

S.N	Date	Program Year and Quarter	Type of Service	Service Details	Estimated Value of Received Service				Remarks
					From Program	From Family	From Others	Total	

Type of Service:

- | | |
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| <ul style="list-style-type: none"> 1. Identification of Potential Disability 2. Preliminary Health Assessment 3. Disability Identification (Approved) 4. Profile Development 5. Disability Identity Card 6. Physiotherapy 7. Medical Treatment 8. Surgery 9. Assistive Devices Distribution 10. Assistive Devices Repair 11. Caregiving Training | <ul style="list-style-type: none"> 12. School Enrollment (New) 13. Education materials support 14. Scholarship 15. Home-Based Education 16. Skill-Based Training 17. Self-Employment 18. Employment 19. Credit 20. O.P.D. Membership 21. Milijuli Group Membership 22. Counseling/Facilitation 23. Access to Health Insurance |
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