



NATIONAL COUNCIL FOR THE WELFARE OF DISABLED PERSONS

| | | |
|--|---|--|
| WITH PWD TRANSPORT DISCOUNT CARD? <input type="checkbox"/> NO <input type="checkbox"/> YES ID No. _____ | <h2 style="margin: 0;">PWD PROFILER FORM</h2> | PROFILER No. _____ (PLEASE WRITE IN BOLD LETTERS) |
|--|---|--|

PERSONAL IDENTIFICATION

| | | |
|--|--|--|
| Name | | |
| _____ | _____ | _____ |
| * (Last) | *(First) | (Middle) |
| Address | *Date of Birth (Month/Day/Year) | *Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| (Lot/Block/House #, Phase #, Street name) | Place of Birth (indicate town/city) | *Civil Status: |
| (Village, District, Town, Barrio) | Father's First Name | <input type="checkbox"/> Single <input type="checkbox"/> Widowed |
| (Barangay) * (Municipality/City) | Mother's First Name | <input type="checkbox"/> Married <input type="checkbox"/> Separated |
| * (Province) * (Region) | Spouse's First Name | Height: ____ ft. ____ in. |
| | | Weight: _____ lbs |
| | | Phone No. (Include area code) |
| | | Email Address: |

EDUCATION AND LITERACY

| | |
|--|--|
| Education <input type="checkbox"/> No Formal Education <input type="checkbox"/> Kindergarten <input type="checkbox"/> Prep <input type="checkbox"/> Elementary Level, Grade: ____ <input type="checkbox"/> Elementary Graduate <input type="checkbox"/> High School Level, Year: ____ <input type="checkbox"/> HighSchool Graduate <input type="checkbox"/> College Level, Year: _____ <input type="checkbox"/> College Graduate Degree/Course: _____ <input type="checkbox"/> Vocational Course <input type="checkbox"/> Special Education (SPED) Field: _____ <input type="checkbox"/> Graduate Studies _____ Honors Received: _____ | Special Literacy Skills <input type="checkbox"/> Braille <input type="checkbox"/> Sign Language <input type="checkbox"/> Lip Reading <input type="checkbox"/> Oral Communication Language(s) Spoken: _____ Dialect(s) Spoken: _____ Civil Service Eligibility: _____ _____ Receiving pension? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

OCCUPATION

| Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Searching for a Job Employed in: <input type="checkbox"/> Private Companies <input type="checkbox"/> Government <input type="checkbox"/> Nature of Appointment (pls. specify) _____ <input type="checkbox"/> Not Applicable Monthly Income: <input type="checkbox"/> Less than P2,000 <input type="checkbox"/> P2,000-P5,000 <input type="checkbox"/> P5,000-P10,000 <input type="checkbox"/> More than P10,000 <input type="checkbox"/> Not Applicable No. of Dependents (if any): _____ | Occupational Skills: _____ _____ Employment History: <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Company/Agency</th> <th style="width:25%;">Position</th> <th style="width:25%;">No. of Yrs Served</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> (Pls. continue on a separate sheet if space provided is not enough.) Skills Enhancement History: <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">Title of Training</th> <th style="width:30%;">No. of Hours</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table> (Pls. continue on a separate sheet if space provided is not enough.) | Company/Agency | Position | No. of Yrs Served | _____ | _____ | _____ | _____ | _____ | _____ | Title of Training | No. of Hours | _____ | _____ | _____ | _____ |
|---|--|-------------------|----------|-------------------|-------|-------|-------|-------|-------|-------|-------------------|--------------|-------|-------|-------|-------|
| Company/Agency | Position | No. of Yrs Served | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | |
| Title of Training | No. of Hours | | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | | |

NOTE: Asterisk (*) indicates required field for the PWD Profiler database. Please DO NOT leave blank. **MORE AT THE BACK PLEASE**

*** DISABILITY**

Visual Impairment

- Total Visual Impairment (Left)
- Total Visual Impairment (Right)
- Total Visual Impairment (Both)
- Partial Visual Impairment (Left)
- Partial Visual Impairment (Right)
- Partial Visual Impairment (Both)

Hearing Impairment

- Total Hearing Impairment (Left)
- Total Hearing Impairment (Right)
- Total Hearing Impairment (Both)
- Partial Hearing Impairment (Left)
- Partial Hearing Impairment (Right)
- Partial Hearing Impairment (Both)

Speech Impairment

- Total Speech Impairment
- Partial Speech Impairment (Unclear speech)
- Partial Speech Impairment (Irrelevant words)

Others (please specify):

Orthopedic Impairment

- Weak, paralyzed Left Leg
- Weak, paralyzed Right Leg
- Weak, paralyzed Both Legs
- Underdeveloped Left Leg
- Underdeveloped Right Leg
- Underdeveloped Both Legs
- Missing Left Leg
- Missing Right Leg
- Missing Both Legs
- Missing Left Foot
- Missing Right Foot
- Missing Both Feet
- Weak, paralyzed Left Arm
- Weak, paralyzed Right Arm
- Weak, paralyzed Both Arms
- Underdeveloped Left Arm
- Underdeveloped Right Arm
- Underdeveloped Both Arms
- Missing Left Arm
- Missing Right Arm
- Missing Both Arms
- Missing Left Hand
- Missing Right Hand
- Missing Both Hands
- Polio

Mental Impairment

- Mentally Ill
- Mentally Retarded
- Autistic

Motor Disability

- Cerebral Palsy
- Stroke
- Severe Debilitating Arthritis
- Epilepsy

Deformities

- Hunchback
- Cleft Palate

Causes of Disability

- Inborn
- Illness/Disease
- Injury-related
 - Armed Conflict
 - Accident
 - Environmental Cause

Rehabilitation

- Community-Based
- Institution-Based
- None

ASSISTANCE RECEIVED/NEEDED

AFFILIATIONS

| Assistance Needed | Type of Assistance | Assistance Received from | |
|--------------------------|---|--------------------------|--------------------------|
| | | GOs | NGOs |
| Medical | | | |
| <input type="checkbox"/> | - Medicine | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | - Hospitalization | <input type="checkbox"/> | <input type="checkbox"/> |
| Education | | | |
| <input type="checkbox"/> | - Tuition Subsidy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | - Allowance | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | - Braille Materials | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Shelter | <input type="checkbox"/> | <input type="checkbox"/> |
| Subsistence | | | |
| <input type="checkbox"/> | - Food, etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| Livelihood | | | |
| <input type="checkbox"/> | - SEA-K | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | - Training | <input type="checkbox"/> | <input type="checkbox"/> |
| Assistive Devices | | | |
| <input type="checkbox"/> | - Wheelchair | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | - Crutches | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | - Cane | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | - Prosthesis | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | - Hearing Aid | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Job Placement | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Social/Vocational Rehabilitation | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | None | <input type="checkbox"/> | <input type="checkbox"/> |

Sports:

Organizational Affiliation:

Position:

(Pls. continue on a separate sheet, if space provided are not enough.)

Signature/Thumbmark

Enumerator

Position:

Agency:

**THANK YOU FOR
YOUR COOPERATION!**

NOTE: Any information in this form is voluntarily obtain from the filer and that any changes/alteration in the data encoded by this office is with the consent of the filer. And it is understood that once this form is encoded in the data file of the NCWDP MIS said information will be subject to public exposure for purposes not contrary to law. And that I have no objection if my personal data will be published in whatever form of the electronic media for as long as it will promote my well being. And I hold NCWDP free from any legal obligations or damages that may arise as a consequence of the electronic publication brought about by a third party who in any way not connected to NCWDP.