary**
☐**College** ☐**Walang Natapos** *(None)*

11. HANAPBUHAY_____ *(Occupation)* **12. BUWANANG KITA** _____ *(Monthly Income)*

13. MIYEMBRO NG PAMILYA NA KASAMA SA BAHAY *(HOUSEHOLD FAMILY COMPOSITION)*

PANGALAN *(Name)*	EDAD *(Age)*	KATAYUANG SIBIL *(Civil Status)*	RELASYON SA PASYENTE *(Relation to Patient)*	NATAPOS NA PAGAARAL *(Educational Attainment)*	HANAPBUHAY *(Occupation)*	BUWANANG KITA *(Monthly Income)*

14. IBA PANG PINAGKAKAKITAAN *(OTHER SOURCES OF INCOME)*
Sources within the household _____ Sources outside the household _____
Total Monthly Income _____ Total Monthly Income _____

15. IBA PANG GASTUSIN *(OTHER EXPENDITURES)*
Pagkain (Food) P _____
Bahay (Housing) _____
Edukasyon (Education) _____
Transportasyon (Transportation) _____
Iba pang gastusin (Miscellaneous) _____
Total Monthly Expenditures (TME) P _____
Total Gross Monthly Income (TGMI) P _____ **(Sources within + outside Household)**

Net Monthly Income **(TGMI-TME)** _____

16. MIYEMBRO NG PHILHEALTH? ☐**Member** ☐**Dependent** ☐ **Non-Member**

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17. DIAGNOSIS _____

18. HINIHINGING TULONG: ☐ **In-Patient** ☐ **Out-Patient**
(Nature of Requested Assistance)

☐ **PAGPAPA-OSPITAL** *(Confinement)*

☐ **DIALYSIS:** ___ **HEMODIALYSIS**
___ **PERITONEAL**

☐ **CHEMOTHERAPY**

☐ **RADIATION THERAPY**

☐ **GAMOT** *(Medicines)*
( ) **Anti-Rabies** ( ) **Psychiatric**
( ) **Post-Op** ( ) **Post-Transplant**
( ) **Factor 8, 9** ( ) **Antibiotics**
( ) **OR Medicines** ( ) **IVIG**
( ) **Others** *(Pls. specify)*_____

☐ **KAGAMITAN SA OPERASYON** *(Surgical Supplies)*

☐ **IMPLANT** *(Bone, Cochlear, etc.)*

☐ **LABORATORY/DIAGNOSTIC PROCEDURE**
TUKUYIN *(Pls. specify)* _____

☐ **MEDICAL DEVICE** *(Pacemaker, Stent, etc.)*

☐ **ASSISTIVE DEVICE** *(Hearing Aid, Wheelchair, Prosthesis, etc.)*

☐ **NON- & MINIMALLY-00INVASIVE PROCEDURES**
(ESWL, Endoscopy, Laparoscopic Procedure, etc.)

☐ **TRANSPLANT** *Pls. Specify* _____

☐ **REHABILITATIVE THERAPY**
(Physical/Occupational/SpeechTherapy)

☐ **OTHERS** *(Pls. Specify)*_____

19. KUNG DATING APLIKANTE:
URI, HALAGA NG TULONG AT KAILAN NATANGGAP ITO MULA SA PCSO *(Type and Amount of Previous Assistance and Date Received)*

Uri ng Tulong *(Nature of Request)*	**Halaga** *(Amount)*	**Petsa** *(Date Received)*

20. Lagyan ng tsek "✓" ang pinaka-angkop na sagot ayon sa iyong nalalaman at tunay nakalagayan sa buhay.
(Check the best answer that applies based on what you know and your actual situation.)

MGA KATANUNGAN *(Questions/Qualifiers)*	**MGA KASAGUTAN** *(Answers)*	✓	**POINT SCORE** (HUWAG MAGSULAT DITO)
1. **Pasilidad na Pangkalusugan at Klasipikasyon ng Pasyente** *(Type of Health Facility and Patient Classification)*	**URI NG OSPITAL** ***(TYPE OF HOSPITAL)***		
	Pampubliko/Gobyerno *(Government)*		
	Pribado *(Private)*		
	KLASIPIKASYON NG PASYENTE ***(CLASSIFICATION OF PATIENT)***		
	Charity/Service		
	Private/Pay		
2. **Bakit napasok sa pribadong ospital?** *(What is the reason for admission at a private/pay hospital?)* *(FOR IN-PATIENT)*	Na "emergency" – inatake, inabot ng pagkakasakit sa daan *(Emergency admission)*		
	Walang bakante/kakayanan sa pampublikong ospital *(No vacancies/needed facilities in Government hospital)*		
	Pinakamalapit na ospital sa tinitirahan *(Nearest hospital)*		
	Kagustuhan dahil *(Private hospital preferred due to)*: • May kakilala *(Acquaintance in hospital)* • Payo ng doctor *(Doctor's advice)* • Sariling desisyon *(Own decision)*		
3. **Bakit napasok sa pribadong kwarto?** *(What is the reason for admission at a private room?)* *(FOR IN-PATIENT)*	Dahil sa sakit *(Due to nature of illness)*		
	Walang bakante/puno ang mas murang kwarto *(No available cheaper rooms/ charity beds)*		
	Kagustuhan dahil *(Room of choice due to)*: • May kakilala *(Acquaintance in hospital)* • Sariling desisyon *(Own decision)*		
4. **Halaga ng Kuwarto** *(Room Rate)* *(FOR IN-PATIENT)*	ICU		
	P 0 - P 800		
	P 801 - P 1, 200		
	P 1, 201 - P 1, 600		
	P 1, 601 - P 2, 000		
	P 2, 001 - P 2, 400		
	P 2, 401 pataas *(P 2,401 and above)*		
5. **Magkano ang naiiwang buwanang kita ng pamilya?** *(What is the family's total net monthly income?)*	P 0 - P 10,000		
	P10,001 – P20,000		
	P20,001 – P30,000		
	P30,001 - P 40,000		
	P40,001 pataas *(P 40,001 and above)*		

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6. **Ano ang tungkuling ginagampanan ng pasyente sa pamilya?** *(What is the role of the patient in the family?)*	Pangunahing sumasagot sa pangangailangang pinansyal ng pamilya *(Main provider/breadwinner)*		
	Nakakaambag sa pangangailangang pinansyal ng pamilya*(Contributor)*		
	Walang kita nguni't may ginagampanang ibang tungkulin sa tahanan*(Performs other complementary roles, such as household upkeep)*		
	Ganap na umaasa sa ibang kasapi ng pamilya para sa mga pangangailangan*(Fully dependent on other family members)*		
7. **Anu-ano ang mga pansariling suliraninang kinakaharap ng pamilya sa ngayon?** *(What are the personal circumstances being faced by the family?)*	Magkakaibang suliraninang kinakaharap*(Multiple problems)*		
	Mga sitwasyong naglalagay sa pamilya sa krisis, tulad ng pagkakasakit ng ibang miyembrong pamilya, pagiging biktima, atbp. *(Crisis situations, such as sickness of other family members, victimized, etc.)*		
	Mga natatanging sitwasyon, tulad ng mga may kapansanan, naulila/pinabayaan, nabalo, senior, atbp. *(Special situations, such as differently-abled, orphan/abandoned, widow, senior citizen, etc.)*		
	Mga aksidente na walang mananagot sa pinsalang natamo*(Accidents without 3rd party liability)*		
	May problema sa relasyon sa pagitan ng mga miyembrong pamilya*(Family relational problems)*		
8. **Ano ang sitwasyon sa tirahan ng pamilya?** *(What is the family's housing situation?)*	Nawalan ng tirahan dahil sa kalamidad*(Displaced due to calamity)*		
	Pansamantalang nakikitira*(Transient/temporary)*		
	Nakatira sa lupain ng iba/iskwater*(Informal settler)*		
	Nangungupahan*(Renter)*		
	Nakikitira sa kamag-anak*(House Sharer)*		
	May-ari ng bahay*(Homeowner)*		
	• *High-End community*		
	• *Middle Class*		
	• *Low cost housing*		
	TOTAL SCORE		
	CLASSIFICATION		

Pinatutunayan ko na ang lahat ng inilahad ko dito ay pawing totoo at tama ayon sa aking kaalaman at kakayahan. Nababatid at naiintindihan ko na anumang maling impormasyon na aking sadyang ibinigay ay maaaring maging dahilan na hindi mapagbigyan ang aking kahilingan at maging dahilan sa paghabla ng kasong ligal laban sa akin. *(I hereby certify that all the information as stated above are true and correct based on my knowledge and capacity. I understand that any falsehood stated here may result in the rejection of my request and the filing of legal charges against me.)*

_____

Lagda o Thumbmark ng Aplikante sa Itaas ng Pangalan

Signature or ThumbmarkAbove Applicant's Printed Name

ID na Ipinakita*(Valid ID presented)* _____

Kung walang ID, Sertipikasyon/Pruweba ng Pagkakakilanlan

*In lieu of ID, Certification/Proof of Identity*_____

Kung kinatawan, RelasyonsaPasyente*(Relation to Patient)*_____

NumerongTelepono*(Contact No.)* _____

VALIDATED BY:

_____

Medical Social Worker

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----------**Huwag Magsulat sa Ibaba ng Linya***(Do not write anything beyond this line)*----------

Classification: ☐ **A** ☐ **B** ☐ **C** ☐ **D** ☐ **E** ☐ **F**

The patient is hereby recommended assistance in the amount of (in words)_____(P_____)
for_____ payable to_____.

REVIEWED AND EVALUATED BY: _____
Name and Signature of PCSO Social Worker

APPROVED BY:

_____

----------*For Assistance Above the Approving Authority/Beyond the Budget:* ----------

RECOMMENDING APPROVAL:

_____

APPROVED BY:

_____

NOT FOR SALE