



CITY GOVERNMENT OF MAKATI
MAKATI HEALTH PLUS PROGRAM

APPLICATION FORM

MAKATI HEALTH PLUS INFORMATION SHEET:

DATE APPLIED: _____

MHP TYPE: W/DEPENDENTS SOLO

SENIOR CITIZEN MCG PWD

W/DEPENDENTS W/DEPENDENTS NGA SOLO

SOLO SOLO W/DEPENDENTS

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

ADDRESS: _____ BARANGAY: _____

SEX: _____ CIVIL STATUS: _____ DATE OF BIRTH: _____ AGE: _____ BLOOD TYPE: _____

TEL. NO./CELL NO.: _____ HOUSE: Owned Rented Living w/ Relative Transient

EMPLOYMENT STATUS: Permanent Contractual/Casual Self-Employed Unemployed Retiree

SWORN STATEMENT:
That I am not confined nor one of my dependents at Ospital ng Makati (OSMAK) and that I have no outstanding balance and/or promissory note in the said hospital.

Applicant's Signature Over Printed Name: _____ MHP Interviewer's Signature Over Printed Name: _____

DEPENDENTS:	NAME	RELATIONSHIP	SEX	DATE OF BIRTH/AGE	OCCUPATION	MONTHLY INCOME

LIST OF REQUIREMENTS:

- COMBLEC Certification
- Philhealth Members Data Record (MDR)
- Barangay Clearance Certificate
- Birth Certificate of Qualified Dependents
- Marriage Contract (If Married)
- 1st ID Picture of Applicant
- Family Picture
- Real Property Title and Tax Receipt
- PWD ID
- White Card and Bio Card Photo Copy (Senior Citizen)
- Prenatal Check-up Photo Copy (If Pregnant)
- National Government Agency (Certificate of Employment)

Approve for Home Visitation:
JOEMARIE Y. MALBOG
DEPUTY, MAKATI HEALTH PLUS

DATA PRIVACY CONSENT

In Compliance with the Data Privacy Act (DPA) of 2012, and its Implementing Rules and Regulations (IRR) effective since September 8, 2016, I allow the Makati Health Plus Program (MHPP) to collect and use my personal information in relation to my purpose of / application for Yellow Card and other legal purpose/s it may be intended for.

- As such, I also agree and authorize them to:
- 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.
 - 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.
 - 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 applied also to any request for a certified true copy bearing any of my personal information.
 - Inform me of future services or projects offered by the City Government of Makati using the personal information I shared.
 - I hold free and harmless and indemnify the City Government of Makati, any of its office/departments, officers, employees and agents from any complaint, suit, or damages which any party may file or claim in relation to the Data Privacy Act.

Signed this _____ day of _____ 20____ at _____ City.

(Signature Over Printed Name)

(Address)

(Contact Number)

HOME VISITATION: (For MAC Interviewer's only)

Makati Residents Not Bonafide Resident

Unemployed

Employed at _____ w/monthly of _____ or daily income

DATE OF NOTICE TO CLAIM:

MM DD YYYY

I declare, under the penalties of perjury that information given above is true and correct and has been made in good faith, verified by me and to the best of my knowledge and belief.

APPLICANT'S OR CARDHOLDER'S Signature Over Printed Name: _____

MAC INTERVIEWER Signature Over Printed Name: _____

HOME VISITATION-IN-CHARGE Signature Over Printed Name: _____

Approved By: _____ Health Project of: _____

CITY GOVERNMENT OF MAKATI
MAKATI HEALTH PLUS PROGRAM

ACKNOWLEDGEMENT AND CLAIM STUB

Date: _____

This is to acknowledge that Mr./Ms./Mrs. _____ is a bona fide resident of _____ based on the Home Visitation conducted by the Makati Action Center (MAC).

This also serves as claim stub for his/her MAKATI HEALTH PLUS CARD which he/she will claim at Ground floor Makati Health Plus Office, New Makati City hall Building on _____

Certified By:

MAC COORDINATOR
Signature over Printed Name

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4. Inform me of future services or projects offered by the City Government of Makati using the personal information I shared.
5. I hold free and harmless and indemnify the City Government of Makati, any of its office/departments, officers, employees and agents from any complaint, suit, or damages which any party may file or claim in relation to the Data Privacy Act.

Signed this _____ day of _____ 20__ at _____ City.

(Signature Over Printed Name)

(Address)

(Contact Number)

This portion is to be filled out by MAKATI HEALTH PLUS personnel upon the release of card

Released By:

Received By:

MHP Staff

CARD HOLDER/AUTHORIZED REPRESENTATIVE

Date: _____

Date: _____

CITY GOVERNMENT OF MAKATI
MAKATI HEALTH PLUS PROGRAM

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Signature over Printed Name

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Released By:

Received By:

MHP Staff

CARD HOLDER/AUTHORIZED REPRESENTATIVE

Date: _____

Date: _____



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 Office of the Makati Health Program (MHP) and
facilitate its processing and renewals.

PRINTED NAME AND SIGNATURE

ADDRESS: _____

For MAC use only:

REQUIREMENTS FOR NEW APPLICANT:

- | | |
|--|---|
| <input type="checkbox"/> Latest Comelec Certification | <input type="checkbox"/> Birth Certificate of Qualified Dependent |
| <input type="checkbox"/> Philhealth Member Data Record (MDR) <i>and</i>
O.R. (Proof of Payment)- <i>for voluntary member</i>
Certification of Contribution <i>(if employed in private company)</i> | <input type="checkbox"/> Family Picture |
| <input type="checkbox"/> Birth Certificate / Passport | <input type="checkbox"/> Real Property Tax Title and Tax Receipt |
| <input type="checkbox"/> Marriage Contract <i>(If Married)</i> | <input type="checkbox"/> PWD ID |
| <input type="checkbox"/> 1x1 Picture of Applicant | <input type="checkbox"/> Senior White Card and Blu Card (photocopy) |
| <input type="checkbox"/> Barangay Clearance and Condo Certification <i>(for Salcedo, Malugay & Jazz Residents only)</i> | <input type="checkbox"/> Prenatal Check-up Photocopy (If Pregnant) |
| <input type="checkbox"/> Covid-19 Vaccination Card (photocopy) | <input type="checkbox"/> National Government Agency (Certificate of Employment) |
| <input type="checkbox"/> Long Brown Envelope | |

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, Malugay & Jazz Residents only)*
- Covid-19 Vaccination Card (photocopy)
- Long Brown Envelope

Checked by: _____
MAC Coordinator –Printed Name and Signature

Noted by: _____
MAC Team Leader –Printed Name and Signature

REPUBLIKA NG PILIPINAS
LUNGSOD NG MAKATI

OFFICE OF THE MAYOR
MAKATI ACTION CENTER

AUTHORIZATION

This is to officially grant Mr./Ms. _____, Makati
Action Center (MAC) Coordinator, to claim my Yellow card on my behalf. I am also entrusting
The above named person to deliver the same to me personally on my house address.

Signature : _____

Name : _____

Address : _____

House No.

Street

Barangay

Yellow card #: _____

Contact # : _____

/Authorization Claim of Yellow Card
/MAC
/HV Section 102320

ACKNOWLEDGEMENT RECEIPT

Name : _____

Date : _____

Claim Date : _____

Signature : _____

MAC REPRESENTATIVE

