Republic of the Philippines

DEPARTMENT OF LABOR AND EMPLOYMENT

Regional Office No. I
Eastern Pangasinan Field Office

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Instructions:

- 1. Accomplish this form when profiling disadvantaged workers or displaced workers due to calamities or armed conflicts
- 2. Respondent can be any responsible member of the household with his/her line number encircled.
- 3. If the last name is similar with the first member, it can be replaced with underline then the first name.

Please refer to the codes below for answers under columns 5 to 8

GENERAL INFORMATION											
NAME OF BENE ADDRESS (Bar BIRTHDATE: (y)	angay, City/Municipality, and Province):										
TYPE OF ID/ID	NUMBER: (ex. SSS/201-067-1234)										
	IBER: (ex. 0934633 <u>1234)</u>										
Line	Family Members	Sex	Age as of			Skills (7)	Intervention/s Needed		Civil Status S - Single		
Number (1)	(INCLUDING THE BENEFICIARY) Last Name, First Name (2)	M-Male F-Female (3)	Last Birthday (4)	Occupation/Type of Livelihood (5)	Status of Employment/Livelihood (6)		Immediate (8)	Post-Displacement (9)	M - Married W - Widow/Widowe (10)		
01	(-)	(6)	(' '	(8)	(6)	(1)	(-)	(-)	(10)		
02											
03											
04											
05											
06											
07											
08											
09											
10											
	es for Occupation/Types of Livelihood (Col. 5)			mployment or Livelihoo	od (Col 6)		Answer references for		•		
1 - Crop Growing 2 - Fishing 3 - Homebased Work 4 - Livestock/Poultry Raising 5 - Servicing 6 - Alternative Transporting 7 - Vending 8 - Others (Please specify)		2 - Slightly aff 3 - Underemp Code for imm 1 - Emergenc 2 - Others (Ple 3-N/A Answer refer	1 - Severely affected/damaged 2 - Slightly affected/damaged 3 - Underemployed/Self-employed Code for immediate intervention/s Needed (Col. 8) 1 - Emergency employment 2 - Others (Please specify 3-N/A Answer references for Post-Displacement Intervention/s Needed (Col. 9) 1 - Livelihood					 1 - Construction/Carpentry 2 - Farming 3 - Fishing 4 - Vulcanizing/Welding 5 - Cosmetology 6 - Tailoring/Dressmaking 7 - Computer 8 - Performing Arts 9 - Handicraft 			
9-N/A		2 - Training (skills, Entrepreneurship) 3 - Job referral 4 - Others (Please specify) 5-N/A CERTIFICATION					9 - Handicraft 10 - Others (Please specify) 11-N/A				
Name of Respond	ont			CERTIFICATIO	Tel. Number/s:						
Signature: Interviewed by:	ent. 				rei. Number/s:		-				
Name: Signature:					Date Interviewed:						