REPUBLIC OF THE PHILIPPINES
PHILIPPINE STATISTICS AUTHORITY

2024
POPCEN-CBMS

COMMUNITY-BASED MONITORING SYSTEM
HOUSEHOLD PROFILE QUESTIONNAIRE
(CONSENT FORM/WAIVER)

In consideration of my participation in the Community-Based Monitoring System (CBMS) pursuant to Republic Act No. 11315, I hereby state the following:

1. I understand that CBMS is a tool developed to collect information intended to identify the extent of poverty at the local level, determine its causes, serve as guide for formulating appropriate policies and programs, identify eligible beneficiaries, and assess the impact of pertinent policies and programs.

2. I understand that my information is collected to generate data necessary to the foregoing purposes of the CBMS.

3. I understand and agree that the PSA and the city/municipal local government will use my personal data and my household's personal data, including our information on Philippine Identification Card, address, among others, for their internal purposes and official mandates (e.g., generation of official statistics and databases/registries).

4. I hereby AGREE and AUTHORIZE the PSA and city/municipal local government to share my personal data and my household's personal data including PhilID data to the appropriate national government agencies which provide social protection programs for the households in the community such as the Department of Social Welfare and Development (DSWD) and National Economic and Development Authority (NEDA). Provincial government will also be given territory-specific data from CBMS.

5. I fully understand that other than the purposes above, all the information collected will remain confidential and will not be used against me or to any of my household member, pursuant to the CBMS Act, Philippine Identification System Act, and the Data Privacy Act of 2012.

6. Finally, I understand that my consent is not, in any way, a waiver of my rights as data subject under the Data Privacy Act of 2012.

I have carefully read and fully understand the foregoing terms, and have freely, knowingly, and voluntarily signed this form on behalf of the members of my household.

Signature over Printed Name of Respondent/
Authorized Representative of Respondent:
_____
Last Name, First Name, M.I.

Date Signed: _____
(MM/DD/YYYY)

TO BE ACCOMPLISHED BY CBMS HIRED PERSONNEL

Acknowledged by:

ENUMERATOR
Signature Over Printed Name
_____
(MM/DD/YYYY)

TEAM SUPERVISOR
Signature Over Printed Name Date:
Date: _____
(MM/DD/YYYY)

PROV/HUC	CITY/ MUN	BRGY	EA	BSN	HUSN	HSN

LINE NUMBER OF RESPONDENT

LINE NUMBER OF SIGNATORY

Q1	**Did the respondent sign the waiver?** 1 Yes, END 2 No (GO TO Q2)	
Q2	**What is the main reason why the respondent did not sign the waiver?** 1 Not interested in availing government social protection programs 2 Concern on security 3 Prefer not to answer 9 Others, specify: _____	SPECIFY