



**REQUEST FOR QUOTATION  
 NP- SMALL VALUE PROCUREMENT**

RFQ No. : DSWD7-2023-0222  
 Date : February 22, 2023

Company Name : \_\_\_\_\_  
 Company Address : \_\_\_\_\_  
 Contact Person : \_\_\_\_\_  
 Contact No. : \_\_\_\_\_  
 PhilGEPS Registration No.: \_\_\_\_\_

**Sir/Madam:**

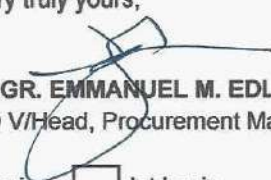
Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. Failure to indicate information could be the basis for non-compliance. Also, kindly furnish us with descriptive brochures, catalogues, literatures and/or samples, if applicable.

If you are the exclusive manufacturer, distributor or agent in the Philippines for the goods listed in Annex A, please attach in your quotation a duly notarized certification to this effect.

Interested supplier/s are required to submit true copies of their **valid Mayor's Permit, Philgeps Registration Number** upon submission of quotation/s. An **omnibus Sworn Statement** is required prior to award.

Please accomplish and submit this **form** together with **Annex A** and **Bank Information** to the BAC Secretariat, DSWD Field Office VII, Cebu City or send it through facsimile numbers (032) 233-8785; 233-0261; 231-2172 local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before **February 27, 2023 at 5:00PM.**

Very truly yours,

  
**ENGR. EMMANUEL M. EDLES**  
 AO V/Head, Procurement Management Section

**Terms and Conditions:**

1. Award shall be made on per:  item basis  total quoted price  lot basis
2. Quotation validity shall be not less than **60 calendar days.**
3. Good/s or Services shall be delivered **within 30 days calendar from receipt and conformity of P.O.**
4. Place of Delivery: **DSWD FO VII, Corner M.J. Cuenco Avenue and Gen. Maxilom Ext., Carreta, Cebu City**
5. Terms of Payment: **within 30 days from the receipt of billing statement.**
6. Liquidated Damages/Penalty: **One-tenth of one percent for everyday of delay shall be imposed.**
7. In case of discrepancy between total price per item and unit price for the item as extended or multiplied by the quantity of that item, the latter shall prevail.
8. Warranty period, if applicable: \_\_\_\_\_

  
**BONAPARTE D. CASEÑAS II**  
 Canvasser

I am interested to quote and agree to the terms and conditions.

\_\_\_\_\_  
 (Signature over Printed Name of Supplier / Service  
 Provider / Authorized Representative)



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT  
Field Office VII, Cebu City

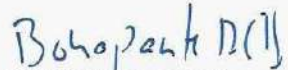
Company Name \_\_\_\_\_  
 Company Address \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Contact No. \_\_\_\_\_  
 PhilGEPS Registration No.: \_\_\_\_\_  
 Tin Number: \_\_\_\_\_

RFQ No. DSWD7-2023-0222

Date: February 22, 2023

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	50,121	sheet	<b>Supply and Delivery of Printing of Pre-Generated Community Assembly Validation / Registration Forms</b>				
			<b>Specification:</b> <ul style="list-style-type: none"> <li>• A4 sized</li> <li>• 80 GSM</li> <li>• 4 pages (1page per sheet)</li> <li>• Black and white</li> </ul> <i>See attached sample</i>				
<b>Approved Budget for the Contract: Php 60,145.20</b>				<b>Note:</b>			
End User: <b>PANTAWID</b>				"Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
PURPOSE : <b>To be used for the registration of new 4Ps beneficiaries who are pre-identified household as possible replacement.</b>							

Note: Procurement procedure in accordance with DSWD-Memorandum Circular No. 2, Series of 2007.

  
**BONAPARTE D. CASEÑAS II**  
 Canvasser

Signature of Supplier / Authorized Representative Over  
 Printed Name

(page 2 of 2)





# Pantawid Pamilyang Pilipino Program

## Community Assembly Form

### I. Household Information Box

Household ID: <b>0700008872523</b>	Set: <b>12A</b>	Region/Province/Municipality: <b>VII, CEBU, LAPU-LAPU CITY (OPON)</b>
Grantee: <b>BAGUIO, NORMA PINUTI</b>		Barangay: <b>AGUS</b>
Household Contact No.: <input type="text"/>		House No./Street Name/Sitio/Purok: <b>GUISI</b>
Household Status: <b>9 - Not Registered</b>		
Date of Enumeration (MM/DD/YYYY) <b>11/14/2019</b>		

### II. Household Validation

#### Recommendation Box

For Registration  
 Duplicate / Already in the PPIS with HH ID no.   
 Client Status:   
 Waived  
 No 0-18 (No Eligible Member for CVS Monitoring Certified by RPMO)  
 Unlocated Household  
 Other Complaints  
 Inclusion Error / GRS (No Eligible / Regular Income)  
 Misrepresentation  
 Others: Please specify

<b>Codes:</b>					
<b>1. Member Status</b>	<b>2. Declared Pregnancy status</b>	<b>3. Pregnancy Status</b>	<b>4. Relationship to Household Head</b>	<b>5. Marital Status</b>	
01 Active 02 Deceased 03 Moved-out 05 Duplicate 06 Wrong Entry 07 Missing	02 No 03 N/A 04 Delivered 05 Miscarriage	01 Yes 04 No 05 N/A	02 Wife/Spouse 03 Son/Daughter 04 Brother/Sister 05 Son-in-law/Daughter-in-law 06 Grandson/Granddaughter	07 Father/Mother 08 Other Relatives 09 Boarders 10 Domestic Helper 11 Non-relative	01 Single 02 Married w/ Spouse Present 03 Married w/ Spouse Migrant 04 Widowed 05 Divorced/Separated 06 Unknown
<b>6. Reason for Not Visiting Health Facility</b>			<b>7. Main Reason for Not Attending School</b>		
01 Distance 02 Inaccessible 03 Supply-side 14 Miscarriage / Pregnancy N/A			01 - Distance 02 - Inaccessible 03 - Supply-Side 04 - Sickly 05 - Working 06 - Disability 09 - Bullied 10 - Financial 11 - Sibling Care 19 - Early Pregnancy 20 - Early Marriage 22 - Emotionally Unprepared		
<b>Remarks:</b> <input type="text"/>					
<b>8. Highest Educ Attainment / Current Grade Level</b>					
01 Grade 1    06 Grade 6    11 Grade 11    51 Elementary ADMWALS 02 Grade 2    07 Grade 7    12 Grade 12    52 Secondary ADMWALS 03 Grade 3    08 Grade 8    18 Day Care    53 SPED NON GRADED 04 Grade 4    09 Grade 9    19 Kinder 05 Grade 5    10 Grade 10/4th Year HS    29 High School Graduate					

\* Required Fields - need to be thoroughly validated and filled-up

# Age as of 06/06/2022  
## Person with Disability  
### Last Menstrual Period

Note: If the Grade Level reflected in the Form is Code KD - Kinder/Daycare, indicate the validated correct.

### III. Household Roster Validation Box

<b>1</b>	<b>01</b>	Full Name (Last, First, Middle) <b>BAGUIO, NORMA PINUTI</b>	Entry ID <b>424200580</b>	Birthdate (MM/DD/YYYY) <b>01/11/1966</b>	Age # <b>56 y/o</b>	Sex * <b>F</b>	<b>02</b>	<b>03</b>	If Code 1, Specify LMP ## (MM/DD/YYYY)	PWD? #	
	<b>1</b>	Status? <b>Active</b>				<b>F</b>	<b>NO</b>			<b>NO</b>	
<b>04</b>		Relationship to HH Head <b>1</b> Head	<b>05</b> Solo Parent <b>No</b>	<b>06</b> Marital Status <b>No</b>	<b>07</b> Member of an IP Group (Indigenous People) If Yes, Specify IP Affiliation Code & Affiliation Name			If IP Group is not on the code list provided, please specify:			Mother's Maiden Name
			<b>No</b>	<b>No</b>							
		<b>08</b> Current Grantee <b>*</b>	<b>09</b> Visiting HF? <b>No</b>	<b>10</b> If No, Reason for Not Visiting Health Facility <b>&lt;No Health Facility&gt;</b>	If Yes, Name of Health Facility			Health Facility Address		Facility ID:	PhilSys Card No.
			<b>No</b>		<b>&lt;No Health Facility&gt;</b>						
		<b>11</b> Status as Child Beneficiary for CVS Education *	<b>12</b> Attending School? <b>No</b>	<b>13</b> If No, Reason for Not Attending School	If Yes, Name of School			School Address		LRN:	<b>14</b> Highest Educ Attainment / Current Grade Level
			<b>No</b>		<b>&lt;No School&gt;</b>						
<b>2</b>	<b>01</b>	Full Name (Last, First, Middle) <b>BAGUIO, ROXAN PINUTI</b>	Entry ID <b>424200581</b>	Birthdate (MM/DD/YYYY) <b>02/23/2003</b>	Age # <b>19 y/o</b>	Sex * <b>F</b>	<b>02</b>	<b>03</b>	If Code 1, Specify LMP ## (MM/DD/YYYY)	PWD? #	
	<b>1</b>	Status? <b>Active</b>				<b>F</b>	<b>NO</b>			<b>NO</b>	
<b>04</b>		Relationship to HH Head <b>3</b> Child	<b>05</b> Solo Parent <b>No</b>	<b>06</b> Marital Status <b>No</b>	<b>07</b> Member of an IP Group (Indigenous People) If Yes, Specify IP Affiliation Code & Affiliation Name			If IP Group is not on the code list provided, please specify:			Mother's Maiden Name
			<b>No</b>	<b>No</b>							
		<b>08</b> Select as HH Grantee	<b>09</b> Visiting HF? <b>No</b>	<b>10</b> If No, Reason for Not Visiting Health Facility <b>&lt;No Health Facility&gt;</b>	If Yes, Name of Health Facility			Health Facility Address		Facility ID:	PhilSys Card No.
			<b>No</b>		<b>&lt;No Health Facility&gt;</b>						
		<b>11</b> Status as Child Beneficiary for CVS Education *	<b>12</b> Attending School? <b>No</b>	<b>13</b> If No, Reason for Not Attending School	If Yes, Name of School			School Address		LRN:	<b>14</b> Highest Educ Attainment / Current Grade Level
			<b>No</b>		<b>&lt;No School&gt;</b>						



3	01	Full Name (Last, First, Middle) <b>BAGUIO, ADRIAN PINUTI</b>			Entry ID <b>424200582</b>	Birthdate (MM/DD/YYYY) <b>12/01/2004</b>	Age <b>17 y/o</b>	Sex <b>M</b>	02 Declared Pregnancy Status <b>NO</b>	03 Pregnancy Status	If Code 1, Specify LMP <sup>MM/DD/YYYY</sup>	PWD? <sup>Yes/No</sup> <b>NO</b>
		Last Name First Name Middle Name Ext Name						<input type="radio"/> M <input type="radio"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
04	Relationship to HH Head <b>3 Child</b>	Solo Parent <b>No</b>	05 Marital Status	Member of an IP Group (Indigenous People) If Yes, Specify IP Affiliation Code & Affiliation Name			If IP Group is not on the code list provided, please specify:			Mother's Maiden Name		
	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No								<input type="radio"/> Yes <input type="radio"/> No
	Select as HH Grantee	Visiting HF? <b>NO</b>	06 If No, Reason for Not Visiting Health Facility	If Yes, Name of Health Facility <b>&lt;No Health Facility&gt;</b>			Health Facility Address		Facility ID:	PhilSys Card No.		
	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
	Self as Child Benef for CVS Education	Attending School? <b>NO</b>	07 If No, Reason for Not Attending School	If Yes, Name of School <b>&lt;No School&gt;</b>			School Address		LRN:	08 Highest Educ Attainment / Current Grade Level		
	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
4	01	Full Name (Last, First, Middle) <b>BAGUIO, ANGELO PINUTI</b>			Entry ID <b>424200583</b>	Birthdate (MM/DD/YYYY) <b>02/24/2007</b>	Age <b>15 y/o</b>	Sex <b>M</b>	02 Declared Pregnancy Status <b>NO</b>	03 Pregnancy Status	If Code 1, Specify LMP <sup>MM/DD/YYYY</sup>	PWD? <sup>Yes/No</sup> <b>NO</b>
		Last Name First Name Middle Name Ext Name						<input type="radio"/> M <input type="radio"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
04	Relationship to HH Head <b>3 Child</b>	Solo Parent <b>No</b>	05 Marital Status	Member of an IP Group (Indigenous People) If Yes, Specify IP Affiliation Code & Affiliation Name			If IP Group is not on the code list provided, please specify:			Mother's Maiden Name		
	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No								<input type="radio"/> Yes <input type="radio"/> No
	Select as HH Grantee	Visiting HF? <b>NO</b>	06 If No, Reason for Not Visiting Health Facility	If Yes, Name of Health Facility <b>&lt;No Health Facility&gt;</b>			Health Facility Address		Facility ID:	PhilSys Card No.		
	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
	Self as Child Benef for CVS Education	Attending School? <b>NO</b>	07 If No, Reason for Not Attending School	If Yes, Name of School <b>&lt;No School&gt;</b>			School Address		LRN:	08 Highest Educ Attainment / Current Grade Level		
	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
5	01	Full Name (Last, First, Middle) <b>BAGUIO, ROSELLE PINUTI</b>			Entry ID <b>424200584</b>	Birthdate (MM/DD/YYYY) <b>08/04/2009</b>	Age <b>12 y/o</b>	Sex <b>F</b>	02 Declared Pregnancy Status <b>NO</b>	03 Pregnancy Status	If Code 1, Specify LMP <sup>MM/DD/YYYY</sup>	PWD? <sup>Yes/No</sup> <b>NO</b>
		Last Name First Name Middle Name Ext Name						<input type="radio"/> M <input type="radio"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
04	Relationship to HH Head <b>3 Child</b>	Solo Parent <b>No</b>	05 Marital Status	Member of an IP Group (Indigenous People) If Yes, Specify IP Affiliation Code & Affiliation Name			If IP Group is not on the code list provided, please specify:			Mother's Maiden Name		
	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No								<input type="radio"/> Yes <input type="radio"/> No
	Select as HH Grantee	Visiting HF? <b>NO</b>	06 If No, Reason for Not Visiting Health Facility	If Yes, Name of Health Facility <b>&lt;No Health Facility&gt;</b>			Health Facility Address		Facility ID:	PhilSys Card No.		
	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
	Self as Child Benef for CVS Education	Attending School? <b>NO</b>	07 If No, Reason for Not Attending School	If Yes, Name of School <b>&lt;No School&gt;</b>			School Address		LRN:	08 Highest Educ Attainment / Current Grade Level		
	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
6	01	Full Name (Last, First, Middle) <b>REYES, KIANA MORES</b>			Entry ID <b>424200585</b>	Birthdate (MM/DD/YYYY) <b>08/29/2017</b>	Age <b>4 y/o</b>	Sex <b>F</b>	02 Declared Pregnancy Status <b>N/A</b>	03 Pregnancy Status	If Code 1, Specify LMP <sup>MM/DD/YYYY</sup>	PWD? <sup>Yes/No</sup> <b>NO</b>
		Last Name First Name Middle Name Ext Name						<input type="radio"/> M <input type="radio"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
04	Relationship to HH Head <b>6 Grandchild</b>	Solo Parent <b>No</b>	05 Marital Status	Member of an IP Group (Indigenous People) If Yes, Specify IP Affiliation Code & Affiliation Name			If IP Group is not on the code list provided, please specify:			Mother's Maiden Name		
	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No								<input type="radio"/> Yes <input type="radio"/> No
	Select as HH Grantee	Visiting HF? <b>NO</b>	06 If No, Reason for Not Visiting Health Facility	If Yes, Name of Health Facility <b>&lt;No Health Facility&gt;</b>			Health Facility Address		Facility ID:	PhilSys Card No.		
	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
	Self as Child Benef for CVS Education	Attending School? <b>NO</b>	07 If No, Reason for Not Attending School	If Yes, Name of School <b>&lt;No School&gt;</b>			School Address		LRN:	08 Highest Educ Attainment / Current Grade Level		
	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		



**Newborn, if any**

01 Status? Full Name (Last, First, Middle) Birthdate (MM/DD/YYYY) \* Age # Sex \* 02 Declared Pregnancy Status 03 Pregnancy Status If Code 1, Specify LMP (MM/DD/YYYY) PWD? #8

04 Relationship to HH Head Solo Parent 05 Marital Status Member of an IP Group (Indigenous People) \* If IP Group is not on the code list provided, please specify. Mother's Maiden Name

Set as HH Grantee Visiting HF? 06 If No, Reason for Not Visiting Health Facility If Yes, Name of Health Facility Health Facility Address Facility ID: \*

Set as Child Benef for CVS Education \* Attending School? 07 If No, Reason for Not Attending School If Yes, Name of School \* Facility ID: \* School Address LRN: \* 08 Highest Educ Attainment / Current Grade Level

**Newborn, if any**

01 Status? Full Name (Last, First, Middle) Birthdate (MM/DD/YYYY) \* Age # Sex \* 02 Declared Pregnancy Status 03 Pregnancy Status If Code 1, Specify LMP (MM/DD/YYYY) PWD? #8

04 Relationship to HH Head Solo Parent 05 Marital Status Member of an IP Group (Indigenous People) \* If IP Group is not on the code list provided, please specify. Mother's Maiden Name

Set as HH Grantee Visiting HF? 06 If No, Reason for Not Visiting Health Facility If Yes, Name of Health Facility Health Facility Address Facility ID: \*

Set as Child Benef for CVS Education \* Attending School? 07 If No, Reason for Not Attending School If Yes, Name of School \* Facility ID: \* School Address LRN: \* 08 Highest Educ Attainment / Current Grade Level

**Additional Household Member**

01 Status? Full Name (Last, First, Middle) Birthdate (MM/DD/YYYY) \* Age # Sex \* 02 Declared Pregnancy Status 03 Pregnancy Status If Code 1, Specify LMP (MM/DD/YYYY) PWD? #8

04 Relationship to HH Head Solo Parent 05 Marital Status Member of an IP Group (Indigenous People) \* If IP Group is not on the code list provided, please specify. Mother's Maiden Name

Set as HH Grantee Visiting HF? 06 If No, Reason for Not Visiting Health Facility If Yes, Name of Health Facility Health Facility Address Facility ID: \*

Set as Child Benef for CVS Education \* Attending School? 07 If No, Reason for Not Attending School If Yes, Name of School \* Facility ID: \* School Address LRN: \* 08 Highest Educ Attainment / Current Grade Level

**Additional Household Member**

01 Status? Full Name (Last, First, Middle) Birthdate (MM/DD/YYYY) \* Age # Sex \* 02 Declared Pregnancy Status 03 Pregnancy Status If Code 1, Specify LMP (MM/DD/YYYY) PWD? #8

04 Relationship to HH Head Solo Parent 05 Marital Status Member of an IP Group (Indigenous People) \* If IP Group is not on the code list provided, please specify. Mother's Maiden Name

Set as HH Grantee Visiting HF? 06 If No, Reason for Not Visiting Health Facility If Yes, Name of Health Facility Health Facility Address Facility ID: \*

Set as Child Benef for CVS Education \* Attending School? 07 If No, Reason for Not Attending School If Yes, Name of School \* Facility ID: \* School Address LRN: \* 08 Highest Educ Attainment / Current Grade Level



<b>Child from Succeeding Pregnancy</b>												
01	Full Name (Last, First, Middle)				Birthdate (MM/DD/YYYY) *		Age #	Sex *	02 Declared Pregnancy Status	03 Pregnancy Status	If Code 1, Specify LMP (mm/yyyy) **	PWD? #
	Last Name	First Name	Middle Name	Ext Name				<input type="radio"/> M <input type="radio"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
04	Relationship to HH Head	05 Solo Parent	06 Marital Status	Member of an IP Group (Indigenous People) *		If IP Group is not on the code list provided, please specify:			Mother's Maiden Name			
	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>								
Set as HH Grantee	07 Visiting HF?	08 If No, Reason for Not Visiting Health Facility		If Yes, Name of Health Facility		Health Facility Address		Facility ID: _____				
<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>				
Set as Child Bene for CVS Education *	09 Attending School?	10 If No, Reason for Not Attending School		If Yes, Name of School		School Address		LRN: _____		11 Highest Educ. Attainment / Current Grade Level		
<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		

<b>Child from Succeeding Pregnancy</b>												
01	Full Name (Last, First, Middle)				Birthdate (MM/DD/YYYY) *		Age #	Sex *	02 Declared Pregnancy Status	03 Pregnancy Status	If Code 1, Specify LMP (mm/yyyy) **	PWD? #
	Last Name	First Name	Middle Name	Ext Name				<input type="radio"/> M <input type="radio"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
04	Relationship to HH Head	05 Solo Parent	06 Marital Status	Member of an IP Group (Indigenous People) *		If IP Group is not on the code list provided, please specify:			Mother's Maiden Name			
	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>								
Set as HH Grantee	07 Visiting HF?	08 If No, Reason for Not Visiting Health Facility		If Yes, Name of Health Facility		Health Facility Address		Facility ID: _____				
<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>				
Set as Child Bene for CVS Education *	09 Attending School?	10 If No, Reason for Not Attending School		If Yes, Name of School		School Address		LRN: _____		11 Highest Educ. Attainment / Current Grade Level		
<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		

*Napatumayan ko ang mga pagbabago sa impormasyon na may kalakip na mga patunay na sapat, ligal at napag-aralan.*

*Gayundin, pinatutunayan ko na ang sambahayang ito at ang sinumang miyembrong buntis o miyembrong may edad 0 - 18 anyos ay hindi pa naging benepisaryo o tumanggap ng benepisyo mula sa programa. Na sa pagkakataong mapatunayan na ang sambahayang ito ay naging benepisaryo o tumanggap na ng benepisyo mula sa programa, ang sambahayang ito ay maaaring tanggalin bilang benepisaryo sa pamamagitan ng prosesong umiiral sa pagtanggap ng benepisaryo at ang benepisaryo ay kailangang ibalik ang halagang natanggap ayon din sa prosesong umiiral ng pagkolekta nito.*

**Panawala:**

**Lahat ng mga pangunahing datus na nakalap sa isinagawang balidasyon ay tanging pag-aari lamang ng DSWD. Sa kasalukuyan, mahigpit na ipinagbabawal ang paggamit ng mga pangunahing datus na ito na walang pahintulot ang pamumuan ng DSWD. Ito ay ipapatupad hanggang ang pagbabawal ay maalis o kapag ang mga datus ay gawing pampubliko.**

\_\_\_\_\_  
Name and Signature of Validator

\_\_\_\_\_  
Name, Signature & Position of Immediate Supervisor

\_\_\_\_\_  
Name and Signature of Beneficiary

Date of Validation \_\_\_\_\_