

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

FAMILY ADDRESS:

House No. Street Name

Sitio/Village

REGION : _____

PROVINCE : _____

CITY/MUNICIPALITY : _____

BARANGAY : _____

For PhilHealth Use

LGU: City/Municipality Province

Donor: Legislator Private

NGA (PCSO, etc.)

FAMILY DATA SURVEY FORM

NAME (including the member) <small>(Surname, First Name, Middle Name)</small>	Relation to Member	FOR DISABLED DEPENDENT				Sex	Civil Status	DATE OF BIRTH			OCCUPATION		ACTIVE MEMBER OF PHIC		MONTHLY INCOME
		Permanent		Totally dependent to member for support				mm	dd	yyyy	Self-Employed	Employed	Yes	No	
		Yes	No	Yes	No										
1.	Member														P
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															
NAME OF RESPONDENT : _____ (Signature over printed name) ADMINISTERED BY : _____ (Signature over printed name) DATE : _____		VALIDATION & RECOMMENDATION				Qualified per APCI/Endorsed <input type="checkbox"/> Not qualified per APCI/Not endorsed <input type="checkbox"/> Barangay Captain LSWDO _____ <small>Signature over printed name</small>		TOTAL MONTHLY HOUSEHOLD/FAMILY INCOME			TOTAL ANNUAL HOUSEHOLD/FAMILY INCOME (Total Monthly Household/family Income multiplied by 12 months) ANNUAL PER CAPITA INCOME (APCI) (Total Annual Household/Family Income divided by no. of household members including head)		P		
		P													
		P													
		P													

NOTE: Use black or blue colored ink pen. Write all in capital letters and print legibly.

GUIDE IN ACCOMPLISHING THE REVISED FAMILY DATA SURVEY FORM

1. Enumerator must completely fill up all the required information in the upper portion of the survey form (**FAMILY ADDRESS, REGION, PROVINCE, MUNICIPALITY, and BARANGAY**).
2. The complete name of all family members should be listed down under **Column 1** starting with the Head of the Family. Make sure that the **SURNAME, FIRST NAME** and the **MIDDLE INITIAL** are spelled out/written correctly.
3. Under **Column 2** or **RELATION TO MEMBER**, the relationship of other family members to the Member shall be indicated.
4. **Column 3**: For those with disabled dependent, please check (✓) the appropriate column under the label **PERMANENT**, if disability is permanent or not, and **TOTALLY DEPENDENT TO MEMBER FOR SUPPORT**, if disabled dependent is totally relying support to member or not.
5. **Column 4**: Write **M** for a Male member of the household and **F** for a female member in the household.
6. **Column 5** or **CIVIL STATUS**: Write **S** to indicate that a family member is **Single**, **M** to indicate that a family member is **Married** and **W** to indicate that a family member is a **Widow/Widower**.
7. **Column 6** or **DATE OF BIRTH**: The birth date of every family member should be indicated in the following order, viz:
 - Month (*mm*), ex. 01 for January, 02 for February, etc.
 - Date of Birth (*dd*)
 - Year of Birth (*yyyy*).
8. **Column 7** or **OCCUPATION** column, please check (✓) the appropriate column to indicate if the member and/or any of his/her dependents are **Self-employed** or **Employed**.
9. **Column 8**: Please check (✓) the appropriate column to indicate who among the member and his/her dependents are active members of PhilHealth.
10. **Column 9**: The last column inquires about the monthly income of each household member. Please indicate the gross monthly pay of the head of the family and the other household members.
11. There are three rows at the lower portion of Column 9. Please take note of the following formula:
 - To get the **TOTAL MONTHLY HOUSEHOLD/FAMILY INCOME**, please add all the gross monthly income indicated in Column 9 and write the sum in the corresponding row under Column 9.
 - **TOTAL ANNUAL HOUSEHOLD/FAMILY INCOME** = Total Monthly Household/Family Income x 12 months
 - **ANNUAL PER CAPITA INCOME (APCI)** = Total Annual Household/ Family Income ÷ number of household member including head
12. At the lower left portion of the survey form, the respondent is required to affix his/her signature over his/her printed name. Enumerator is also required to affix his/her signature over his/her printed name and indicate the date the survey was made.
13. Under the **VALIDATION & RECOMMENDATION BOX**, the Barangay Captain and Local Social Welfare Development Officer (LSWDO) shall agree on the recommendation and check (✓) the appropriate box. Both the Barangay Captain and LSWDO shall sign prior to transmittal to PhilHealth.