



Republika ng Pilipinas
LUNGSOD NG MAKATI
OFFICE OF THE MAYOR
MAKATI ACTION CENTER

Date: _____

AUTHORIZATION

This is to authorize _____ of Barangay _____

MAC Coordinator to submit my BLU CARD Application to the Office of Makati Social Welfare Department (MSWD) and facilitate its processing.

PRINTED NAME AND SIGNATURE

Address: _____

For MAC use only:

REQUIREMENTS

- COMELEC CERTIFICATE
- Latest two (2) copies of LK1 Photos. (1)
- Latest Barangay Clearance (Original)
- Birth Certificate/ Marriage Contract/Passport or PRC Card
- White Card and Yellow Card or any two (2) old Valid IDs bearing the Makati Address (For Senior Citizens who are 80 Years & above w/ no comelec Certificate).

Checked by: _____
 MAC Coordinator – Printed Name and Signature

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





BLU Card No. _____

Date Released: _____

MAKATI SOCIAL WELFARE DEPARTMENT SENIOR CITIZEN'S BLU CARD PROGRAM

1" X 1"
Photo

DIGITAL CAMERA	
COMPUTER	<input type="checkbox"/>
MEMORANDUM CAMERA	<input type="checkbox"/>
PHONE	<input type="checkbox"/>

MSWD - ELDERLY WELFARE SECTION

received:

DATE : _____

TIME : _____

SIGNATURE : _____

A. IDENTIFYING DATA:

First Name: _____	Middle Name: _____	Surname: _____	Age: _____	Gender: _____	Civil Status: _____
City Address: _____			Contact # _____		
Municipal Address: _____			Email Add: _____		
Municipality: _____		Birthplace: _____		Religion: _____	
Date of Marriage: _____			Place of Marriage: _____		
Length of residency in the barangay: _____			Type of Residency: _____		
of years: _____ months _____		<input type="checkbox"/> House Owner <input type="checkbox"/> Sharer <input type="checkbox"/> Lessee/Tenant <input type="checkbox"/> Boarder			
Occupation: _____			Citizenship: _____		

B. MEMBERSHIP IN SENIOR CITIZENS' ORGANIZATIONS/ASSOCIATION:

- | | |
|---|---|
| <input type="checkbox"/> Federation of Barangay Councils of Makati Senior Citizens Incorporated (FBCMSC)
<input type="checkbox"/> Federation of Senior Citizens Association of the Phil. (FSCAP)
<input type="checkbox"/> Coalition of Services for the Elderly (COSE)
<input type="checkbox"/> Veterans | Position (If an officer, date elected)

_____ |
|---|---|

C. BENEFICIARIES (BES): Maximum of three (3) immediate relatives/including spouse. (Beneficiaries must be at least 18 years old & above). The beneficiaries are the only one allowed as authorized representative/s to claim all the benefits under the BLU Card Program on his/her behalf.

Name	Relationship	Age	Civil Status	Occupation	Contact Number/Email Address
1.					
2.					
3.					

IN CASE OF EMERGENCY, NOTIFY: _____ Tel. No. (s) _____
 Address: _____ Relationship: _____

<p style="text-align: center;">_____ Signature of Applicant</p> <p style="text-align: center;">_____ Signature of Director/Chairman (FBCMSC)</p> <p>Remarks, if any: _____</p> <p style="text-align: center; margin-top: 20px;">JOYLA MARIE M. CORTES, RSW Director/Chairman Elderly Welfare Section</p> <p style="text-align: center; margin-top: 20px;">MANUEL M. LUMANG, RSW Director/Chairman Makati Social Welfare Department</p>	<h3 style="text-align: center;">GUIDELINES FOR THE ISSUANCE OF BLU CARD AND AVAILMENT OF BENEFIT</h3> <p>I. Qualifications:</p> <ol style="list-style-type: none"> Must be a Filipino Citizen. Must be 60 years old and above. Must be a registered voter and actual/current resident of the City of Makati for the past <u>two years</u>. <p>II. Requirements: (Please bring & present all original requirements for authentication)</p> <ol style="list-style-type: none"> Latest two (2) copies 1"x1" Photos. Latest Comelec Certification. Latest Barangay Clearance. Birth Certificate/Marriage Contract/Passport or PRC Card. White Card and Yellow Card or any two (2) old valid IDs bearing the Makati Address (for Senior Citizens who are 80 years & above w/ no COMELEC Certification). Certificate of Ownership & Tenancy / Lessee for the Senior Citizens residing in Condominiums, Townhouse & etc. Photocopy of Employee's ID (for Makati City Government Employees) <p>III. Others:</p> <ol style="list-style-type: none"> If card is lost, an affidavit of loss shall be submitted Benefits under the BLU Card Program will be forfeited in case the card holder has transferred outside the City of Makati. Family of deceased BLU Card Holder can avail of the burial assistance of Php 3, 000.00. NO BLUCARD, NO BENEFIT <p>IV. MUST: Pls. Notify MSWD of your change address & beneficiaries</p>
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MAKATI ACTION CENTER
MSWD - BLU CARD HOME VISITATION REPORT

DATE OF HOME-VISIT : 1ST: _____ 2ND: _____ 3RD: _____ TIME: _____

NAME: _____ TYPE OF APPLICATION : _____

ADDRESS: _____ BARANGAY: _____

RESIDENT: _____ HOLD: _____

<input type="checkbox"/> HOME-OWNER	<input type="checkbox"/> TRANSFERRED	<input type="checkbox"/> NON-RESIDENT / UNKNOWN PERSON
<input type="checkbox"/> RENT / LIVING W/RELATIVES	<input type="checkbox"/> WRONG ADDRESS / UNLOCATED	<input type="checkbox"/> ON VACATION / ALWAYS UNAVAILABLE

OCCUPATION (IF ANY): _____ COMPANY NAME: _____

REMARKS:

HOME-VISIT IN CHARGE: _____ RECEIVED BY: _____

SIGNATURE OVER PRINTED NAME
MAC-COORDINATOR

SIGNATURE OVER PRINTED NAME
OF BLU CARD APPLICANT

NOTED BY:

TEAM LEADER



MAKATI ACTION CENTER
MSWD - BLU CARD HOME VISITATION REPORT

DATE OF HOME-VISIT : 1ST: _____ 2ND: _____ 3RD: _____ TIME: _____

NAME: _____ TYPE OF APPLICATION : _____

ADDRESS: _____ BARANGAY: _____

RESIDENT: _____ HOLD: _____

<input type="checkbox"/> HOME-OWNER	<input type="checkbox"/> TRANSFERRED	<input type="checkbox"/> NON-RESIDENT / UNKNOWN PERSON
<input type="checkbox"/> RENT / LIVING W/RELATIVES	<input type="checkbox"/> WRONG ADDRESS / UNLOCATED	<input type="checkbox"/> ON VACATION / ALWAYS UNAVAILABLE

OCCUPATION (IF ANY): _____ COMPANY NAME: _____

REMARKS:

HOME-VISIT IN CHARGE: _____

MAC - COORDINATOR

SIGNATURE OVER PRINTED NAME

RELATIONSHIP

REMINDER:
KINDLY CLAIM YOUR CARD ON _____, AT MSWD - ELDERLY WELFARE SECTION,
5TH FLR. NEW MAKATI CITY HALL BUILDING 1 AT _____ AM/PM.

THIS CERTIFIES THAT THE BLU CARD APPLICANTS WAS HEREBY INTERVIEWED
AND VISITED AT THE SAID ADDRESS BY OUR ASSIGNED COORDINATORS.