

CITY GOVERNMENT OF MAKATI MAKATI HEALTH PLUS PROGRAM

APPLICATION FORM

MARAITEE	ALIH PLUS INFORMATI	ON SHEET:				DATE A	PPLIED:	randoments variety table
MHP TYPE:	W/DEPENDENTS	SOLO	SEÑIOR CITIZEN W/DEPENDENTS SOLO	MCG W/DEPEN SOLO	DENTS []NGA	PWD SOLO W/DEPENDENTS	٠
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DEPENDENTS	NAME		RELATIONSHIP					
	NAME		RELATIONSHIP	SEX	DATE OF B	URTH/ACE	OCCUPATION	MONTHLY INCOM
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() Int ID Picture	of Applicant	() National Covers	up Photo Copy (If Preguent) unent Agency (Certificate of Employme	uix)		-	JOEMARIE Y DEPUTY, MAKAT	
Share my inform formation. I alone can view so to any request Inform me of far	nation to other office / depart to change and recover the peri- for a certified true copy bear three services or projects office tarnless and indemnify the C	tment within the Ci sonal information I ring any of my pers red by the City Gov	prescribed by law from the date of ty Government of Makati and nece shared unless I authorize a represen- tional information. Venument of Makati using the perso Makati, any of its office/department	ssary third parties f	or any legitimate I armed with a Sp	purpose, I am	assured that security systems a	e employed to protect my is purpose. This applied
Signed this	day of	20nt	rentidak ha fuuraksi calkuluksi kun kun kun giri apa elempap jala aral dalaksi susalan da ga caapa	City.				
			(Signa	ture Over Printed	Name)	B + driver's bir markenskip regestrate op gegrapping		
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And the state of t				(Contact Number)				
OME VISITATI	ION: (For MAC Interviewe	r's only)		(0000000)				
	Makati Residents Unemployed Employed at	Not Bon	nfide Resident w/monthly	of	or daily incon	ne DA	TE OF NOTICE TO CLA	M:
eclare, under the	te релянієя of perjury that I to the best of my knowled(infomration given ge and belief.	abpve is true and correct and ha	as been made in go	ood faith,	33	M DD	YYYY
API	PLICANI'S OR CARDIIC Singature Over Printed N			C INTERVIEWE are Over Printed !		ALL DOG TO THE RESIDENCE OF THE PERSON OF TH	HOME VISITATION Signature Over Pri	
Аррг	roved By;					J	Health Project of:	
	BENITA ACTING CITY GOVERN	A C. TANYAG	TD2 EST ATA 19		MA	YOR MA	AR-LEN ABIGAIL	S. BINAY

AND CITY COUNCIL

CITY GOVERNMENT OF MAKATI MAKATI HEALTH PLUS PROGRAM

ACKNOWLEDGEMENT AND CLAIM STUB

Date:

Market September 1997 April 1997	based on the Home Visitation conducted by the Makati Action
Center (MAC).	
This also serves as claim stub for his/her MAKATI Makati City hall Building on	HEALTH PLUS CARD which he/she will claim at Ground floor Makati Health Plus Office, New
Certified By:	and the second s
MAC COORDINATOR Signature over Printed Name	
- Committee Comm	
in Compliance with the Data Privacy Act (DPA) of 2012, and its Implement to collect and use my personal information in relation to my purples of / ap As such, I also agree and authorize them to	PATA PRIVACY CONSENT Rules and Regulations (IRR) effective since September 8, 2016, I allow the Makati Health Plus Program (MHP thation for Yellow Card and other legal purpose/s it may be intended for.
Rotain and store my information	by law from the date of the accomplishment of the purpose stated above. I agree that my information will be delete
c. Share my information to other office department within the City Govern	ment of Makati and necessary third parties for any legitimate purpose. I am assured that security systems are amples
his applied also to any request for a certified true copy bearing any of my his applied also to any request for a certified true copy bearing any of my . Inform me of future services or repeats of found to the Civil	less I authorize a representative on my behalf armed with a Special Power of Attorney duly notarized for this purpose
igned this day of 20 at	
NAMES AND	
	(Signature Over Printed Name)
. Parlich-in-termination of disposation	(Address)
Marie Ambredance and Assepted	(Contact Number)
This martian is to be filled one by M	
Released By:	MAKATI HEALTH PLUS personnel upon the release of card
	Received By:
MHP Staff	CARD HOLDER/AUTHORIZED REPRESENTATIVE
MHP Staff Date:	CARD HOLDER/AUTHORIZED REPRESENTATIVE Date:
Date:	Date:
Date:	Date:
Date:CTFY @ MAKATI ACKNOWL	Date:
Date: CITY O MAKATI ACKNOWL	Date: GOVERNMENT OF MAKATI HEALTH PLUS PROGRAM
CITY (MAKAT) ACKNOWL Date: This is to acknowledge that Mr./Ms./Mrs.	Date:
CITY (MAKATI ACKNOWL) Date: This is to acknowledge that Mr./Ms./Mrs.	Date: GOVERNMENT OF MAKATI HEALTH PLUS PROGRAM EDGEMENT AND CLAIM STUB
CITY (MAKATI ACKNOWL, Date: This is to acknowledge that Mr./Ms./Mrs. f	COVERNMENT OF MAKATI HEALTH PLUS PROGRAM EDGEMENT AND CLAIM STUB Us a bona fide resident based on the Home Visitation conducted by the Makati Action
CTFY (MAKAT) ACKNOWL Date: This is to acknowledge that Mr./Ms./Mrs. f Center (MAC). This also serves as claim stub for his/her MAKAT! HE	COVERNMENT OF MAKATI HEALTH PLUS PROGRAM EDGEMENT AND CLAIM STUB Us a bona fide resident based on the Home Visitation conducted by the Makati Action EALTH PLUS CARD which he/site with claim at Granted floor Makati Harth File.
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CTITY OMAKATI ACKNOWL Date: This is to acknowledge that Mr./Ms./Mrs. f Center (MAC). This also serves as claim stub for his/her MAKATI HE lakati City hall Building on Certified By:	GOVERNMENT OF MAKATI HEALTH PLUS PROGRAM EDGEMENT AND CLAIM STUB Us a bona fide resident based on the Home Visitation conducted by the Makati Action EALTH PLUS CARD which he/site will claim at Ground floor Makati Health Plus Office, New
CITY (MAKATI ACKNOWL) Date: This is to acknowledge that Mr./Ms./Mrs. This also serves as claim stub for his/her MAKATI HE Makati City hall Building on Certified By: MAC COORDINATOR Signature over Printed Name	Date: GOVERNMENT OF MAKATI HEALTH PLUS PROGRAM EDGEMENT AND CLAIM STUB based on the Home Visitation conducted by the Makati Action EALTH PLUS CARD which he/site will claim at Ground floor Makati Health Plus Office, New
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Republika ng Pilipinas **LUNGSOD NG MAKATI**

OFFICE OF THE MAYOR MAKATI ACTION CENTER

Date:						
AUTHORIZATION						
This is to authorize	of Barangay BEL-AIR,					
MAC Coordinator to submit my Yellow Card to the Of						
facilitate its processing and renewals.						
PRINTED NAME AND SIGNATURE						
ADDRESS:						
For MAC use only:						
REQUIREMENTS FOR NEW APPLICANT: () Latest Comelec Certification () Philhealth Member Data Record (MDR) and O.R. (Proof of Payment)-for voluntary member Certification of Contribution (if employed in private company) () Birth Certificate / Passport () Marriage Contract (If Married) () 1x1 Picture of Applicant () Barangay Clearance and Condo Certification (for Salcedo, III) () Covid-19 Vaccination Card (photocopy) () Long Brown Envelope	 () Birth Certificate of Qualified Dependent () Family Picture () Real Property Tax Title and Tax Receipt () PWD ID () Senior White Card and Blu Card (photocopy) () Prenatal Check-up Photocopy (If Pregnant) () National Government Agency (Certificate of Employment) Malugay & Jazz Residents only)					
REQUIREMENTS FOR RENEWAL: () OLD MHP YELLOW CARD () Latest Comelec Certification () Philhealth Member Data Record (MDR) / O.R. (Proof of Payment)-for voluntary member / Certification of Contribution (if employed in private company) () Barangay Clearance and Condo Certification (for Salcedo, Max () Covid-19 Vaccination Card (photocopy) () Long Brown Envelope	alugay & Jazz Residents only)					
Checked by: MAC Coordinator –Printed Name and Signature	è					
Noted by:MAC Team LeaderPrinted Name and Signature	re					

REPUBLIKA NG PILIPINAS LUNGSOD NG MAJKATTI

OFFICE OF THE MAYOR MAKATI ACTION CENTER

AUTHORIZATION

This is to office	cially grant Mr./Ms.	PROGRAMMENT CONTROL OF THE PROPERTY SHAPE	,Makati
Action Center	(MAC) Coordinat	or, to claim my Yellow card on	my behalf. I am also entrusting
The above na	med person to deli	ver the same to me personally o	n my house address.
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Vallous aard #s	House No.	Street	Barangay
Contact # :			
/Authorization Ciaim of /MAC /HV Section202320		er han das das ann ann day day skape sop sop sop son han son dag day han han bla day ann han bla dag son jak majdy kay	
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Claim Date : _			
Signature :_	arana paaran kalihalisahi oron parampi kappayonyo dayyo magaayay a a adala qay		NAAP GETTAIN RECTALS OF SUB-

