



VALIDATION/CASE REPORT FORM

OCTOGENARIAN, NONAGENARIAN, AND CENTENARIAN BENEFIT PROGRAM

PURPOSE: To claim the benefits under Republic Act (R.A.) No. 11982.

INSTRUCTIONS:

1. Fill out this form completely and correctly.
2. Do not leave any blank space. If not applicable, kindly indicate "N/A".
3. Write in BLOCK letters.

This validation form is not for sale.

A. PERSONAL INFORMATION

NCSC REGISTRATION REFERENCE NUMBER (RRN)	OSCA ID NUMBER
---	-----------------------

A.1 LAST NAME

A.2 GIVEN NAME	A.3. MIDDLE NAME
-----------------------	-------------------------

A.4. DATE OF BIRTH (Month/Day/Year)

A.5. RESIDENTIAL ADDRESS/ADDRESS ABROAD					
House Number	Street	Barangay	City/Municipality	Province	Zip Code

A.6. PERMANENT ADDRESS IN THE PHILIPPINES					
House Number	Street	Barangay	City/Municipality	Province	Zip Code

A.7. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	A.8. CITIZENSHIP <input type="checkbox"/> Filipino <input type="checkbox"/> Dual citizen If dual citizen, kindly indicate details: _____	A.9. RECIPIENT OF PENSION <input type="checkbox"/> Social Pension <input type="checkbox"/> SSS <input type="checkbox"/> GSIS <input type="checkbox"/> AFPSLAI/PVAO <input type="checkbox"/> Others: _____
--	---	---

A.10. NAME OF SPOUSE (LAST NAME, GIVEN NAME, FULL MIDDLE NAME)	<i>Kindly check if the applicant belongs to below classification.</i> <input type="checkbox"/> Indigenous People (IPs) <input type="checkbox"/> Persons with Disabilities (PWDs) <input type="checkbox"/> Persons Deprived of Liberty (PDL) <input type="checkbox"/> Not Applicable
--	---

B. AUTHORIZED REPRESENTATIVE/S				
Name of Representative/s			Relationship	
B.1				
B.2				
B.3				
C. DOCUMENTARY REQUIREMENTS				
Applicants	Requirements	Complied		Remarks
		Yes	No	
Local Applicants	a.) Duly accomplished application form "Annex A";			
	b.) Any one (1) of the following primary documents: 1. Certificate of Live Birth duly issued or authenticated by the Philippine Statistics Authority (PSA); 2. Photocopy of Philippine Identification System ID card / Philippine ID card / National ID card provided that the original copy must be presented. <i>***In the absence of primary ID/documents, any two (2) of the following secondary ID cards/documents shall be submitted as indicated in the Item VI of Implementing Guidelines.</i>			
	c.) Recent 5.08 cm x 5.08 cm (2"x 2") ID picture			
	d.) Full body picture of the applicant printed on an A4 size bond/photo paper; and			
	e.) Applicant's inclusion to the endorsed list for validation issued by the Local Chief Executive.			
	Applicants Living Abroad	a.) Duly accomplished application form "Annex A";		
b.) Any one (1) of the following primary documents: 1. Valid Philippine Passport; 2. Citizen Retention and Re-acquisition Certificate and Identification Certificate, or Order of Approval, or Oath of Allegiance, or Certificate of Attestation duly issued by the Philippine Embassy (PE) or Philippine Consulate General (PCG) of the Department of Foreign Affairs (DFA) who has jurisdiction in the area where the applicant resides. <i>***In the absence of primary ID/documents, any two (2) of the following secondary ID cards/documents shall be submitted as indicated in the Item VI of Implementing Guidelines.</i>				
c.) Recent 5.08 cm x 5.08 cm (2"x 2") ID picture;				
d.) Full body picture of the applicant printed on an A4 size bond/photo paper; and				
e.) Applicant's inclusion to the endorsed list issued by the PE/Consulate or the DFA or the Department of Migrant Workers (DMW) or the Commission on Filipinos Overseas (CFO).				

D. UTILIZATION OF CASH GIFTS (OCTOGENARIAN, NONAGENARIAN AND CENTENARIAN)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	Medical check-up	Medicines/ Vitamins	Livelihood Entrepreneurial Activities	Others: <i>(Kindly specify)</i> _____

E. VALIDATION ASSESMENT REPORT

E.1. FINDINGS/CONCERNS/RECOMMENDATIONS

E.2. ELIGIBILITY STATUS

Eligible Ineligible

VALIDATED BY:

Name	<i>(Signature over printed name)</i>
------	--------------------------------------

Date	
------	--

F. CERTIFICATION

I hereby certify that all the information in this validation form are true and correct. I authorize the verification of the information provided in this form as well as the usage and processing of the information by the National Commission of Senior Citizens in accordance with the R.A. No. 10173, otherwise known as the "Data Privacy Act of 2012", its Implementing Rules and Regulations, and issuances of the National Privacy Commission. I further warrant that I have complied with all the requirements and I have presented all pertinent documentary requirements. I understand that my application shall not be processed if any statement herein made is found to be false, or if any document I submitted is found to have been falsified, or if I fail to comply with all the requirements with respect to my application, without prejudice to whatever actions that may be taken against me in accordance with the applicable laws of the Republic of the Philippines. Further, I hereby certify that I have not commenced the application/processing for the cash benefits as provided for under R.A. No. 11982 before any government agency.

NAME AND SIGNATURE/THUMBMARK OF APPLICANT

DATE OF VALIDATION

G. DATA PRIVACY

In compliance with the provisions of R.A. No. 10173, otherwise known as the "Data Privacy Act of 2012", its Implementing Rules and Regulations, and issuances of the National Privacy Commission, the National Commission of Senior Citizens ensures that the personal information provided is collected, used, and processed by its authorized personnel and shall only be used for the implementation of R.A. No. 11982.