



APPLICATION FORM

REFERENCE NO.: _____

PETSA (Date): _____

Sagutan ang lahat ng patlang at lagyan ng tsek “ ✓ ” ang angkop na sagot. *(Fill up all the black spaces and check the answer that applies.)*

Sa pamamagitan ng pag sagot sa Application Form na ito, malaya kong ibinibigay ang aking pahintulot na kunin, gamitin, at itago ang aking personal na impormasyon pati ang aking impormasyon na paggagamutan, pagsusuri, at resulta sa laboratoryo para sa aking aplikasyon para sa programang Kapatiran Para sa Cancer, at aking nabasa at lubos na naintindihan ang mga naksaad sa **DATA PRIVACY STATEMENT** sa ibaba *(By accomplishing this Application Form, I willingly consent to the collection, use, and retention of my personal information including my medical information, diagnosis, and laboratory results for the purpose of my application to the Kapatiran Para sa Cancer program, and that I have read and fully understood the contents of the DATA PRIVACY STATEMENT below):*

DATA PRIVACY STATEMENT

“ICanServe in cooperation with Detoxicare Phils Inc. (the “Parties”) shall protect the data you provide in compliance with Republic Act (R.A.) 10173, otherwise known as the “Data Privacy Act of 2012” of the Republic of the Philippines, including its Implementing Rules and Regulations (IRR). The Parties will not collect, disclose or process personal data, including data that may be classified as personal information and/or sensitive personal information unless you voluntarily choose to provide and give your consent thereto, or unless such disclosure is required by applicable laws and regulations. Personal or sensitive personal information is information pertaining to racial or ethnic origin, religious belief, political affiliations, education, health or information provided by government agencies which are peculiar to individuals and such other data declared to be sensitive. *(Ang ICanServe sa pakikipagtulungan sa Detoxicare Phils Inc. (o " Mga Partido ") ay pinoprotektahan ang data na iyong inilahad alinsunod sa Republic Act (RA) 10173 o ang " Data Privacy Act of 2012 "ng Republika ng Pilipinas, at sa Implementing Rules and Regulations (IRR) nito. Ang mga Partido ay hindi mangongolekta, ibubunyag o ipoproseso ang personal na data, tulad ng mga data na na-iclassify bilang personal na impormasyon at / o sensitibong personal na impormasyon, maliban kung kusa mong ibinigay at pinahintulutan ito, o maliban kung ang naturang pagsisiwalat ay kinakailangang ilahad ayon sa naaangkop na batas at regulasyon . Ang personal o sensitibong personal na impormasyon ay mga impormasyon na tumutukoy sa lahi o ethnic origin, relihiyon, politikal na kaugnayan, edukasyon, kalusugan o impormasyon na ibinigay ng mga ahensya ng gobyerno na natatangi sa mga naturang indibidwal, at iba pang data na idinedeclarang sensitibo.)*

By accomplishing this Application Form and signing below, you confirm that you are freely and voluntarily giving your consent to the collection of data, which may include personal information and/or sensitive information (the “Data”) which shall be used for purposes of your application to the *Kapatiran Para sa Cancer Program*. The Parties shall take appropriate and reasonable technical and organizational measures to ensure the requisite data security to protect the Data against unauthorized disclosure or unauthorized access. The Parties shall require its affiliates, subsidiaries and third parties who process the Data to adhere to similar or comparable data protection standards as required by the Data Privacy Law of 2012. You understand that you are given certain rights under the Data Privacy Act, including the right to object to processing of your data, the right to access your data, the right to correct any inaccurate data, and the right to erasure or blocking of data. *“(Sa pagsagot sa Application Form na ito at ang iyong pag-pirma sa ibaba, ikaw ay malaya at kusang-loob na ibinibigay at pinahihintulutan ang koleksyon ng data, na maaaring may nilalaman na mga personal na impormasyon at / o sensitibong impormasyon (o "Data") na gagamitin para sa iyong aplikasyon sa Kapatiran Para sa Cancer Program. Ang mga Partido ay magbibigay ng angkop at makatwirang pamamaraan na teknikal at organisasyunal upang matiyak ang seguridad ng Data laban sa hindi awtorisadong pagsisiwalat o hindi awtorisadong pag-access nito. Ang mga Partido ay sisiguraduhin na ang mga kaakibat nito, mga subsidiary at mga ikatlong partido na nagpoproseso ng Data ay susunod sa mga pamantayan sa proteksyon ng data alinsunod sa Data Privacy Law of 2012. Naiintindihan mo na ikaw ay may karapatan sa ilalim ng Data Privacy Act, tulad ng karapatang tutulan ang pagproseso ng iyong data, karapatan na ma-access ang iyong data, karapatan na iwasto ang mga inaccurate na data, at karapatan na burahin o pigilan ang data.)*

1. BAGONG APLIKANTE
(New Applicant)

DATING APLIKANTE
(Old Applicant)

2. BUONG PANGALAN NG PASYENTE:

 (Full Name of Patient) APELYIDO (Surname) PANGALAN (Given name) GITNANG PANGALAN (Middle name)

3. TIRAHAN (Address)

Permanente (Permanent)

 No. Street Brgy. Municipality/City Province Region

Pansamantala (Temporary)

 No. Street Brgy. Municipality/City Province Region

4. KATAYUANG SIBIL: Walang Asawa (Single) Kasal (Married)
 (Civil Status) Balo (Widow(er)) Hiwalay (Separated)
 May Kinakasama (With Common Law Partner)
 Others (Pakisulat) _____

5. PETA NG KAPANGANAKAN _____
 (Birth Date) mm/dd/yr

6. EDAD _____ 7. KASARIAN: Lalake Babae
 (Age) (Sex)

8. NATIONALITY _____ 9. RELIGION (Relihiyon) _____

10. NATAPOS NA ANTAS NG PAG-AARAL:
 (Highest Educational Attainment) Post-graduate High School
 Vocational Elementary
 College Walang Natapos (None)

11. HANAPBUHAY _____ 12. BUWANANG KITA _____
 (Occupation) (Monthly Income)

13. MIYEMBRO NG PAMILYA NA KASAMA SA BAHAY (HOUSEHOLD FAMILY COMPOSITION)

PANGALAN (Name)	EDAD (Age)	KATAYUANG SIBIL (Civil Status)	RELASYON SA PASYENTE (Relation to Patient)	NATAPOS NA PAGAARAL (Educational Attainment)	HANAPBUHAY (Occupation)	BUWANANG KITA (Monthly Income)

14. IBA PANG PINAGKAKITAAN (OTHER SOURCES OF INCOME)

Sources within the household _____ Sources outside the household _____
 Total Monthly Income _____ Total Monthly Income _____

15. IBA PANG GASTUSIN (OTHER EXPENDITURES)

Pagkain (Food) P _____
 Bahay (Housing) _____
 Edukasyon (Education) _____
 Transportasyon (Transportation) _____
 Iba pang gastusin (Miscellaneous) _____
 Total Monthly Expenditures (TME) P _____

Total Gross Monthly Income (TGMI) P _____ (Sources within + outside Household)

Net Monthly Income (TGMI-TME) P _____

16. MIYEMBRO NG PHILHEALTH? Member Dependent Non-Member

17. DIAGNOSIS _____
(Type of Breast Cancer and Stage, if Stage 4 please indicate where cancer has metastasized)

18. KUNG DATING APLIKANTE:
URI, HALAGA NG TULONG AT KAILAN NATANGGAP ITO MULA SA KAPATIRAN PARA SA KANSER
(Type of Previous Assistance and Date Received)

Uri ng Tulong (Notlce of Request)	Petsa (Date Received)

Pinatutunayan ko na ang lahat ng inilahad ko dito ay pawang totoo at tama ayon sa aking kaalaman at kakayahan. Nababatid at naiintindihan ko na anumang maling impormasyon na aking sadyang ibinigay ay maaaring maging dahilan na hindi mapagbigyan ang aking kahilingan at maging dahilan sa paghabla ng kasong ligal laban sa akin. (I hereby certify that all the information as stated above are true and correct based on my knowledge and capacity. I understand that any falsehood stated here may result in the rejection of my request and the filing of legal charges against me.)

Lagda o Thumbmark ng Aplikante sa Itaas ng Pangalan
Signature or Thumbmark Above Applicant's Printed Name

ID na Ipinakita (Valid ID presented) _____
Kung walang ID, Sertipikasyon/Pruweba ng Pagkakakilanlan
In lieu of ID, Certification/Proof of Identity _____
Kung kinatawan, Relasyon sa Pasyente (Relation to Patient) _____
Numerong Telepono (Contact No.) _____

-----Huwag Magsulat sa Ibabang Linya (Do not write anything beyond this line)-----

ICANSERVE Assessment and Recommendations:

REVIEWED AND EVALUATED BY:

APPROVED BY:

Haidee J. Esquivel
Name and Signature

Maria Jocelyn Kara M. Alikpala
Name and Signature

Dr. Cecile Montales
Name and Signature