MAKATI SOCIAL WELFARE DEPARTMENT
8705/F New Makati City Hall Bldg. I, J.P. Rizal St., Brgy. Poblacion, Makati City, Philippines
-1634 / 899-8997 / 899-9037 / makatisocialwelfare@yahoo.com.ph / MSWD@makati.gov.ph

GUIDELINES FOR THE ISSUANCE OF PWD NATIONAL ID

I. **Who May Avail**

Any person who is:

1. A Filipino Citizen
2. Registered Voter; and
3. Resident of Makati

II. **Requirements**

1. Three (3) copies - 1x1 pictures
2. Latest COMELEC Certification (for minors, submit the parent's COMELEC Certification)
3. Barangay Certification
4. Duly Accomplished PWD Application Form (PDAO Form 01-2022)
5. Certification of Disability signed by the Physician (PDAO Form 02-2022)
6. Medical Certificate with classification of disability issued by the Physician

III. **How to Avail**

1. Secure application form from the Makati Action Center (MAC) Satellite Office located in your barangay. Submit together with the necessary documents to the same office.
2. Person with Disability Affairs Office (PDAO), Makati Social Welfare Department (MSWD) will process the application
3. Approved PWD National ID will be delivered to the house of the applicant by MAC together with Purchase Booklet, Medicine Booklet

IV. **Disapproval, Loss, and Forfeiture**

1. MAC shall receive disapproved application and shall inform the applicant
2. In case of Lost Card, an affidavit of loss shall be submitted
3. The card shall be forfeited on the following reasons:
   a) Transfer of residence;
   b) Usage of the PWD ID by any person other than the Card Holder; and
   c) Faked or counterfeited ID.

V. **Validity**

The card will be valid for five (5) years

For follow up, please call PDAO at 8870 - 1639

PDAO FORM 01-2025

CITY GOVERNMENT OF MAKATI
MAKATI SOCIAL WELFARE DEPARTMENT
PERSONS WITH DISABILITY AFFAIRS OFFICE (PDAO)

PWD IDENTIFICATION CARD APPLICATION FORM

Attach latest 1 x 1 photo here

DATA PRIVACY CONSENT

In accordance with the Data Privacy Act of 2012 (DPA), and its Implementing Rules and Regulations (IRR) effective since September 8, 2016, I allow the Makati Social Welfare Department (MSWD) of the City Government of Makati to provide me certain services in relation to my application for PWD Identification Card.

As such, I agree and authorize them to:

1. Collect and use my personal information for the purpose stated above and for whatever legal purpose/s it may be intended for.
2. Retain and store my information for a certain period of time as prescribed by law from the date of the accomplishment of the purpose stated above. I agree that my information will be deleted/destroyed after this period.
3. Share my information to other office/department within the City Government of Makati and necessary third parties for any legitimate purpose. I am assured that security systems are employed to protect my information.
4. I alone can view, change and recover the personal information I shared unless I authorize a representative on my behalf armed with a Special Power of Attorney duly notarized for this purpose. This applies also to any request for a certified true copy bearing any of my personal information.
5. Inform me of future services or projects offered by the City Government of Makati using the personal information I shared.

Signed this _____day of _____20___ in Makati City.

_____
(Signature over Printed Name)

QUALIFICATIONS AND DOCUMENTARY REQUIREMENTS

A. Qualifications:

1. Must be a Filipino Citizen who are suffering from permanent or long-term disabilities as described in Republic Act 7277.
2. Must be a registered voter or actual / current resident of the City of Makati for the past six months or his/her parents or legal guardian.

B. Applicants must submit the following Documentary Requirements:

1. Three (3) copies of latest 1x1 pictures of PWD applicant.
2. Latest COMELEC Certification (for minor applicants, COMELEC Certification or Voter's ID of parents or legal guardian)
3. Latest Barangay Certificate of Residency
4. Duly Accomplished PWD Profile Sheet (PDAO Form 01-2022)
5. Medical Certificate with classification of disability
6. Duly accomplished Certification of Disability signed by the Barangay Health Center Physician or Private Doctor.(PDAO Form 02-2022)

Type of Application ☐ New Applicant ☐ Renewal

Date of Application month / day / year

PWD I.D. No.:

Date Issued: month / day / year

Client Category (please check appropriate box)
☐ 4Ps/MCCT Beneficiary ☐ Solo Parent ☐ Returning
☐ Senior Citizen ☐ Pregnant Woman ☐ OFW
☐ Lactating Mother ☐ MCG Employee
☐ Indigenous Person Dept._____

A. TYPE OF DISABILITY

- ☐ Speech Impairment
- ☐ Deaf or Hard of Hearing
- ☐ Learning Disability
- ☐ Mental Disability
- ☐ Visual Disability
- ☐ Intellectual Disability
- ☐ Orthopedic Disability
- ☐ Psychosocial Disability
- ☐ Cancer (RA11215)
- ☐ Rare Disease (RA10747)
- ☐ None

CAUSES OF DISABILITY
○ Inborn ○ Autism ○ Cancer
○ Injury-Related ○ Rare Disease
○ Acquired ○ Chronic Illness

REHABILITATION
○ *Community-Based*
○ *Institution-Based*
○ *None*

B. NAME OF APPLICANT

LAST NAME _____ EXTN. NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME *(if female)*

C. OTHER PERSONAL INFORMATION

My Own Gcash No.:
Landine Number:
Mobile Number:
OSCA I.D. Number
BLU CARD I.D. No.:
MAKATIZEN I.D. No.:
Solo Parent I.D. No.:
SSS Number:
GSIS Number:
Philhealth Number:
Yellow Card Number:
Email Address:

Date of Birth: month / day / year

Age:

Sex: ☐ Male ☐ Female

Civil Status: ☐ Single ☐ Married ☐ Common Law Relationship
☐ Widow/er ☐ Legally Separated ☐ Divorced ☐ Annuled

Blood Type : _____

Place of Birth:

_____
City/ Municipality Province

Current Makati City address:

_____
Rm./Flr./Unit No. & Bldg. Name *House/Lot & Blk. Nos.* *Street* *Barangay* *City*

D. SOCIO-ECONOMIC PROFILE

Tenurial Status:
○ Owner
○ Renter
○ Sharer
○ Boarder
○ Street Dweller

Living Arrangement:
○ Living with Parent(s), Sibling(s) & Dependent(s)
○ Living with Sibling(s) & Dependent(s)
○ Living with Parent(s) & Dependent(s)
○ Living with Dependent(s) only
○ Others:

Highest Educational Attainment:

	G1	G2	G3	G4	G5	G6
○ Elementary	G7 / 1st	G8 / 2nd	G9 / 3rd	G10 / 4th	G11	G12
○ High School	1st Yr.	2nd Yr.	3rd Yr.	4th Yr.	5th Yr.	Graduate
○ College						

○ Masteral ☐ Graduate ☐ Undergraduate ○ None
○ Doctoral ☐ Graduate ☐ Undergraduate
○ Vocational: _____

Employment Status:
☐ Employed
☐ Unemployed
☐ Self Employed: Nature of Business:

Type of Employment
☐ Regular ☐ Project Based
☐ Casual ☐ Seasonal

Nature of Employment
☐ Private
☐ Government

Total Monthly Income Including Other Sources:
☐ A-5,000 below ☐ B-5, 001 - 10, 000 ☐ E-20, 001 above
☐ C-10,001-15,000 ☐ D-15, 001 - 20, 000 ☐ F-None

Occupation: _____ **Employer:** _____

HEALTH AND SOCIAL WELFARE SERVICES

Assistance Needed:	Assistance Received From: Nat'l. Gov't.	LGU Makati	NGO's
Medical			
☐ *medicines*	☐	☐	☐
☐ *hospitalization*	☐	☐	☐
Education	☐	☐	☐
☐ *Tuition Fee Subsidy*	☐	☐	☐
☐ *Allowance*	☐	☐	☐
☐ *Braille Materials*	☐	☐	☐
Shelter Subsistence	☐	☐	☐
☐ *Food etc..*	☐	☐	☐
Livelihood	☐	☐	☐
☐ *Capitalization*	☐	☐	☐
☐ *Skills Training*	☐	☐	☐
Assistive Devices	☐	☐	☐
☐ *Wheel Chair*	☐	☐	☐
☐ *Crutches*	☐	☐	☐
☐ *Cane*	☐	☐	☐
☐ *Prosthesis*	☐	☐	☐
☐ *Hearing Aid*	☐	☐	☐
☐ **Job Placement/Employment**	☐	☐	☐
☐ **Social/Vocational Rehab.**	☐	☐	☐
☐ **PWD Transport Plus**	☐	☐	☐
☐ **Free Movie ID**	☐	☐	☐
☐ **Yellow Card**	☐	☐	☐
☐ **Philhealth**	☐	☐	☐
☐ **Training on Home Management**	☐	☐	☐
☐ Others:	☐	☐	☐
☐ None	☐	☐	☐

Sports and Recreational Activity

- ☐ Athletics
  - ☐ *Running*
  - ☐ *Javelin Throw*
  - ☐ *Shot-put*
- ☐ Basketball
- ☐ Wheelchair Basketball
- ☐ Volleyball
- ☐ Badminton
- ☐ Swimming
- ☐ Table Tennis
- ☐ Power Lifting
- ☐ Chess
- ☐ Goalball
- ☐ Gymnastics
- ☐ Tenpin Bowling
- ☐ Football
- ☐ Bocce/Boccia
- ☐ Others: _____

Type of Acquired Skills

- ☐ Artificial Leg Making
- ☐ Basket Making
- ☐ Cake Decoration
- ☐ Carpentry
- ☐ Cooking
- ☐ Cosmetology
- ☐ Crochet Work/Embroidery
- ☐ Digital Arts
- ☐ Drawing Dress Making
- ☐ Driving
- ☐ Electrical Works
- ☐ Electronic Works
- ☐ Floral Arrangement
- ☐ Gardening
- ☐ Mechanical Works
- ☐ Painting
- ☐ Photography
- ☐ Refelexology
- ☐ Silkscreen Painting
- ☐ Technician
- ☐ Computer Trouble Shooting
- ☐ Typing/Encoding
- ☐ Welding
- ☐ None
- ☐ Others: _____

YOUTH CATEGORIZATION (15 - 30 Years Old)

☐ In-School ☐ Working Youth ☐ Out of School ☐ Non-working Youth

ORGANIZATIONAL AFFILIATION:

Affiliation: _____

Position: _____

Contact Person: _____

Office Address: _____

_____

Tel. Nos. _____

E. APPLICANT'S FAMILY COMPOSITION

Name (*First Name, Middle Name, Last Name*)	Relationship to Applicant	Civil Status	Age	Sex	Educational Attainment	Occupation / Monthly Income	*Living with the Applicant?* YES	NO	*PWD*	*SP*	*SC*
							☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐

DECLARATION

I certify that the information provided in this form are true and correct. Any false information shall cause the disapproval or revocation of my PWD ID.

_____
Printed Name and Signature of Applicant

Date: ___ ___ (*month*) ___ ___ (*day*) ___ ___ ___ ___ (*year*)

IF CANNOT SIGN, PLEASE AFFIX APPLICANT'S FINGERPRINT (Right Thumbmark)

Person to Notify in Case of Emegency:

LAST NAME _____

FIRST NAME _____

MIDDLE NAME _____ EXTN. NAME _____

MAIDEN NAME *(if female)* _____

Relationship to Applicant: _____ Contact Number: _____

Email Address: _____

FOR MAKATI ACTION CENTER (MAC) USE ONLY

This is to acknowledge the receipt of the validated and complete documentary requirements of the herein PWD Identification Card Applicant Mr/Ms./Mrs.:

_____
(Print Name and Signature)

Date: ___ ___ (*month*) ___ ___ (*day*) ___ ___ ___ ___ (*year*)

_____
MAC Coordinator

TO BE FILLED OUT BY MSWD - PDAO

Received by:

Signature above printed name
DATE: _____
TIME: _____

Reviewed by:

_____
Signature above printed name
DATE: _____
TIME: _____

Encoded by:

_____
Signature above printed name
DATE: _____
TIME: _____

Recommending Approval:

_____
MARITES Z. ESTANISLAO
PDAO Head

Approved by:

_____
MARIBEL M. LUMANG
Officer-In-Charge

PDAO FORM 01-2025

CERTIFICATION OF DISABILITY

This is to certify that (_____), resident of (_____), of the province of (_____), in the region of (_____), had voluntarily submitted herself/himself to this facility/clinic/office with regard to the nature of disability due to the functional limitation currently experienced by the herein patient.

Based on the personal interview and medical assessment conducted by herein physician, the patient has (_____) accompanied by (_____)
(diagnosis) *(effect of illness)*
which results to difficulty in (_____) and therefore considered as person with (_____) as classified by the Department of Health
(type of disability)
Administrative Order No. 2009-011.

This certification is issued on (_____) at (_____) in compliance with the requirement in the issuance of ID for the twenty percent (20%) discount for persons with disabilities mandated by Republic Act No. 9442 of Magna Carta for Persons with Disabilities.

Signed:

_____
Name and Signature of Physician
License number: _____
Contact number: _____
Clinic address: _____

Note: FOR DOCTOR'S MEDICAL ASSESSMENT and PLEASE ATTACH MEDICAL CERTIFICATE

-See types of disability and definition at the back for your ready reference

TYPE OF DISABILITY

☐ **Psychosocial Disability**
☐ **Mental Disability**

- ☐ Bipolar
- ☐ Schizophrenia
- ☐ Acquired Mentally Retardation
- ☐ Severe Depression
- ☐ Generalized Anxiety

☐ **Learning Disability**

- ☐ Global Developmental Delay
- ☐ Slow Learner

☐ **Deaf (Hearing Loss)**
☐ **Speech and Language Impairment**

☐ Hearing Impairment

☐ **Visual Disability**

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

☐ **Cancer (RA 11215)**

☐ **Rare Disease**

☐ **Intellectual Disability**

- ☐ Autism
- ☐ Down Syndrome
- ☐ ADHD
- ☐ Mental Retardation
- ☐ Acquire Lesions of the Central Nervous system
- ☐ Dementia
- ☐ Non- Psychotic Disorder

☐ **Orthopedic Disability**

- ☐ 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
- ☐ Missing Left Arm
- ☐ Missing Right Arm
- ☐ Cerebral Palsy
- ☐ Hunchback

CAUSES OF DISABILITY

- ☐ Inborn
- ☐ Illness / Disease
- ☐ Injury – Related
- ☐ Armed Conflict
- ☐ Accident
- ☐ Environmental Cause

REHABILITATION

- ☐ Community - Based
- ☐ Institution - Based
- ☐ None

DEFINITIONS OF TYPES OF DISABILITY

1. **Deaf (Hearing Loss)**- refers to people with hearing loss, implies or no hearing
   a. **Hearing Impairment** is a total or partial loss of hearing impairments functions which impedes the communication process essential to the language, educational, social and/or cultural interaction.
   b. **"Speech and language impairments"** means one or more speech/ language disorder of voice, articulation, rhythm and/ or receptive and expressive process of language.

2. **Learning Disability** - is any disorder in one or more basic psychological processes (perception, comprehension, thinking etc.) involved in the understanding or in using spoken or written language.

3. **Intellectual Disability** – is a disability resulting from organic brain syndrome (i.e. mental retardation, acquire lesions of the central nervous system, dementia and or non-psychotic disorder).

4. **Orthopedic Disability** – is a disability in the normal functioning of the joints, muscles and limbs.

5. **Mental Disability**- disability resulting from organic brain syndrome and or mental illness(psychotic or non-psychotic)

5. **Psychosocial Disability** – is define as any acquired behavioral, cognitive emotional or social impairment that limits one or more activities necessary for effective interpersonal transactions and other civilizing process or activities for daily living such as but not limited to deviancy or anti-social behavior.

6. **Visual Disability** – is one who has impairment of visual functioning even after treatment and/ or standard refractive correction, and has visual acuity in the better eye or less than (6/18 for low vision and 3/60 for blind), or a visual of less than 10 degrees from the point of fixation. A certain level of visual impairment is defined as legal blindness. One is legally blind when your best corrected central visual acuity in your better eye is 6/60 or worse or your side vision is 20 degrees or less in the better eye.

7. **Cancer (RA 11515)** refers to genetic term for a large group of disease that can affect any part of the body.

8. **Rare Disease (RA10747)** – refers to disorder as in inherited metabolic disorders and other disease with similar rare occurrence as recognized by the DOH upon recommendation of the NIH but excluding catastrophic.

PDAO FORM 07-2025

MAKATI SOCIAL WELFARE DEPARTMENT
PERSONS WITH DISABILITIES AFFAIRS OFFICE

FOR SCANNING TO PVC PWD I.D. CARD

Name _____

FIRST NAME, ***MIDDLE INITIAL,*** ***SURNAME***

(Please accomplish in printed letter – format use capital letters)

Address _____

HOUSE NO. ***STREET*** ***BARANGAY***

2 X 2

I.D. Picture

please paste latest 2x2 ID picture inside the box

For signature at the PWD I.D.

please affix signature of if not applicable, put thumb mark inside the box

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For PDAO Personnel only:

PWD I.D. NO. _____

Checked/Scanned by: _____ **Date:** _____

Position: _____

Approved by: _____

PDAO, Head