



CereCare Philippines Foundation Inc.

3rd floor J&T Bldg. 3894 R. Magsaysay Blvd. Sta. Mesa, Manila
(02) 716-76-88 / 0922-8908882

Website: www.cerecare.org.ph Email: cerecare.org.ph

CPF-FWCP-19Jun16Rev2

FREE WHITE CANE PROGRAM

APPLICATION FORM

| | | | |
|---|-------------------|--|----------------------|
| Basic Information | | | 1x1 Photo |
| Recipient: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> FAMILY NAME FIRST NAME MIDDLE NAME </div> | | | |
| Nickname _____ | | Age: _____ | |
| Birthdate: _____ | Birthplace: _____ | Citizenship: _____ | |
| Phone No. _____ | Mobile No. _____ | Email Address: _____ | |
| Occupation: _____ | | | |
| City Address: _____ | | | |
| Provincial Address: _____ | | | |
| Father: _____ | | Age: _____ | Occupation: _____ |
| Mother: _____ | | Age: _____ | Occupation: _____ |
| No. of Siblings: _____ | | Order in the Family: _____ | |
| Braille Reader? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Cane Sizing Height (armpit level): _____ | |
| If applying in behalf of the child/parent _____ | | | |
| Name of Representative: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> FAMILY NAME FIRST NAME MIDDLE NAME </div> | | | |
| Relationship to the child/recipient: _____ | | | |
| Referring Institution / Organization: | | | |
| Name: _____ | | | Office No. _____ |
| Complete Address: _____ | | | |
| Institution's/Organization's Email Address: _____ | | | |
| Referring Officer: _____ | | | Position: _____ |
| Contact No. _____ | | | Email Address: _____ |
| | NAME | DATE | SIGNATURE |
| Requirements Received by: | | | |
| Application Endorsed by: | | | |
| <input type="checkbox"/> School Teacher | | | |
| <input type="checkbox"/> Social Worker | | | |
| <input type="checkbox"/> NGO Officer | | | |
| <input type="checkbox"/> Others | | | |
| For CereCare Use Only | | | |
| CereCare FWCP Control No. _____ - _____ | | | |

Recognized and Accredited by:





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Category of Visual Disability (Please check)

- Partially Sighted
- Low Vision
- Legally Blind
- Totally Blind
- Others : _____

NOTES TO THE WHITE CANE RECIPIENT and FAMILY

| POLICY SHEET | |
|---|---|
| About | The CereCare Free White Cane Program aims to assist visually impaired or blind people from indigent families to become independent especially in navigating their environment with confidence and safety, being able to travel when and where they want resulting to a feeling of self-sufficiency. |
| Requirements | Documentary Requirements: <ul style="list-style-type: none"> ❖ 1pc 1x1 picture with white background of the recipient ❖ Photocopy of one (1) valid government ID ❖ Duly filled-out and signed application form ❖ Report/Referral Form from a partner institution / Non-Governmental Organization recognized by DSWD -or- ❖ Recommendation from Social Worker, Teacher or NGO officer |
| Application Procedure and Policies | Recipient for the CereCare FWCP needs to abide with the following policies: <ul style="list-style-type: none"> ❖ Secure and fill-out an application form and submit all documentary requirements needed to the Administration Office of CereCare Philippines Foundation. ❖ Must be personally present to receive his/her cane |

Commitment Form

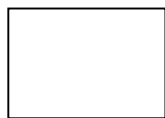
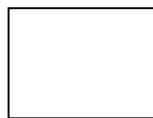
I, _____ acknowledge that I understand the conditions of CereCare Free White Cane Program as explained in the current **Notes to Recipient and Family**. By requesting this free white cane, I acknowledge that I am blind or visually impaired and that this cane is for my personal use.

I affirm that all information in this application is my own and my representative's output and that the information contained herein are true and accurate to the best of my knowledge.

I will send CereCare Philippines Foundation a written feedback of how this free white cane has helped me.

Printed Name and Signature of Recipient OR _____
Printed Name and Signature of Representative

Or



Date Signed: _____

Left Thumb Mark

Right Thumb Mark

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