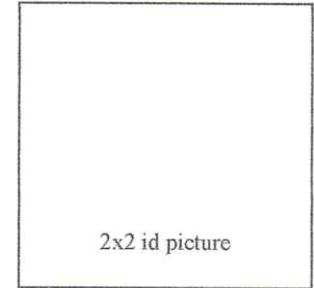




Republic of the Philippines
Province of Cagayan
Municipality of Sto. Niño



Municipal Social Welfare and Development Office
APPLICATION FORM FOR SOLO PARENTS



2x2 id picture

Name: _____ Age: _____ Sex: _____

Date of Birth: _____ Place of Birth: _____

Address: _____ Contact no.: _____

Highest Educational Attainment: _____

Occupation _____ Monthly Income: _____

Total Monthly Family Income: _____

I. Family Composition:

Name	Relationship	Birthday	Age	Status	Educational Attainment	Occupation/ Monthly Income

* include family members and other members of the household

II. Kalagayan ng Pagiging Solo Parent:

III. Mga Pangangailangan/Mga Problema ng Solo Parent:

IV. Mga Mapagkukunan ng Pamilya:

IV. Kategorya ng Solo Parent

SOLO PARENTS CATEGORY	
1	For the solo parent with child or children as a consequence of rape.
2	For the solo parent on account of the death of the spouse. (Widow/Widower)
3	For the solo parent on account of the detention or criminal conviction of the spouse. (Spouse of Person deprived of liberty)
4	For solo parent on account of physical or mental incapacity of the spouse. (Spouse of person with disability)
5	For the solo parent on account of legal or de facto separation of spouse. (Due to de facto separation)
6	For the solo parent on account of declaration of nullity or annulment of marriage. (Due to nullity of marriage)
7	For the solo parent on account of abandonment by the spouse. (Abandoned)
8	For the spouse or any family member of an OFW who belongs to the low/semi-skilled worker category category and is away from the Philippines for uninterrupted period of twelve (12) months(Spouse of the OFW)
9	(Relative of the OFW)
10	For the unmarried father or mother who keeps and rears the child or children.
11	For the solo parent who is a legal guardian, adoptive or foster parent.
12	For any relative within the fourth (4th) civil degree of consanguinity or affinity of the parent or legal guardian who assumes parental care and support of the child or children.
13	For the solo parent who is a pregnant woman.

**check the category*

In case of Emergency:

Name: _____

Contact no: _____

Address: _____

Thumbmark

I hereby certify that the information given above are true and correct. I further understand that any misinterpretation that may have made will subject me to criminal and civil liabilities provided for by existing laws.

Date

Signature/Thumbmark over Printed Name