

**CASH ASSISTANCE FORM**

**UNIFORMED PERSONNEL NON-UNIFORMED PERSONNEL**

**DATE OF APPLICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTROL NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DETAILS OF BENEFICIARY/MEMBER**

**Name of Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_ Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SSS / GSIS / AFPSN Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nature of Contingency: Workplace Accident Encounter Sickness/Illness Others:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place of Contingency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date of Contingency:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***FOR DEATH***

**Name of Beneficiary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relation to Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOCUMENTS SUBMITTED: (only original or certified true copies shall be accepted)**

Medical Certificate

Spot Report/ Mission Order/ Order coming from authorized officials/ Battle casualty Report

Death Certificate (for KIA)

AFP Official I.D. (Original+ photocopy)/ any 2 Government issued I.D.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marriage Certificate/ Dependent’s I.D. (for Spouse)

Birth certificate of dependents (minor dependents of KIA- in the absence of spouse), w/ Affidavit of Guardianship

if spouse is deceased)

Birth Certificate of KIA/ dependent’s I.D. (for parents)

Photocopy of Approved EC Voucher

Certified True copy of Accident Report/ Incident Report/ Police Report/ EC Logbook

Official Endorsement from DOLE (if applicable)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature of Applicant above Printed Name)**

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TO BE ACCOMPLISHED BY ECC:

Recommending the approval of the application for cash assistance in the amount of Php **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**.

**DR. CHRISTINE C. MARQUEZ ATTY. EVELYN R. RAMOS**

OIC, WCPRD Deputy Executive Director

Approved by:

**ATTY. KAIMA VIA B. VELASQUEZ**

Executive Director