Republic of the Philippines
Department of Migrant Workers
Blas F. Ople Building, Ortigas Avenue cor. EDSA, Mandaluyong City 1550
Website: www.dmw.gov.ph | Email: feedback@dmw.gov.ph | Hotlines: 8722 1152, 8722 1155, 8822 1159, 8724 3665

TAHANAN NG OFW

BAGONG PILIPINAS

REQUEST FOR ASSISTANCE (RFA) FORM

☐ **Online** ☐ **Walk-in** ☐ **Referral by:** _____

A. IMPORMASYON NG OFW:

Pangalan ng OFW :	*Last name* *First Name* *Middle Name*
Birthdate:	
Sex (Kasarian):	_____ Male/Lalaki _____ Female/Babae
Civil Status:	☐ Single / Walang Asawa ☐ Married / May Asawa ☐ Widow/Widower (Balo) ☐ Separated/ Hiwalay ☐ Solo Parent
Passport / Travel Document No:	
Address sa abroad:	
Address sa Pilipinas	
Contact No/s. Mobile/Phone No.:	
Email / Facebook Account:	

B. IMPORMASYON NG KAMAG-ANAK NG OFW NA HUMIHINGI NG TULONG:

Pangalan :	*Last name* *First Name* *Middle Name*
Birthdate:	
Relationship to OFW:	☐ Spouse / Asawa ☐ Child / Anak ☐ Sibling / Kapatid ☐ Others _____
ID No:	
Address sa Pilipinas	
Mobile/Phone No.:	
Email / Facebook Account:	

C. URI NG TULONG NA HINIHINGI (Please check):

- ☐ LEGAL ASSISTANCE ☐ MEDICAL ASSISTANCE ☐ REPATRIATION
- ☐ RESCUE / EVACUATION ☐ WELFARE ASSISTANCE FOR SENIOR OFW RETURNEES
- ☐ COMPASSIONATE VISIT ☐ SHIPMENT OF HUMAN REMAINS / CREMAINS
- ☐ FOOD ASSISTANCE ☐ TRANSPORTATION ASSISTANCE ☐ TEMPORARY SHELTER
- ☐ OTHERS _____

D. MAIKLING SALAYSAY TUNGKOL SA HINIHINGING TULONG:

CERTIFICATION

I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize DMW to collect, record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing, (c) access, (d) rectify, suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).

_____ _____
Signature over Printed Name **Date Signed**

E. EVALUATOR'S ASSESSMENT

F. CERTIFICATION OF ELIGIBILITY

This is to certify that ☐ **OFW** / ☐ **NOK** _____ has been found **ELIGIBLE** for _____ **ASSISTANCE** under the AKSYON Fund Program after the assessment and validation conducted by the undersigned and that all required supporting documents have been submitted in compliance with the relevant policy.

CERTIFIED ELIGIBLE BY:

AMOUNT	☐ Php_____

Name and Signature of Evaluator
Date: _____

RECOMMENDED FOR APPROVAL:	**APPROVED BY:**
Name and Signature **Date:**	**Name and Signature** **Date**