



# DSWD

Department of Social Welfare and Development

**Field Office 11 - Davao Region**

**PROTECTIVE SERVICES DIVISION**

**CITIZEN'S CHARTER**

**2024 (1<sup>ST</sup> Edition)**

**I. Mandate:**

The Department of Social Welfare and Development (DSWD) is the primary government agency mandated to develop, implement and coordinate social protection and poverty-reduction solutions for and with the poor, vulnerable and disadvantaged.

**II. Vision:**

An empowered society where the poor, vulnerable, and disadvantaged sectors have immediate and equitable access to opportunities for an improved quality of life.

**III. Mission:**

As the authority in the Social Welfare and Development sector, the DSWD develops, implements, enables, and coordinates SWD policies and programs for and with the poor, vulnerable, and disadvantaged.

**IV. Service Pledge:**

We are committed to provide quality, prompt, and courteous service from Mondays to Fridays, 8:00 A.M. to 5:00 P.M., without noon breaks and thereby ensure that all applicants or requesting parties who are within the DSWD premises prior to the end of the official working hours and during lunch break shall be attended to. In view of this, we shall ensure availability of Officers-in-Charge of our frontline services at all times for consultation and advice.

Furthermore, we shall endeavor to complete transactions within the day and in the event that we are unable to do so, we shall inform you promptly of our actions taken so far and clearly explain the reason/s for such delay.

We shall appreciate any positive or negative feedback regarding our services, facilities, and personnel.

All these we pledge for the best interest of the clients/customers we serve.

## **Quality Policy**

### DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

**D**eliver, coordinate, and monitor social protection programs and services to the poor, vulnerable, and disadvantaged population towards a fair, just and peaceful society;

**S**ustain a culture of excellence through continual improvement of systems, mechanisms, and procedures in the delivery of programs and services;

**W**ork with integrity and adhere to ethical standards for customer satisfaction and quality service by complying with the DSWD mandates, and other pertinent laws; and

**D**emonstrate genuine concern for the poor, prompt compassionate service, and free from any form of corruption.

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# **PROTECTIVE SERVICES DIVISION (PSD)**

## **FRONTLINE SERVICES**

## 1. Auxiliary Social Services to Persons with Disabilities

As a part of Auxiliary Social Services and in support to the Magna Carta for Persons with Disabilities, the DSWD through our Field Offices provides augmentation support under the Medical assistance, Educational assistance, Burial Assistance and Livelihood Assistance for Persons with Disabilities specifically with those Physical Disabilities, Visual Disability and Learners with Disabilities. In doing this, the Department's aim is to contribute to the Physical Restoration, self, and social enhancement of Persons with Disabilities to attain more meaningful and contributing members of society.

<b>Office or Division:</b>	DSWD Field Office XI, Protective Services Division-, Community-Based Services Section	
<b>Classification:</b>	Simple/ Complex	
<b>Type of Transaction:</b>	G2C- Government to Citizen	
<b>Who may avail:</b>	Filipino Children and Persons with Disabilities	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
<b><i>Provision of Assistive Devices</i></b>		
1. Medical Certificate (Indicating the specific assistive devices needed)	Attending Physician (Hospital, Clinic, Barangay Health Worker)	
2. Barangay Certificate of Indigency	Barangay Hall	
3. Social Case Study Report/ Case Summary	Local Government Unit or Medical Social Service	
4. 2x2 Picture or 1 whole body picture	Client	
5. Request letter	Client	
<i>*Provision of the assistance is still based on the record of ailments of the client and assessment of Social Worker.</i>		
<i>*Documents are still subject for verification and additional documents may be required depending on the case.</i>		

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Persons with Disabilities or Family members of Person with Disability may Visit the SWADT offices or Field Offices (Walk-in Clients) to submit their complete requirements	<b>For walk-in clients</b>  1.1 Social Worker of the Program Focal Person shall receive and review the required documents.	None	3-5 minutes	<i>Social Welfare Officer II</i>  <i>Focal - PWD</i>
	1.2 Interview and assessment of Persons with Disability needs	None	5 minutes	<i>Social Welfare Officer II</i>  <i>Focal - PWD</i>
	1.3 The FO Focal Person/ Social Worker or SWADT Social Worker decides with the Person with Disability/ family member/ guardian shall decide what services can be provided to the client.	None	5 minutes	<i>Social Welfare Officer II</i>  <i>Focal - PWD</i>
	1.4 For AICS, FO Social Worker/ Focal Person shall provide referral letter or endorsement to CIS or SWADT		10 minutes	<i>Social Welfare Officer II</i>  <i>Focal - PWD</i>  <i>Chief</i>  <i>Protective Services Division</i>



	<b>TOTAL</b>	<b>NONE</b>	<b>25 minutes</b>	
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<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send feedback?	<p>Clients may send feedback either through e-mail or snail mail addressed to the DSWD Field Office 11 Concerns email address (<a href="mailto:dswdonseconcerns@gmail.com">dswdonseconcerns@gmail.com</a>) or through the Client Satisfaction Measurement Survey form and drop it at the designated drop box inside the CBSS Office.</p>
How feedbacks are processed?	<p>Before end of the month, the PWD focal person consolidates all feedbacks submitted.</p> <p>For feedback requiring answers, the PWD focal will respond immediately through contact number provided by the concerned party.</p> <p>For additional inquiries and follow-ups, clients may contact the CBSS telephone number: 227-1964 local 1124.</p>
How to file a complaint?	<p>Clients can file a complaint thru e-mail or snail mail and send to <a href="mailto:dswdonseconcerns@gmail.com">dswdonseconcerns@gmail.com</a>.</p> <p>Client who file the complaint should provide the following information:</p> <ul style="list-style-type: none"> <li>- Name of the person being complained</li> <li>- Incident</li> <li>- Evidence</li> <li>- Specific Date and Time</li> </ul> <p>For additional inquiries and follow-ups, clients may contact the CBSS telephone number: 227-1964 local 1124.</p>
Complainant using 8888	<p>SMS/email will receive the complaint and will be forwarded to PSD if the concern is:</p> <ol style="list-style-type: none"> <li>1. On Programs and Services- SPD will be the one replying to the complaint</li> <li>2. On Personnel and other outside matters- The Focal Person will be the one replying to</li> </ol>

	the complaint
How complaints are processed?	<p>Upon receipt of complaints, social worker/concerned staff conducts interview to the clients regarding the complaints and assess/evaluate client's complaints.</p> <p>After evaluation of complaints, staff-in-charge creates a report and submit to the CBSS Head for information and guidance.</p> <p>The staff-in-charge will then provide feedback to the client. A consultation meeting may be done with the complainant depending on the degree of complaint.</p> <p>For additional inquiries and follow-ups, clients may contact the CBSS telephone number: 227-1964 local 1124.</p>
Contact Information of CCB, PACe, ARTA	<p><b>Anti Red Tape Authority (ARTA)</b>          complaints@arta.gov.ph          or call at 8478-5091 or 8478-5093.</p> <p><b>Presidential Action Center (PACe)</b>          pace@op.gov.ph          Hotline 8888 or 82498310 loc. 8175 or 8182          Tel Nos. 8736-8645, 8736-8603, 8736-8606, 8736-8629, 8736-8621</p> <p><b>Contact Center ng Bayan (CCB)</b>          email@contactcenterngbayan.gov.ph          0908-881-6565</p>

## 2. Implementation of Government Internship Program (GIP) to Central office and Field Offices

The Government Internship Program is part of the Kabataan 2000 program of the government. It was developed with the end goal of providing an opportunity for both out-of-school and in-school youths to a hands-on experience of working in various government agencies, which they could later use when they later decide to be part of the government workforce. This is likewise an opportunity for them to learn life skills in the workplace at the same time earn money to augment their school needs.

<b>Office or Division:</b>	Program Management Bureau - Sectoral Programs Division, Protective Services Division - Field Offices I - XII, CAR, CARAGA, NCR
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2G – Government to Government
<b>Who may avail:</b>	Filipino Youth (18 – 25 years of age)
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
<i>A. Application as participants of the program</i>	
1. Duly accomplished Application Form	DSWD Central Office and Field Offices
2. Photocopy of PSA issued Birth Certificate of the Youth or any government issued ID indicating the date of birth – youth must be aged 18-25 years old.	Philippine Statistics Authority (PSA) Concerned Government Agencies
3. Recent School registration form or certification from the school indicating the recent year/semester of the applicant's school attendance.	School
4. Photocopy of income tax return (ITR) of parents/head of the family/guardian or Barangay Certificate of Indigency confirming that family is residing in the barangay.	Barangay or Concerned Office/s of the parents

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>I. Pre-Implementation Phase</b>				
<p>Prior to the submission of the application, a notice of acceptance of the applicant shall be cascaded with the deadline of the submission of the application form and other needed documents. (The announcement can be done during flag-raising ceremonies, through a press release and radio announcements. For the Field Office, a letter/notice of Acceptance of Applications will be sent to the identified LGU recipient.)</p>				
1. Application or Registration	1.1 Issuance of Applications forms 1.1.1 Issuance service sequence number 1.1.2 Encoding of the client's information in Spreadsheet)	None	10 minutes	<i>Social Welfare Assistant</i> <i>Focal - GIP</i>
2. Submit the required documents to the DSWD Central Office/Field Office	2.1 Screen the required documents its authenticity	None	1 day	<i>Social Welfare Assistant</i> <i>Focal - GIP</i>
3. Wait for the result of the Assessment of applications	3.1 Conduct table Assessment of the applications based on the qualifications.	None	2 days	<i>Social Welfare Assistant</i> <i>Focal - GIP</i>

4. Received the notification of qualified applicants for interview	4.1 Notify the qualified applicants for the Interview	None	1 day	<i>Social Welfare Assistant</i> <i>Focal - GIP</i>
5. Attend the interview at DSWD Central Office/Field Office	5.1 Conduct actual interviews with the applicants.	None	2 days	<i>Social Welfare Assistant</i> <i>Focal - GIP</i>
6. Wait for the notification on the status of your application	6.1 Final screen the applicants  (All qualified applicants shall be notified of the next steps to take while the applicants who did not qualify shall still be notified about the status of their application)	None	1 day	<i>Social Welfare Assistant</i> <i>Focal - GIP</i>
<b>II. Implementation Phase</b>				
7. Attend Orientation	7.1 Conduct orientation with the selected participants about the GIP program)	None	1 day	<i>Social Welfare Assistant</i> <i>Focal - GIP</i>
8. Render service in the area of assignment	8.1 Assist and monitor the youth in their area of assignment	None	30 working days	<i>Social Welfare Assistant</i> <i>Focal - GIP</i>

9.	Attend Capacity Building Activities	9. 1 Conduct capacity building activities	None	1 day	<i>Social Welfare Assistant</i> <i>Focal - GIP</i>
10.	Receive stipend	10. 1 Provide stipend to the youth (Stipend is 75% of the current regional minimum wage rate)	None	1 day	<i>Social Welfare Assistant</i> <i>Focal - GIP</i>
<b>III. Post-Implementation Phase</b>					
11.	Attend Program Evaluation Activity	11. Conduct program evaluation activity	None	1 day	<i>Social Welfare Assistant</i> <i>Focal - GIP</i>
<b>TOTAL:</b>			<b>None</b>	<b>Pre-Implementation Phase - 7 Days</b>	
				<b>Implementation Phase - 33 Days</b>	
				<b>Post-Implementation Phase - 1 Day</b>	

<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send feedback	<p>After the program implementation, the participants are asked to fill up the evaluation form.</p> <p>Verbal or written feedbacks may also be channeled through the following contact information:</p>

	<p>- For verbal feedbacks: clients may call DSWD Field Office XI Landline: (082) 227-1964 local 1147</p> <p>- For written feedbacks: Clients may email the Community Based Services Section via: <a href="mailto:jjgumbao@dswd.gov.ph">jjgumbao@dswd.gov.ph</a></p>
<p>How feedbacks are processed</p>	<p>The Youth Focal will consolidate all the evaluation forms and takes note of the suggestions/recommendations for future program implementation.</p> <p>For feedbacks through calls and email, the Youth Focal will address the matter through the Technical Working Group and will relay the prompt response to the concerned client within 3 days upon receipt of the feedback.</p> <p>The results of feedback are reported and discussed during the Technical Working Group meeting to enhance program implementation.</p>
<p>How to file a complaint</p>	<p>The complaints may be filed through the following channels:</p> <ol style="list-style-type: none"> <li>1. Formal channel: Email addressed to the Field Office Director via <a href="mailto:fo11@dswd.gov.ph">fo11@dswd.gov.ph</a> (please use as subject "Complaint")</li> <li>2. Informal channel: through phone call at (082) 227-1964</li> </ol> <p>-Staff/Person/s Involved</p> <p>- Incident and other facts</p> <p>- Evidence</p>
<p>How complaints are processed</p>	<ol style="list-style-type: none"> <li>3. Complaints received through telephone shall be processed immediately by the designated Grievance Focal Person of the DSWD Field Office XI. Said focal shall then forward the complaint for processing and evaluation by the Grievance Committee.</li> <li>4. Complainants may also follow-up the actions taken by the Field Office through telephone numbers (082) 227-1964 and email at <a href="mailto:fo11@dswd.gov.ph">fo11@dswd.gov.ph</a></li> </ol>

Contact Information of CCB, PCC, ARTA	CCB: 0908-881-6565 (SMS)
	Call: 165 56  P5.00 + VAT per call anywhere in the Philippines via PLDT landlines
	Email: <a href="mailto:email@contactcenterngbayan.gov.ph">email@contactcenterngbayan.gov.ph</a> Facebook: <a href="https://facebook.com/civilservicegovph/">https://facebook.com/civilservicegovph/</a> Web: <a href="https://contactcenterngbayan.gov.ph/">https://contactcenterngbayan.gov.ph/</a>
	PCC: 8888
	ARTA: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a>

### 3. Implementation of the Supplementary Feeding Program

The enactment of the Republic Act 11037 or the Masustansyang Pagkain Para sa Batang Pilipino Act institutionalized the implementation of the Supplementary Feeding Program which is the provision of food on top of the regular meals to children ages 2-4 years old enrolled in Supervised Neighborhood Playgroup (SNP), 3-4 years old children enrolled in the Child Development Centers (CDC) and 5-year-old children not enrolled in DepEd but is enrolled in the CDCs.

<b>Office or Division:</b>	Protective Services Division Field Office I-XII, CARAGA, CAR, NCR, BARMM
<b>Classification:</b>	Highly Technical
<b>Type of Transaction:</b>	G2G-Government to Government
<b>Who may avail:</b>	Local Government Units
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
Duly signed Memorandum of Agreement (MOA) or Memorandum of Understanding (MOU)	Local Government Unit (Office of the Mayor/ C/MSWDO)



Certified True Copy of Sangguniang Bayan Resolution	Local Government Unit (Office of the Mayor)
Duly signed Project Proposal	Local Government Unit (Office of the Mayor/ C/MSWDO)
Weight Monitoring Report (Form 3.A)	C/MSWDO ( Child Development Center/ Child Development Worker)/ (Supervised Neighborhood Play/ Supervised Neighborhood Play Worker)
Master list of Beneficiaries (Form 2.A)	C/MSWDO ( Child Development Center/ Child Development Worker)/ (Supervised Neighborhood Play/ Supervised Neighborhood Play Worker)
Master list of Child Development Centers (Form 2.B)	Local Government Unit (C/MSWDO)
<b>*These documentary requirements are presented to the DSWD Field Office personnel.</b>	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<i>I Social Preparation for the Implementation of SFP (LGU to Field Offices)</i>				
1. LGU to submit the required documents for the program inclusion per Day Care Centers/ Supervised Neighborhood Play	1.1 Receive and review the completeness of the documents submitted	None	3 days	<i>DSWD Field Office SFP Focal Person / Unit Head</i>  DSWD Field Office
	1.2 Process the submitted documents for inclusion in the program	None	20 days	<i>DSWD Field Office SFP Focal Person/ Unit Head</i>  DSWD Field Office

	beneficiaries			
	1.4 Consolidate all the submitted master list with nutritional status for submission of monthly report to the Central Office	None	20 days	<i>DSWD Field Office SFP Focal Person/ Unit Head</i>  DSWD Field Office
	1.5 Keep the document for data banking and comparison on the succeeding nutritional status/ improvement of the children beneficiaries			<i>DSWD Field Office SFP Focal Person/ Unit Head</i>  DSWD Field Office
2. Comply with the necessary signatures /action needed for the processing of the documents.	2.1 Facilitate signing and Notarization of Memorandum of Understanding (MOU) between LGU and DSWD FO.	None	20 days	<i>DSWD Field Office SFP Focal Person/ Unit Head</i>  DSWD Field Office
	2.2 Proceed with the processing of the procurement of commodities  <b>If TOF is allowed,</b> review eligibility of LGU based on previous performances in program implementation and	None	20 days	<i>DSWD Field Office SFP Focal Person/ Unit Head</i>  DSWD Field Office

	timely and complete liquidation.			
	<b>If LGU is eligible,</b> facilitate signing and Notarization of Memorandum of Agreement (MOA) between LGU and DSWD FO.	None	20 days	<i>DSWD Field Office SFP Focal Person Regional Director Finance staff DSWD Field Office</i>
	2.3 Facilitate the processing and Distribution of available checks / ADA for the LGU.	None	20 days	<i>DSWD Field Office Cash Section/Disbursing Officer DSWD Field Office</i>
3.LGU to participate to the program orientation	<i>3.1. Conduct program orientation/updates and reiterates necessary documents, proper accomplishment, and signatories for submission to the Field Office.</i>	None	<i>1 day per LGU/Province</i>	<i>DSWD Field Office SFP Focal / Unit Head DSWD Field Office</i>
	<b>TOTAL</b>	<b>None</b>	<b>144 days</b>	

***Republic Act No. 9184 or Government Procurement Reform Act - Annex C (Recommended Earliest Possible Time and Maximum Period allowed for the Procurement of Goods and Services; Article 11, Section 37,38)***

***RA 7160, 54a – “The veto shall be communicated by the local chief executive concerned to the sanggunian within fifteen (15) days in the case of a province, and ten (10) days in the case of a city or a municipality; otherwise the ordinance shall be deemed approved as if he had signed it”***

## **II. Creation of Cycle Menu and Supervision of Feeding Implementation**

1. Assist in the Conduct of Market Research	1.1 Conduct market research of the most common and available food items in the community.	None	7days	<i>DSWD Field Office SFP Focal / Unit Head</i>
2. Participate in the creation of cycle menu	<p>2.1 Solicit recommendation with LSWDOs/focal persons on Menu preference per province</p> <p><b>In times of COVID-19 pandemic and other similar emergencies,</b> conduct virtual meetings with provinces with capacity on network connection /gadgets</p> <p>2.1.1 Draft two-four-week cycle menu based on the market research conducted, budget and the agreed Menu preference of the focal persons per province following the 1/3 PDRI requirements of the children beneficiaries and/or DOST-FNRI Pinggang Pinoy for Kids..</p>	None	1 day/per province	<p><i>DSWD Field Office SFP Focal / Unit Head</i></p> <p><i>DSWD Field Office SFP Focal / Unit Head</i></p>

3. Finalization of the Cycle menu	3.1 Submit the draft cycle menu for approval of the SFP Focal.	None	4 hours	DSWD Field Office SFP Focal / Unit Head  DSWD Field Office SFP fFocal / Unit Head
	3.2 Approve the cycle menu for allocation in the purchase request.		4 hours	DSWD Field Office SFP Focal / Unit Head
	3.3 Prepare the Food Distribution Plan per Mun/City, Province, as basis in the allocation in the Purchase Request		20 days	DSWD Field Office SFP Focal / Unit Head
4. Implement the approved cycle menu	4.1 Distribute copy of the menu to the LGU SFP Focal Person for reference and implementation.	None	20 days	DSWD Field Office SFP Focal / Unit Head
5. Receive the delivery of food commodities and assist in the delivery of foods to the beneficiaries based on	5.1 Monitor the delivery of food commodities to the implementing LGU	None	3 days	

distribution plan				
	5.2 The FO shall monitor the feeding implementation of SFP by the LGUs based on the approved cycle menu, target beneficiaries and areas of implementation.		120 feeding days	<i>DSWD Field Office SFP Focal / Unit Head</i>
6.Submit the Accomplishment Report	6.1 The FO shall acknowledge and analyze the submitted accomplishment reports of LGUs (e.g. Physical, Narrative, Financial, Nutritional status reports) and provide technical assistance as needed.	None	7 days	<i>DSWD Field Office SFP Focal / Unit Head</i>
	6.2 The FO shall consolidate and evaluate the submitted reports of the LGUs for endorsement to the Central Office	None	20 days	<i>DSWD Field Office SFP Focal / Unit Head</i>
	<b>TOTAL</b>	<b>None</b>	<b>198 days and 8 hours</b>	

***RA 11037, Section 4a – “...that the program shall include the provision of at least one (1) fortified meal for a period of not less than one hundred twenty (120) days in a year.***

III. Monitoring and Evaluation (Field Office to Local Government Unit)				
1. Coordinate with the Field Office for technical assistance	1.1 Prepare monitoring and technical assistance plan for the implementation of the current SFP cycle based on the result of the program review submitted by the LGUs.	None	4 hours	<i>Focal Person/ Unit Head</i> DSWD Field Office
	1.1.1 Field Office may conduct spot checks to assess and monitor the implementation (delivery/feeding/weighing, quality and quantity etc.).		3 days per LGU	
	1.1.2 Notify the Local Government on the schedule of the actual visit and/or virtual provision of technical assistance		1 day	<i>DSWD Field Office SFP Focal / Unit Head</i>
	1.1.3 Prepare the Travel Order and/or Virtual Link for the Technical Assistance		1 day	<i>DSWD Field Office SFP Focal / Unit Head</i>
	1.2 Provide technical assistance through either demo, actual observation of the procedure and / or virtual provision of technical assistance		7 days	<i>Focal Person/ Unit Head</i> DSWD Field Office

	ensuring LGUs compliance to EODB-ARTA requirements such as the SFP guidelines, among others.			
2. Provide feedback, issues and concerns on the SFP implementation	2.1 Discuss the salient findings and recommendations to the Local Chief Executive during the Exit Conference.		1 day	<i>DSWD Field Office SFP Focal / Unit Head</i>
	<p>2.2 Prepare the Feedback Report and Confirmation Report to the LGU.</p> <p>2.2.1 Approve the feedback report and confirmation report.</p> <p>Focal Person shall be responsible for any e revisions and other instructions in the feedback report and confirmation report.</p> <p>2.2.2 Log the document number of the confirmation report in the DTS.</p> <p>2.2.3 Endorse to Records Unit / Section.</p>		2 Days and 10 minutes	<p><i>DSWD Field Office SFP Focal / Unit Head</i></p> <p><i>Regional Director</i></p> <p><i>Outgoing Administrative Staff</i></p> <p><i>Outgoing Administrative Staff</i></p>



3. Respond to Client Satisfaction Survey Form	3.1 Transmits the approved confirmation report to the LGU and request the LGU counterpart to respond to the Client Satisfaction Survey relative to the TA through a Google form		c/o records unit	<i>Outgoing Administrative Staff /SFP</i>
	<b>Total</b>	<b>None</b>	<b>15 days 4 hours and 10 minutes</b>	

***\*For procurement process, kindly refer to Citizens Charter of Procurement Management Service/ Section***

<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send feedback	<p>Answer the client feedback form and drop it at the designated drop box located in the SFP Unit. You may also reach us through telephone and email.            Contact info: 227-1964-1128 <a href="mailto:sfp.fo11@dswd.gov.ph">sfp.fo11@dswd.gov.ph</a></p>
How feedbacks are processed	<p>Feedback received through email and telephone will be catered within the day.</p> <p>Feedback requiring answers from a specific officer and thorough discussion will be addressed within two (2) days upon receipt.</p> <p>3. Grievance will be addressed by the grievance officer.</p> <p>4. For inquiries and follow-ups, clients may contact the following:            Contact info: 227-1964, local 1128  <a href="mailto:sfp.fo11@dswd.gov.ph">sfp.fo11@dswd.gov.ph</a></p>
How to file a complaint	<p>1. Grievance can be sent via email  <a href="mailto:sfp.fo11@dswd.gov.ph">sfp.fo11@dswd.gov.ph</a>.</p>

	<p>Make sure to provide the following information:</p> <ul style="list-style-type: none"> <li>- Name of person being complained</li> <li>- Incident</li> <li>- Evidence e.g. (pictures, screenshots)</li> </ul> <p>For inquiries and follow-ups, clients may contact the following:</p> <p>Contact info: 227-1964-1128 <a href="mailto:sfp.fo11@dswd.gov.ph">sfp.fo11@dswd.gov.ph</a></p>
<p>How complaints are processed</p>	<p>Complaint letter received will be forwarded to the grievance officer to address the concern.</p> <p>2. The grievance officer shall submit a report regarding the complaint.</p> <p>Response letter shall be sent to the complainant.        For inquiries and follow-ups, clients may contact the following:        Contact info: 227-1964-1128 <a href="mailto:sfp.fo11@dswd.gov.ph">sfp.fo11@dswd.gov.ph</a></p>
<p>Contact Information of CCB, PCC, ARTA</p>	<p>CCB: 0908-881-6565 (SMS)</p> <p>Call: 165 56</p> <p style="padding-left: 40px;">P5.00 + VAT per call anywhere in the Philippines via PLDT landlines</p> <p>Email: <a href="mailto:email@contactcenterngbayan.gov.ph">email@contactcenterngbayan.gov.ph</a></p> <p>Facebook: <a href="https://facebook.com/civilservicegovph/">https://facebook.com/civilservicegovph/</a></p> <p>Web: <a href="https://contactcenterngbayan.gov.ph/">https://contactcenterngbayan.gov.ph/</a></p> <hr/> <p>PCC: 8888</p> <hr/> <p>ARTA: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a></p>

#### 4. PLHIV Referral for Care and Support Services

In compliance with Section 35 of the Implementing Rule and Regulations of the *Philippine AIDS Prevention and Control Act of 1998* or RA 8504, the DSWD has developed a referral system to

assist Persons Living with HIV and AIDS in accessing available care and support services. The new *Philippine HIV and AIDS Policy Act* or RA 11166 also cites the use of the Department’s Referral Mechanism for various stakeholders to protect and promote the rights of PLHIVs and affected families.

This mechanism aims to ensure access of PLHIV to a quality and timely delivery of services and is also intended to facilitate coordination between and among service-providers.

<b>Office or Division:</b>	<b>Field Office (Protective Services Division / Unit, Community-based Services Unit / Section</b>	
<b>Classification:</b>	<b>Simple</b>	
<b>Type of Transaction:</b>	<b>G2C - Government to Citizen</b>	
<b>Who may avail:</b>	<b>Persons-living with HIV and their affected families</b>	
	<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
	<p>One (1) valid identification card of the client or person to be interviewed:</p> <ul style="list-style-type: none"> <li>● PhilSys ID</li> <li>● UMID ID, SSS, or GSIS ID</li> <li>● Philhealth ID</li> <li>● Driver’s License</li> <li>● PRC ID</li> <li>● OWWA ID</li> <li>● DOLE ID</li> <li>● PAG-IBIG ID</li> <li>● Voters ID or Voter’s Certification\</li> <li>● Postal ID</li> <li>● Philippine Passport</li> <li>● NBI Clearance</li> <li>● 4Ps ID</li> <li>● PWD ID</li> </ul>	<ul style="list-style-type: none"> <li>● Philippine Statistics Authority</li> <li>● Social Security System or Government Service Insurance System</li> <li>● Philhealth</li> <li>● Land Transportation Office</li> <li>● Professional Regulation Commission</li> <li>● Overseas Workers Welfare Administration</li> <li>● Department of Labor and Employment</li> <li>● Pag-Ibig Fund</li> <li>● Commission on election</li> <li>● Post Office</li> <li>● Department of Foreign</li> <li>● National Bureau of Investigation</li> <li>● Department of Social Welfare and Development</li> </ul>

<ul style="list-style-type: none"> <li>• Solo Parent ID</li> <li>• City or Municipal ID</li> <li>• Barangay ID</li> <li>• Office of Senior Citizen Affairs (OSCA) ID</li> <li>• Police Clearance</li> <li>• or any ID preferably with validity date, and picture and signature of the client in extreme justifiable circumstances, a Barangay Certification certifying the identity of the client may be presented in lieu of an ID Card</li> </ul>		<ul style="list-style-type: none"> <li>• Local Government Unit</li> <li>• Police Station</li> <li>• Barangay Hall</li> </ul>		
Signed Authorization Letter (if applicable)		Beneficiary of Assistance except for those who do not have the capacity to act or below 18 years old		
Form 1: Intake Form		Referring Agency		
Informed Consent				
Form 2: Referral for Service		HIV Treatment Hub;		
Medical Certificate or Clinical Abstract		Designated HIV Treatment Facility		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure a queuing number	1.1 Provide client with queuing number	None	5 minutes	<i>DSWD Personnel (Administrative Staff)</i>
2. Present self and documents for assessment and review	2.1 Receive and review submitted documents  2.1.1 Check the client's record on existing database, e.g. Crisis Intervention	None	40 minutes	<i>Section Head Community-based Services Section</i>

	<p>Monitoring System, to check whether client had sought assistance within the last three (3) months</p> <p><b>If a client is eligible based on frequency and/or type of assistance last provided</b>, the staff shall further assess documents presented</p> <p><b>If client is not eligible</b>, staff shall provide reasons for non-eligibility and shall provide further instruction / information to client</p> <p>2.1.2 Conduct interview with client to further gather information and/or for clarification</p> <p>2.1.3 If necessary, coordinate with the receiving agency for validation</p>			
3. Fill-out necessary fields in the prescribed forms	3.1 Handout copies of prescribed forms to client	None	20 minutes	<i>Section Head</i> Community-based Services Section
	3.2 Ask client to fill-out necessary fields			

	and provide instructions			
4. Submit the accomplished forms	4.1 Collect accomplished forms	None	80 minutes	<i>Section Head</i> Community-based Services Section
	4.2 Review and completely accomplish forms			
	4.3 The DSWD Social Worker Officer shall determine the amount that is appropriate and responsive to the needs of the client			
	4.4 Prepare vouchers and other financial documents			
	4.5 Submit forms and supporting documents to the Authorized Approving Officer			
	4.5 Compile approved documents			
5. Client received assistance or any relevant documents	5.1 Re-confirmation of client's identity	None	15 minutes	<i>Community-based Services Section Head</i>

for claiming of assistance (e.g. accomplished Form 3: referral for Service or stub)				
	<p>5.2 Releasing of assistance to client</p> <p><b>If outright cash</b>, ask client to check the actual amount received</p> <p><b>If Guarantee Letter</b>, advise client to review the correctness of the personal information reflected in the document</p> <p><b>If a client shall be referred again to another office and/or agency</b>, the social worker shall accomplish Form 3: Referral for Service.</p>			
6. Accomplish Client Satisfaction Survey from	6.1 Issue Client Satisfaction Survey Form  6.1.1 Collect accomplished form	None	20 minutes	<i>Community-based Services Section Head</i>

	<b>TOTAL</b>	<b>NONE</b>	<b>180 minutes or three (3) hours for Outright Cash</b>  <b>One (1) day or 24 hours for a Guarantee Letter.</b>	
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### 5. Procedure in the Implementation of the Social Pension for Indigent Senior Citizens (SPISC)

The Social Pension for Indigent Senior Citizens (SPISC) is a social protection scheme for the welfare of senior citizens in compliance with the Republic Act No. 9994 or the “Expanded Senior Citizens Act of 2010” which institutionalized social protection to senior citizens by providing additional government assistance to indigent senior citizens which aims to augment the daily subsistence and other medical needs of the eligible beneficiaries based on the eligibility criteria as mentioned below.

<b>Office or Division</b>	Program Management Bureau (PMB) - Older Persons Unit  Regional Social Pension Unit (RSPU) in Field Offices I, II, III, IV-CALABARZON, IV-MIMAROPA, V, VI, VII, VIII, IX, X, XI, XII, CARAGA, CAR, NCR, and MSSD-BARMM
<b>Classification</b>	Highly Technical
<b>Type of Transaction</b>	G2G-Government to Government; G2C-Government to Citizen
<b>Who may avail:</b>	Indigent senior citizens who are:  a) 60 years old and above indigent senior citizens who are frail, sickly, bedridden or with disability; b) No permanent source of income; c) No regular support from family or relatives; and d) No pension from GSIS, SSS, PVAO and other insurance agencies



CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<p><b>One (1) photocopy of the OSCA ID or any Valid Government-Issued ID indicating the birth date of the senior citizens such as but not limited to the following:</b></p> <ol style="list-style-type: none"> <li>1. PhilSys ID</li> <li>2. Driver's License</li> <li>3. Philhealth ID</li> <li>4. Voter's ID</li> <li>5. Postal ID</li> <li>6. Federation ID</li> </ol> <p><b><i>*The indigent senior citizen applicant is likewise encouraged to present the original copy of his/her OSCA ID or valid ID for further information verification.</i></b></p>	<p>OSCA at the Local Government Unit or any Government Agency issuing the listed identification cards.</p>
<p>One (1) original copy of the fully accomplished and signed Social Pension Application Form</p>	<p>The indigent senior citizen applicant shall inquire and/or submit the needed documentary requirements to the following:</p> <ol style="list-style-type: none"> <li>1. Barangay Senior Citizens Association (BSCA)</li> <li>2. Office for Senior Citizens Affairs (OSCA)</li> <li>3. Local Social Welfare and Development Office (LSWDO)</li> <li>4. DSWD Field Office through the Regional Social Pension Unit (DSWD FO-RSPU)</li> <li>5. DSWD Central Office through the Older Persons Unit under the Program Management Bureau (DSWD CO-OPU)</li> </ol>

	<p>BSCA/ OSCA/ LSWDO/ DSWD FO-RSPU to provide one (1) copy of the Social Pension Application Form to the indigent senior citizen applicant.</p> <p><i>*no application is processed in the DSWD CO-OPU. All applications will be endorsed to the DSWD FO-RSPU.</i></p>
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CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>I. APPLICATION AND PRESENTATION OF NECESSARY DOCUMENTARY REQUIREMENTS OF THE INDIGENT SENIOR CITIZEN TO THE SOCIAL PENSION PROGRAM</b>				
<p><i>*The same client steps shall be applied to indigent senior citizens re-applying to the program due to possible previous removal or inactivity to the social pension.</i></p>				
<p>A. INDIGENT SENIOR CITIZEN APPLIES FOR SOCPEN THROUGH EITHER OF THE FOLLOWING OFFICES LOCATED AT THEIR CITY/ MUNICIPALITY</p> <ul style="list-style-type: none"> <li>a. Barangay Senior Citizens Association (BSCA)</li> <li>b. Office for Senior Citizens Affairs (OSCA)</li> <li>c. Local Social Welfare and Development Office (LSWDO)</li> </ul> <p><i>*As recommended, the LGU processes shall be excluded from this citizens' charter thus the LGUs shall prepare a Citizens' Charter to ensure accountability and responsiveness between the DSWD and LGUs. Nonetheless, it must be noted that SocPen application processing through the BSCA/OSCA/LSWDO is the most utilized service modality in the regions.</i></p>				
<b>B. INDIGENT SENIOR CITIZEN APPLIES FOR SOCPEN THROUGH THE DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT FIELD OFFICE - REGIONAL SOCIAL PENSION UNIT (DSWD FO-RSPU)</b>				
<p>1. The indigent senior citizen applicant goes to the DSWD FO-RSPU to apply for his/ her possible inclusion in the</p>	<p>1.1.The DSWD FO-RSPU Focal/Staff is to provide a copy of the Social Pension Application Form</p>	<p>None</p>	<p>None</p>	<p><i>Division Chief (Social Welfare Officer IV or V)</i></p> <p>Protective Services Division</p>

Social Pension Program.	to the Indigent Senior Citizens.			
<p>2. The indigent senior citizen applicant fills up and submits the accomplished Social Pension Program Application Form to the DSWD FO-RSPU</p>	<p>2.1.The DSWD FO-RSPU Focal/Staff shall assist the indigent senior citizen applicant in filling up the form and provide the necessary information to the senior citizen regarding his application.</p> <p>2.1.1.The DSWD FO-RSPU Focal/Staff shall accept and verify the completeness of the accomplished application form together with one (1) original and/or photocopy of the OSCA ID or any valid government-issued ID indicating the birthdate of the senior citizen presented.</p> <p>2.1.2 The DSWD FO-RSPU Focal/Staff shall notify and/or endorse the concerned</p>	<p>None</p>	<p>30 minutes</p> <p><i>*processing time for the indigent senior citizen to complete his/her presentation of interest to apply to SocPen at the RSPU.</i></p>	<p><i>Division Chief (Social Welfare Officer IV or V)</i></p> <p>Protective Services Division</p>

	<p>LGUs for initial validation of applications such as confirmation of residence, etc. upon receipt of applications from walk-in clients.</p> <p><i>Note: The DSWD FO-RSPU Focal/Staff may provide one (1) photocopy of the received application form to the indigent senior citizen for record purposes.</i></p> <p><i>It is further recommended that the applicant presents his/her original copy of OSCA ID and/or any government-issued IDs for verification purposes.</i></p>			
<b>C. INDIGENT SENIOR CITIZEN GOES TO THE DSWD CENTRAL OFFICE - OLDER PERSONS UNIT TO SIGNIFY INTEREST IN APPLYING TO SOCPEN FOR ENDORSEMENT TO THE DSWD FO - RSPU</b>				
<p>1. The indigent senior citizen applicant goes to the DSWD CO-OPU to signify interest in applying to the Social Pension Program as a</p>	<p>1.1. The DSWD CO-OPU receives and interviews the indigent senior citizen applicant through walk-in, phone-in, and email inquiries to get the following information for</p>			

<p>possible beneficiary.</p>	<p>referral to the appropriate Field Office:</p> <ul style="list-style-type: none"> <li>a. Name</li> <li>b. Age and Birthdate</li> <li>c. Address</li> <li>d. Contact Information</li> <li>e. Other pertinent details on the application</li> </ul> <p><b>Note:</b> <i>There shall be no processing of program applications being done at the Central Office level.</i></p> <p><i>The RSPU shall conduct the necessary application procedures.</i></p> <p><i>All application requests received by the DSWD CO-OPU shall be officially communicated with the senior citizen's information to their</i></p>	<p>None</p>	<p>30 minutes</p> <p><i>*processing time for the indigent senior citizen to complete his/her presentation of interest to apply to SocPen at the DSWD CO</i></p>	<p><i>Sectoral Programs Division Chief under Program Management Bureau</i></p> <p><i>(Social Welfare Office IV or V)</i></p>
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	<p><i>respective DSWD FO-RSPU for action.</i></p> <p><i>It is further recommended that the applicant presents his/her original copy of OSCA ID and/or any government-issued IDs for verification purposes.</i></p>			
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**II. THE INDIGENT SENIOR CITIZEN APPLICANTS WILL BE SUBJECTED FOR VALIDATION AND ASSESSMENT BASED ON THE PROGRAM CRITERIA**

<p>2. The indigent senior citizen applicant undergoes validation and assessment to determine if he/she is eligible for the social pension.</p>	<p>2.1.DSWD FO-RSPU Focal/ Staff shall schedule and inform through a written letter and/or other tangible means of communication such as email/ text message, etc. the OSCA/ LSWDO on the conduct of validation and assessment based on either/or of the following received consolidated and certified list from the LSWDO/ walk-in applicants/ referrals from</p>	<p align="center">None</p>	<p align="center">1 hour</p> <p align="center"><i>*maximum processing for the conduct of the interviews during validation per applicant.</i></p>	<p align="center"><i>Division Chief (Social Welfare Officer IV or V)</i></p> <p align="center">Protective Services Division</p> <p align="center"><i>OSCA Head/ Representative</i></p> <p align="center"><i>LSWDO Head/ Representative</i></p>
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	<p>different stakeholders to the RSPU, as follows:</p> <ul style="list-style-type: none"> <li>a. List of potential beneficiaries - new applications</li> <li>b. List of potential beneficiaries - re-application (if any)</li> <li>c. List of delisted and replacement beneficiaries for inclusion in the beneficiaries to be validated/ re-validated by the RSPU.</li> </ul>			
	<p>2.2DSWD FO-RSPU Focal/ Staff shall take the lead in the conduct of the validation of the indigent senior citizen applicants, validating the information provided, using the General</p>			

	<p>Intake Sheet (GIS) to determine the eligibility to the program.</p> <p>2.2.1. Assessment of the beneficiary will be written in the General Intake Sheet (GIS) or the Social Pension Beneficiary Update Form (SPBUF) and shall be the basis for the final list of beneficiaries to be encoded in the Social Pension Information System (SPIS) and endorsed for cross-matching to the DSWD-OPU.</p> <p>2.2.2. The LSWDO shall also submit the list of delisted/replacement SocPen beneficiaries for validation and assessment.</p>			
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	<p><b>Note:</b> Validation and assessment of potential beneficiaries shall be done through an interview during the home visit.</p>			
<b>III. THE SOCIAL PENSION BENEFICIARY IS NOTIFIED, GOES TO THE PAYOUT VENUE AND RECEIVES HIS/ HER STIPEND</b>				
<p>3. The SocPen beneficiary is notified of his/ her qualification to the program.</p>	<p>3.1 The DSWD FO-RSPU Focal/ Staff shall endorse to the OSCA/LSWDO the approved list of SocPen beneficiaries. The OSCA Head shall then notify the senior citizen through a written letter and/or other tangible means of communication such as email/ text message, etc. of his/her inclusion as a beneficiary of the program.</p>	<p>None</p>	<p>None</p>	<p><i>Division Chief (Social Welfare Officer IV or V)</i></p> <p>Protective Services Division</p> <p><i>OSCA Head/ Representative</i></p> <p><i>LSWDO Head/ Representative</i></p>

<p>4. Appear during the payout schedule</p> <p>a. Present the original and/or photocopy of his/her OSCA ID or any valid government-issued ID/federation ID indicating his/her date of birth.</p> <p>In cases of SocPen beneficiary who cannot personally appear at the payout venue, S/he may designate his/her authorized representative and shall present and submit the original and photocopy of the following requirements:</p> <p>a. Authorized representative's valid government-issued ID or any valid certificate</p>	<p>4.1 The DSWD FO-RSPU Focal/ Staff and/or the LGU shall conduct a brief orientation to the SocPen beneficiaries and/or their authorized representatives on the procedure of the program.</p> <p>4.1.1 The DSWD FO SDOs/ LGU SDOs shall ensure the completeness and authenticity of the presented requirements by the SocPen beneficiary before releasing the stipend.</p>	<p>None</p>	<p>12 hours</p> <p><i>*maximum processing time a social pension beneficiary undergoes in a payout as it depends on the number of SocPen beneficiaries present at the payout to receive his/her stipend.</i></p> <p><i>** Please note that the payout for one barangay is a whole-day activity and may take up to 5 days for the whole LGU.</i></p>	<p><i>Division Chief (Social Welfare Officer IV or V)</i></p> <p>Protective Services Division</p> <p><i>Identified DSWD or LGU SDOs</i></p> <p><i>(*positions of assigned SDO shall depend on the FOs and LGUs)</i></p> <p><i>BSCA Head/ Representative</i></p> <p><i>OSCA Head/ Representative</i></p> <p><i>LSWDO Head/ Representative</i></p>
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<p>such as birth certificate, etc.</p> <p>b. SocPen beneficiary's OSCA ID or any valid government-issued ID.</p> <p>c. Authorization / certification letter from the beneficiary indicating the name of the authorized representative and the reason/s of inability to personally claim his/her stipend at the time of the payout.</p>				
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**IV. FILLING OUT OF THE CLIENT SATISFACTION MEASUREMENT FORM**

<p>5. The SocPen beneficiary or his/her authorized representative shall accomplish the Client Satisfaction Measurement Form (CSMF) to rate the</p>	<p>5.1 The DSWD FO-RSPU Focal/Staff to assist the SocPen beneficiary or his/her authorized representative in the accomplishment of the CSMF.</p>			<p><i>Division Chief (Social Welfare Officer IV or V)</i>  Protective Services Division</p>
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<p>services provided by the DSWD.</p> <p>The accomplished CSMF shall be submitted to the DSWD FO-RSPU Focal/Staff.</p>	<p>5.1.1 The DSWD FO-RSPU Focal/Staff shall ensure confidentiality and proper consolidation of the CSMF for subsequent submission to the CART Secretariat as MOVs.</p>	<p>None</p>	<p>5 minutes</p>	
	<p><b>TOTAL:</b></p>	<p>None</p>	<p><b>13 hours and 40 minutes for the total processing time a SocPen Beneficiary and/or his/her authorized representative undergoes from application, validation, notification, payout, and accomplishment of CSMF regardless of where s/he applies.</b></p> <p><b>*Processing time depends on the number of beneficiaries per Barangay, per LGU, and the output capability of SDOs.</b></p>	

***NOTE: This Citizens' Charter (CC) is limited to the DSWD processes involving the client - the indigent senior citizen applicant and the SocPen beneficiaries. The CC shall cover the following procedures, as follows: (1) application and presentation of documents of the indigent senior citizen, (2) participation of the indigent senior citizen in the validation and assessment, (3) notification and attendance of the SocPen beneficiary to the cash payout through the DSWD or LGUs under TOF, (4) Filling out of the CSMF of the SocPen Beneficiaries or his/her authorized representative.***

***Other DSWD processes not directly involving the client shall be separated and included in the program's Standard Operating Procedures. The processing of eligibility and release of cash advances of the social pension payment is a separate process being done by the DSWD Field Office in coordination with the concerned LGUs.***

*The SPISC is currently implementing two modes of payments, (a) Cash Payment through identified SDOs and (2) Transfer of funds to LGUs, hence, there may be differences in the turnaround/processing time. The SocPen Team needs staff augmentation from other programs/units for the conduct of simultaneous pay-outs considering the huge number of beneficiaries per region. It is further noted that the program has no plantilla personnel hence, the pay-out depends on the number of SDOs of other programs/units who are available to handle the social pension cash advances.*

*The Turnaround/ Processing time depends on the social pension beneficiary's capacity, availability of the DSWD Field Office identified SDOs, schedules of payout, number of social pension beneficiaries present at the conduct of the payout, and other geographical location/ logistical requirements as agreed upon by the FOs and LGUs. .*

<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send feedback	DSWD Field Office will send monthly through email and hard copy the following reports: <ul style="list-style-type: none"> <li>● Registry of paid Social Pension Beneficiaries</li> <li>● Fund Utilization Report</li> <li>● Client Satisfaction Survey received from clients served through walk-in/phone-in and referring agencies/organizations.</li> </ul>
How feedback are processed	SWO III- SPPMO Head to conduct dialogue or validation to the concerned party/ies
How to file a complaint	Written complaints from any individuals or institutions may be sent through the Local Government Unit and corresponding DSWD Field Office
Complainant using 8888	Endorsed to appropriate Field Office for action.

<p>How complaints are processed</p>	<p>A committee composed of C/MSWDO, OSCA Head, SCOs, and other CSOs/NGOs shall be established in every city and municipality.</p> <p>Written feedback on the actions taken to the individuals or institutions shall be provided by the committee, copy furnished the DSWD Field Offices for information</p> <p>The committee may elevate other concerns to the DSWD Field Offices for response/action</p> <p>The PMB shall act on written concerns/complaints elevated by the Field Offices or any concerned individuals, institutions, or government</p>
<p>Contact Information of CCB, PCC, ARTA</p>	<p>CCB: 0908-881-6565 (SMS)</p> <p>Call: 165 56</p> <p style="padding-left: 40px;">P5.00 + VAT per call anywhere in the Philippines via PLDT landlines</p> <p>Email: <a href="mailto:email@contactcenterngbayan.gov.ph">email@contactcenterngbayan.gov.ph</a></p> <p>Facebook: <a href="https://facebook.com/civilservicegovph/">https://facebook.com/civilservicegovph/</a></p> <p>Web: <a href="https://contactcenterngbayan.gov.ph/">https://contactcenterngbayan.gov.ph/</a></p> <p>PCC: 8888</p> <p>ARTA: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a></p>

## 6. Provision of Assistance to Person Living with HIV (PLHIVs)

As part of the DSWD’s psychosocial care and support services for persons living with HIV (PLHIV) and their affected families and in accordance with Section 36 of RA 11166, the Department, through its Field Offices (FOs) provides economic assistance for education, livelihood, burial/funeral, transportation, medical, and food. These forms of assistance are meant for individuals and families of PLHIV in need of social welfare and development interventions.

The direct provision of these assistance aims to mitigate the impact of HIV and AIDS on affected individuals and their families, assuring their well-being and contributing to the overall response of the national government to HIV and AIDS

<b>Office or Division:</b>	Protective Service Division Field Office I-XII, CARAGA, CAR, and NCR	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2C- Government to Citizen	
<b>Who may avail:</b>	People-living with HIV (PLHIVs) and their affected families	
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>	
One (1) valid identification card of the client/ person to be interviewed;		
<ul style="list-style-type: none"> <li>PhilSys ID</li> </ul>	Philippine Statistics Authority	
<ul style="list-style-type: none"> <li>UMID ID, SSS or GSIS ID</li> </ul>	Social Security System or Government Service Insurance System	
<ul style="list-style-type: none"> <li>Philhealth ID</li> </ul>	Philhealth	
<ul style="list-style-type: none"> <li>Driver's License</li> </ul>	Land Transportation Office	
<ul style="list-style-type: none"> <li>PRC ID</li> </ul>	Professional Regulation Commission	
<ul style="list-style-type: none"> <li>OWWA ID</li> </ul>	Overseas Workers Welfare Administration	
<ul style="list-style-type: none"> <li>DOLE ID</li> </ul>	Department of Labor and Employment	
<ul style="list-style-type: none"> <li>PAG-IBIG ID</li> </ul>	Pag-IBIG Fund	
<ul style="list-style-type: none"> <li>Voter's ID or Voter's Certification</li> </ul>	Commission on Election	
<ul style="list-style-type: none"> <li>Postal ID</li> </ul>	Post Office	
<ul style="list-style-type: none"> <li>Philippine Passport</li> </ul>	Department of Foreign Affairs	
<ul style="list-style-type: none"> <li>NBI Clearance</li> </ul>	National Bureau of Investigation	
<ul style="list-style-type: none"> <li>4Ps ID</li> </ul>	Department of Social Welfare and Development	
<ul style="list-style-type: none"> <li>PWD ID</li> </ul>	Local Government Unit	
<ul style="list-style-type: none"> <li>Solo Parent ID</li> </ul>	Local Government Unit	
<ul style="list-style-type: none"> <li>City or Municipal ID</li> </ul>	Local Government Unit	
<ul style="list-style-type: none"> <li>Barangay ID</li> </ul>	Local Government Unit	

<ul style="list-style-type: none"> <li>Office of Senior Citizen Affairs (OSCA ID)</li> </ul>	Local Government Unit
<ul style="list-style-type: none"> <li>Police Clearance</li> </ul>	Police Station
<ul style="list-style-type: none"> <li>or any ID preferably with validity date, and picture and signature of the client.</li> </ul>	Barangay Hall
In extremely justifiable circumstances, a Barangay Certification certifying the identity of the client may be presented in lieu of an Identification Card.	Barangay Hall
Signed Authorization Letter (if applicable)	Beneficiary of Assistance except for those who do not have the capacity to act or below 18 years old
Medical Abstract or Referral Letter or Accomplished DSWD Form Three (3)	<ul style="list-style-type: none"> <li>Designated Treatment Hub / HIV Primary Care Facility;</li> <li>Local Government Unit</li> </ul>
<b>TRANSPORTATION ASSISTANCE</b>	
1. Original and one (1) photocopy of supporting document/s such as, but are not limited to, Medical Certificate, Death Certificate, and/or Court Order or Subpoena	<ul style="list-style-type: none"> <li>Police Station - Police Blotter;</li> <li>Hospitals or Clinic - Medical Abstract;</li> <li>Court - Court Order or Subpoena; and</li> <li>Civil Registry - Death Certificate.</li> </ul>
<b>MEDICAL ASSISTANCE FOR HOSPITAL BILL</b>	
1. One (1) Original and/or Certified True Copy of Medical Certificate or Clinical Abstract or Discharge Summary or <i>Alagang</i> issued within three (3) months and with the following information: (i) final diagnosis; and (ii) complete name, license number and signature of the Physician	Medical records of the Hospital or Clinic or the Attending Physician



<p>2. One (1) original and one (1) photocopy of Hospital Bill or Statement of Account (outstanding balance) with the complete name and signature of the Billing Clerk; or Certificate of Balance and Promissory Note signed either by the Credit and Collection Officer or Billing Clerk.</p>	<ul style="list-style-type: none"> <li>• Statement of Account - Billing Office of the hospital</li> <li>• Certificate of Balance and Promissory Note - Credit and Collection Office</li> </ul>
<p>3. One(1) original copy of Social Case Study Report or Case Summary.</p>	<p>Registered Social Worker, whether from public or private practice, from any of the following:</p> <ul style="list-style-type: none"> <li>• Department of Social Welfare and Development;</li> <li>• Local Social Welfare and Development Office;</li> <li>• Non-Government Organization; or</li> <li>• Medical Social Service.</li> </ul>
<b>MEDICAL ASSISTANCE FOR MEDICINE OR ASSISTIVE DEVICE</b>	
<p>1. One (1) original and/or Certified True Copy of Medical Certificate or Clinical Abstract or Discharge Summary or <i>Alagang</i> issued within three (3) months and with the following information: (i) final diagnosis; and (ii) complete name, license number and signature of the Physician.</p>	<p>Medical records of the Hospital or Clinic of the Attending Physician</p>
<p>2. One (1) original and one (1) photocopy of prescription issued within three (3) months and with the following information: (i) date of issuance; and (ii) complete name, license number and signature of the Physician.</p>	<p>Attending Physician from a hospital or clinic.</p>
<p>If the amount of assistance being requested exceeds PhP10,000.00, the following shall be required as additional documentary requirements</p>	
<p>1. One (1) original and one (1) photocopy of the Quotation of Medicine or Assistive Device</p>	<p>Service Provider</p>

<p>2. One(1) original copy of Social Case Study Report or Case Summary.</p>	<p>Registered Social Worker, whether from public or private practice, from any of the following:</p> <ul style="list-style-type: none"> <li>• Department of Social Welfare and Development;</li> <li>• Local Social Welfare and Development Office;</li> <li>• Non-Government Organization; or</li> <li>• Medical Social Service</li> </ul>
<b>MEDICAL ASSISTANCE FOR LABORATORY</b>	
<p>1. One (1) original and/or Certified True Copy of Medical Certificate or Clinical Abstract or Discharge Summary or <i>Alagang</i> issued within three (3) months and with the following information: (i) final diagnosis; and (ii) complete name, license number and signature of the Physician.</p>	<p>Attending Physician or from Medical Records of the hospital or clinic.</p>
<p>2. One (1) original and/or one(1) Certified True Copy of Social Case Study Report or Case Summary.</p>	<p>Registered Social Worker, whether from public or private practice, from any of the following:</p> <ul style="list-style-type: none"> <li>• Department of Social Welfare and Development;</li> <li>• Local Social Welfare and Development Office;</li> <li>• Non-Government Organization; or</li> <li>• Medical Social Service.</li> </ul>
<p>If the amount of assistance being requested exceeds PhP10,000.00, the following shall be required as additional requirements</p>	
<p>1. One(1) original and/or photocopy of the Quotation of Laboratory )</p>	<p>Service Provider</p>
<p>2. One(1) original copy of Social Case Study Report or Case Summary.</p>	<p>Registered Social Worker, whether from public or private practice, from any of the following:</p>

	<ul style="list-style-type: none"> <li>• Department of Social Welfare and Development;</li> <li>• Local Social Welfare and Development Office;</li> <li>• Non-Government Organization; or</li> <li>• Medical Social Service.</li> </ul>
<b>MEDICAL ASSISTANCE FOR LABORATORY</b>	
1. One (1) original and/or Certified True Copy of Medical Certificate or Clinical Abstract or Discharge Summary or <i>Alagang</i> issued within three (3) months and with the following information: (i) final diagnosis; and (ii) complete name, license number and signature of the Physician	Attending Physician or from Medical Records of the hospital or clinic.
2. One (1) original and one (1) photocopy of laboratory requests or laboratory protocol or Doctor's Order with name, license number, and signature of the Physician	Attending Physician from a hospital or clinic
3. One (1) original and/or one(1) Certified True Copy of Social Case Study Report or Case Summary.	Registered Social Worker, whether from public or private practice, from any of the following: <ul style="list-style-type: none"> <li>• Department of Social Welfare and Development;</li> <li>• Local Social Welfare and Development Office;</li> <li>• Non-Government Organization; or</li> <li>• Medical Social Service.</li> </ul>
If the amount of assistance being requested exceeds PhP10,000.00, the following shall be required as additional requirements	
1. One(1) original and/or photocopy of the Quotation of Laboratory	Service Provider

<p>2. One (1) original and/or one(1) Certified True Copy of Social Case Study Report or Case Summary. (1 Original or Photocopy)</p>	<p>Registered Social Worker in public or private practice.</p> <ul style="list-style-type: none"> <li>• DSWD</li> <li>• LSWDO</li> <li>• NGO</li> <li>• Medical Social Service</li> </ul>
<b>FUNERAL ASSISTANCE FOR FUNERAL BILL</b>	
<p>1. One (1) original and/or one(1) Certified True Copy of Death Certificate or Certification from the Tribal Chieftain</p>	<p>City or Municipal Hall (Civil Registry Office), Hospital, Funeral Parlor, Tribal Chieftain or Imam</p>
<p>1. One (1) original copy of Promissory Note or Certificate of Balance or Statement of Account</p>	<p>Authorized staff of the Funeral Parlor or Memorial Chapel</p>
<p>2. One (1) original and/or Photocopy of Funeral Contract</p>	<p>City or Municipal Hall</p>
<b>EDUCATIONAL ASSISTANCE</b>	
<p>1. One (1) original and/or photocopy of Validated School ID and Valid I.D</p>	<p>School Registrar where the beneficiary is enrolled</p>
<p>1. One (1) original and/or photocopy of any of the following:</p> <ol style="list-style-type: none"> <li>a. Enrolment Assessment Form; or</li> <li>b. Certificate of Enrolment; or</li> <li>c. Registration; or</li> <li>d. Statement of Account</li> </ol>	<p>School Registrar or Concerned Office where the beneficiary is enrolled</p>

FOOD ASSISTANCE	
<p>1. One (1) original and/or photocopy of Barangay Certificate or Residency or Certificate of Indigency or Certificate that the client is in need of assistance may be required or medical document as proof that the beneficiary is admitted</p>	<ul style="list-style-type: none"> <li>• Barangay Hall where the client is presently residing</li>   <li>• Hospital where the beneficiary is currently admitted</li> </ul>
CASH RELIEF ASSISTANCE	
<p>Depending on the circumstances:</p> <p>a. <b>For Fire Victims:</b> One (1) original and/or photocopy of Police Report or Bureau of Fire Protection Report from the Bureau of Fire;</p> <p>b. <b>For Distressed OFs:</b> One (1) original and/or photocopy of Passport, Travel Document/s, certification from OWWA or the Barangay;</p> <p>c. <b>For Rescued Client:</b> One (1) original and/or photocopy of Certification from a social worker or Case manager from rescued clients.</p>	<ul style="list-style-type: none"> <li>• Bureau of Fire or PNP</li>   <li>• Overseas Workers Welfare Administration or Department of Migrant Workers or Barangay</li>   <li>• Local Social Welfare and Development Office or other social welfare agencies</li>   <li>• Local Social Welfare and Development Office or other social welfare agencies</li> </ul>

<p>d. <b>For victims of Online Sexual Exploitation:</b> One (1) original and/or photocopy of Police Blotter and social worker's certification for the victims of online sexual exploitation of children</p> <p>e. <b>For Locally stranded individuals (LSI):</b> LSI without valid IDs – One (1) original and/or photocopy of the Medical Certificate or the Travel Authority issued by the Philippine National Police will suffice and be accepted to prove his or her identity.</p>	<ul style="list-style-type: none"> <li>• Police Station - Police Blotter</li> <li>• Hospital or Clinic - Medical Certificate signed by the Registered Physician</li> </ul>			
<p><b>For all other incidents:</b></p> <p>1. One (1) original and/or photocopy of any of the following: Barangay Certificate of Residency; or Certificate of Indigency; or Certificate of the Client is in Need of Assistance as well as other documents from legal authorities or regulating agencies, as may be applicable such as but not limited to Police Report or Blotter, Spot report from the AFP or PNP, Joint AFP-PNP Intelligence Committee (JAPIC) certificate, Certification of death, Disaster Assistance Family Access Card (DAFAC); Medico-legal certification</p>	<ul style="list-style-type: none"> <li>• Barangay Hall where the client is presently residing</li> <li>• Police Station</li> <li>• Armed Forces of the Philippines or Philippine National Police</li> <li>• Office of the Civil Registry</li> <li>• Certificate from the Local Disaster Risk Management Office; or</li> <li>• Local Government Unit</li> <li>• Hospital or Clinic signed by Licensed Physician</li> </ul>			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure a queuing number	1.1 Provide client with queuing number	None	5 minutes	Section Head Community Based Services Section (CBSS)
2. Present self and documents for assessment	2.1 Conduct initial interview for assessment	None	40 minutes	Section Head

	<p>2.1.1 Check the client's record to the existing database – e.g Crisis Intervention Monitoring System, to check whether the client had sought assistance within the last three (3) months.</p> <p><b>If a client is eligible</b> (based on frequency and/or type of assistance last provided), the staff shall further assess documents presented.</p> <p><b>If a client is not eligible</b>, the staff shall provide the reasons for non-eligibility and shall further provide further instruction / information.</p> <p>2.1.2 Check the documents presented by the client.</p>			<p>Community Based Services Section (CBSS)</p>
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	<p><b>If documents are complete and valid</b>, the client will be advised to fill-out necessary forms and submit documents pertinent to their request.</p> <p>If supporting documents are <b>incomplete and non-compliant</b>, provide a checklist.</p> <p>2.1.3 If necessary, coordinate with the client's designated treatment hub or LGU to further verify validity of documents presented</p>			
3 Fill-out necessary fields in the prescribed forms	<p>3.1 Handout copies of prescribed forms to client</p> <p>3.1.1 Ask client to fill-out the necessary fields in the prescribed forms</p>	None	20 minutes	<p><i>Section Head</i> Community Based Services Section (CBSS)</p>



<p>4. Submit accomplished forms and required documents. If necessary, attend the interview for further clarification.</p>	<p>4.1 Collect the accomplished forms and documentary requirements from client</p> <p>4.1.1 Verify the submitted documents for veracity, consistency, and authenticity.</p> <p>4.1.2 If necessary, conduct interviews with the client and; or additional coordination with treatment hubs, LGUs, and or the referring agency.</p> <p>4.1.3 The DSWD Social Welfare Officer (SWO) shall determine the amount that is appropriate and responsive to the needs of the client.</p> <p>4.1.4 Preparation of vouchers and financial documents.</p> <p>4.1.5 Forward the Client's Document to the Authorized Approving Officer.</p>	<p>None</p>	<p>80 minutes</p>	<p><i>Section Head</i> Community Based Services Section (CBSS)</p>
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	4.1.6 Compile the approved documents of the client.			
5. Receive assistance	<p>5.1 Confirmation of client's identity;</p> <p>5.1.1 Releasing of actual assistance to client;</p> <p>5.1.2 Releasing of actual assistance to client;</p> <p><b>If through outright cash</b>, ask client to check the actual amount received;</p> <p><b>If through Guarantee Letter</b>, advise clients to review the correctness of the personal information reflected in the document.</p>	None	15 minutes	<p><i>Section Head</i></p> <p>Community Based Services Section (CBSS)</p>
6. Accomplish Client Satisfaction Measurement Survey	6.1 Provide a copy of the Client Satisfaction Measurement Survey;	None	20 minutes	<p><i>Section Head</i></p> <p>Community Based Services Section (CBSS)</p>

	6.2 Collect accomplished Client Satisfaction Measurement Survey			
<b>TOTAL</b>		<b>None</b>	<b>180 minutes or three (3) hours for Outright Cash</b>  <b>One (1) day or 24 hours for a Guarantee Letter.</b>	

<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send feedback?	<p>Clients may send feedback either through e-mail or snail mail addressed to the DSWD Field Office 11 Concerns email address (<a href="mailto:dfaigana@dswd.gov.ph">dfaigana@dswd.gov.ph</a>) or through the Client Satisfaction Measurement Survey form and drop it at the designated drop box inside the CBSS Office.</p>
How feedbacks are processed?	<p>Before end of the month, the PLHIV focal person consolidates all feedbacks submitted.</p> <p>For feedback requiring answers, the PLHIV focal will respond immediately through contact number provided by the concerned party.</p> <p>For additional inquiries and follow-ups, clients may contact the CBSS telephone number: 227-1964 local 1124.</p>
How to file a complaint?	<p>Clients can file a complaint thru e-mail or snail mail and send to <a href="mailto:dfaigana@dswd.gov.ph">dfaigana@dswd.gov.ph</a>.</p> <p>Client who file the complaint should provide the following information:</p>

	<ol style="list-style-type: none"> <li>1. Name of the person being complained</li> <li>2. Incident</li> <li>3. Evidence</li> <li>4. Specific Date and Time</li> </ol> <p>For additional inquiries and follow-ups, clients may contact the CBSS telephone number: 227-1964 local 1124.</p>
Complainant using 8888	<p>SMS/Email will receive the complaint and will be forwarded to PSD if the concern is:</p> <ol style="list-style-type: none"> <li>1. On Programs and Services- SPD will be the one replying to the complaint</li> <li>2. On Personnel and other outside matters - The Focal Person will be the one replying to the complaint</li> </ol>
How are complaints processed?	<p>Upon receipt of complaints, social worker/concerned staff conduct interviews with the clients regarding the complaints and assess/evaluate the client's complaints.</p> <p>After evaluation of complaints, staff-in-charge creates a report and submits it to the CBSS Head for information and guidance.</p> <p>The staff-in-charge will then provide feedback to the client. A consultation meeting may be done with the complainant depending on the degree of complaint.</p> <p>For additional inquiries and follow-ups, clients may contact the CBSS telephone number: 227-1964 local 1124.</p>
Contact Information of CCB, PCC, ARTA	<p>CCB: 0908-881-6565 (SMS)</p> <p>Call: 165 56</p> <p style="text-align: center;">P5.00 + VAT per call anywhere in the Philippines via PLDT landlines</p> <p>Email: <a href="mailto:email@contactcenterngbayan.gov.ph">email@contactcenterngbayan.gov.ph</a></p> <p>Facebook: <a href="https://facebook.com/civilservicegovph/">https://facebook.com/civilservicegovph/</a></p> <p>Web: <a href="https://contactcenterngbayan.gov.ph/">https://contactcenterngbayan.gov.ph/</a></p>
	PCC: 8888
	ARTA: complaints@arta.gov.ph

## 7. Provision of Assistance to Solo Parent

Solo parents are those who are left alone with the responsibility of rearing their children regardless of marital status and based on National Statistics Office (NSO) data, there are about 14 million solo parents in the Philippines as of 2015. The increasing number of solo parents has led the national government to pass Republic Act No. 8972 or the Solo Parents' Welfare Act of 2000, which was promulgated on November 7, 2000. On 04 June 2022, the Republic Act No. 11861 (RA 11861) or the Expanded Solo Parents Welfare Act lapsed into law and its Revised Implementing Rules and Regulations took effect on 01 November 2022. The passage of RA 11861 expanded the benefits of the solo parents, promotes the rights of Filipino solo parents and ensures that they can receive adequate social protection programs from the government.

RA 11861 directs the Department of Social Welfare and Development (DSWD), in coordination with other agencies to develop a "comprehensive package" of social protection services for solo parents and their families which includes livelihood opportunities, legal advice and assistance, counseling services, parent effectiveness services, and stress debriefing, among others, regardless of financial status.

DSWD is mandated to protect and promote the welfare of the disadvantaged group including the solo parents, and provide technical assistance to partner stakeholders (National Government, Local Government Unit, and Civil Society Organizations). Any solo parent whose income in the place of residence is equal to or below the poverty threshold as set by the PSA and subject to the assessment.

<b>Office or Division:</b>	Community Based Service Section	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2C – Government to Client	
<b>Who may avail:</b>	REGISTERED SOLO PARENT	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
1. Valid Solo Parent Identification Card		Local Government Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>1. Visit the Field Office for assistance</b>	1. The DSWD office Security Guard/Public Assistance and Complaints Desk (PACD) Officer shall direct the client to the Field Office (FO)/Social Welfare and Development Team (SWADT) social worker or solo parent focal person.	None	0 minute	<i>Division Chief</i> Protective Services Division
<b>2. Attend Interview for assessment of needs</b>	2.1 FO / SWADT social worker / Focal Person shall validate the Solo Parent Identification Card (SPIC) of the client.  2.1.1 Interview the client and fill-out the general intake sheet and indicate recommendations based on assessed needs	None	10 minutes	<i>Head</i> Community Based Service Section
<b>3. Attend psychological intervention, psychological first aid and/or counseling</b>	3.1 FO / SWADT social worker / Focal Person shall provide psychological intervention, psychological first aid and/or counseling based on their solo parent concerns. Recommendation may be provided to help in the needs of the family.	None	30 minutes	<i>Division Chief</i> Protective Services Division  or  <i>Head</i> Community Based Service Section
	<b>If no further assistance is to be provided</b> , the client shall accomplish the Client Satisfaction Measurement	None	5 minutes	<i>Division Chief</i>

	<p>Form (CSMF) and return the form to the social worker before leaving.</p> <p>3.1.1 FO / SWADT social worker / Focal Person shall encode the client's information in the caseload inventory of solo parents provided with assistance</p>			<p>Protective Services Division</p> <p>or</p> <p><i>Head</i></p> <p>Community Based Service Section</p>
<p><b>4. Preparation of referral / endorsement for Assistance to Individuals in Crisis Situation (AICS) or Sustainable Livelihood Program (SLP) or to another office or agency if the need of the client cannot be met by the DSWD.</b></p>	<p>4.1 Preparation of referral / endorsement for Assistance to Individuals in Crisis Situation (AICS) or Sustainable Livelihood Program (SLP) or to another office or agency if the need of the client cannot be met by the DSWD.</p> <p><b>For AICS,</b> FO / SWADT social worker / Focal Person shall provide a referral or endorsement letter to CID / CIS / SWADT and fill-out the General Intake Sheet</p> <p><b>For livelihood assistance,</b> FO / SWADT social worker / Focal Person shall provide a referral or endorsement letter to SLP for possible provision of assistance.</p> <p><b>For other agency/ies,</b> FO / SWADT social worker / Focal Person to provide a referral or</p>	<p>None</p>	<p>40 minutes</p>	<p><i>Division Chief</i></p> <p>Protective Services Division</p> <p>or</p> <p><i>Head</i></p> <p>Community Based Service Section</p>

	endorsement letter to appropriate agency/ies.			
	4.2. Referral or endorsement letter for approval of Division Chief, Bureau/Regional Director or COMbased Section Head / PSD Chief in SWADT.	None	2 days	<i>Division Chief</i> Protective Services Division
<b>5. Receive the referral/ endorsement letter</b>	5. Send the referral / endorsement letter to appropriate agency/ies	None	5 minutes	<i>Division Chief</i> Protective Services Division
	<b>TOTAL</b>	<b>2 working days, 90 minutes</b>		

## 8. Provision of Assistance under the Recovery and Reintegration Program for Trafficked Persons (RRPTP)

The RRPTP is a comprehensive program that ensures adequate recovery and reintegration services provided to trafficked persons. It utilizes a multi-sectoral approach and delivers a complete package of services that will enhance the psychosocial, social, and economic needs of the clients, the families, and the communities where the trafficked persons will be eventually reintegrated. It also improves community-based systems and mechanisms that ensure the recovery of the victim-survivors and prevents other family and community members from becoming victims of trafficking.

<b>Office or Division:</b>	Central Office - Sectoral Programs Division Field Office I-XII, CARAGA, CAR, NCR
<b>Classification:</b>	Highly Technical
<b>Type of Transaction:</b>	G2C- Government to Citizens
<b>Who may avail:</b>	<ol style="list-style-type: none"> <li>1. Victim-survivor of trafficking</li> <li>2. Families of the victim-survivor of trafficking.</li> <li>3. Witnesses of cases of human trafficking.</li> <li>4. Communities with incidence of human trafficking.</li> </ol>



CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<b>Case Management</b>	
1. Travel document (for Repatriated TIP Victims) <b>(1 Photocopy)</b> 2. Valid ID <b>(1 Photocopy)</b> 3. Social Case Study Report	Department of Foreign Affairs / Philippine Embassy (for Repatriated TIP Victims)
<b>Medical Assistance</b>	
1. Clinical Abstract / Medical Certificate with signature and license number of the attending physician (issued within three months) <b>(1 Original and 1 Photocopy)</b> 2. Hospital Bill (for payment of hospital bill) or Prescription (for medicines) or Laboratory requests (for procedures). 3. Barangay Certificate of Residency and Valid ID for the client	Hospital or health facility where the client is admitted or seen <b>(Clinical Abstract and Hospital Bill)</b>  <b>Barangay Hall (Barangay Certificate)</b>  <b>Government Institutions (Valid ID)</b>
<b>Educational Assistance</b>	
1. School registration and/ or certificate of enrolment 2. Statement of Account for tertiary education 3. Valid school ID Valid ID of the parent/ guardian	School where the client is enrolled <b>(School Registration, Certificate of Enrolment, Statement of Account)</b>  <b>Government Institutions (Valid ID)</b>
<b>Skills Training</b>	
1. Official receipt from the training school (TESDA/ CHED accredited training school. <b>(1 Original and 1 Photocopy)</b> 2. Valid ID	TESDA / accredited training school where the client is enrolled  <b>Government Institutions (Valid ID)</b>

<b>Financial Assistance for Employment (e.g. driver's license, NBI and police clearance, Medical Certificate etc.)</b>	
<p>1. Contract of Employment or any similar document which indicates that they are hired</p> <p>2. Valid ID (<b>1 Original and 1 Photocopy</b>)</p>	<p>Employer of the client</p> <p><b>Government Institutions (Valid ID)</b></p>
<b>Financial Assistance for Livelihood</b>	
<p>1. Result of the Handa Ka Na Bang Magnegosyo? The client score's must be 75 and above in order to be eligible for the livelihood Program, to determine the preparedness of the client to start their business. Re-assessment will be conducted to clients who will have a score of 74 and below or they may be considered to avail financial assistance for employment.</p> <p>2. Project Proposal. They may write using their vernacular or local dialect. They may be assisted by the social worker in preparation of the said proposal.</p> <p>3. Valid ID (<b>1 Original and 1 Photocopy</b>)</p> <p>4. Social Case Study Report</p>	<p>DSWD Field Offices</p> <p><b>Government Institutions (Valid ID)</b></p>

	<b>DSWD Field Office or Local Social Welfare and Development Office</b>
<b>Logistical Support During and Post-Rescue Operation of Victim-survivors of Trafficking</b>	
1. No Documents needed.	DSWD Field Offices -Victim-survivors of trafficking during rescue operation. Social workers are highly needed to provide psychosocial counseling and assist victim-survivors of trafficking all throughout the process from recovery to reintegration.
<b>Provision of Temporary Shelter</b>	
3. Referral Letter from the Social Worker <b>(1 Original and 1 Photocopy)</b>	DSWD Field Offices -Victim-survivors of trafficking may be placed in DSWD run/ registered, licensed and accredited residential care facilities for protective custody.
<b>Support for Victim-survivors/ Witness and Transportation Assistance</b>	
1. Valid ID 2. Social Case Study Report	<b>Government Institutions (Valid ID)</b>  DSWD Field Offices

<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. The victim survivors of trafficking may visit the DSWD Field/ Regional Office or Rescued by Social Worker	1.1 Interview of the client  1.1.1 Provide Psychosocial Counseling  1.1.2 Conduct Assessment	None	2 Hours	<i>Community Based Services Section Head/ Social Welfare Officer IV</i>  Protect Services Division

	<p><b>If the Client needs Temporary Shelter</b> refer to Residential Care Facility.</p> <p>1.1.3 The Social Worker shall provide a list of documentary requirements depending on the assistance to be provided.</p> <p>1.1.4 Refer to the list of requirements.</p>			<p><i>Community Based Services Section Head/ Social Welfare Officer IV</i></p> <p>Protect Services Division</p>
<p>2. Submit Documentary Requirement for the service/s to be availed</p>	<p>2.1 Screening of the submitted documents (Note: Given all requirements are submitted by the client)</p> <p>2.1.1 For livelihood assistance, the RRPTP Social Worker shall forward the documents to the Sustainable Livelihood Program for</p>	<p>None</p>	<p>10 minutes</p>	<p><i>Community Based Services Section Head/ Social Welfare Officer IV</i></p> <p>Protect Services Division</p> <p><i>Sustainable Livelihood Program Section Head and Community Based Services Section Head/ Social Welfare Officer IV</i></p> <p>Protect Services Division</p>

	further assessment.			
	<p>2.2 Processing of the assistance being sought;</p> <p>a. Preparation of Voucher (if financial related)</p> <p>b. Social Case Study Report</p> <p>c. Preparation of referral letter (if needs other program assistance)</p>	None	7 Days	<i>Community Based Services Section Head/ Social Welfare Officer IV</i>  Protect Services Division
	2.3 PSU/ CBU Division Chief and Budget Officer recommend the provision of assistance for approval of the Regional Director.	None	3 working days	<i>Community Based Services Section Head/ Social Welfare Officer IV</i>  Protect Services Division
	2.4 The Regional Director shall approve the provision of assistance to the victim-survivors of trafficking.	None	2 working days	<i>Regional Director</i>
	2.5 Releasing of the assistance to	None	2 working days	<i>Cash Section Chief</i>

	client (Cash or Non-Cash)			Financial Management Division-Cash Section
3. Accomplish Client Satisfaction Measurement Survey (CSMS)	3.1 RRPTP Social Worker shall provide the client the copy of the CSMS to provide feedback regarding the service received.	None	5 minutes	<i>Community Based Services Section Head/ Social Welfare Officer IV</i>
	<b>Total</b>	<b>None</b>	<b>For Temporary Shelter - 2 hours</b>	
	<b>Total</b>	<b>None</b>	<b>For Livelihood Assistance - 12 Days</b>	
	<b>Total</b>	<b>None</b>	<b>For other Assistance - 5 Days</b>	

<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send feedback	<p>Clients may send feedback or conduct follow-up on their request by contacting the RRPTP Social Worker assigned through the following:</p> <p>Landline: (082) 227-1964 loc. 455</p> <p>Email: <a href="mailto:rrptp.fo11@dswd.gov.ph">rrptp.fo11@dswd.gov.ph</a></p>
How feedbacks are processed	<p>Issues/concerns sent thru email are responded via email while queries and concerns through phone calls and personal appearances are immediately addressed. Hence, complaints through letters are responded by providing a feedback report citing reasons for the issues raised and actions taken by the assigned worker.</p>
How to file a complaint	<p>Complaints can be filed either through snail mail or email to the official email address of DSWD FO XI: <a href="mailto:rrptp.fo11@dswd.gov.ph">rrptp.fo11@dswd.gov.ph</a>. Clients may also lodge their complaints at the Public Assistance &amp; Complaints Desk (PACD) by calling 227-1964 loc. 455. The details of the complaint should be included in the information.</p>

Complainant using 8888	<p>SMS will receive the complaint and will be forwarded to Field Office XI if the concern is:</p> <p>On PSD-CBSS RRPTP Social Worker will be the one replying to the complaint</p> <p>On Personnel and other outside matters- The Focal Person will be the one replying to the complaint</p>
How complaints are processed	The concerned office/staff will conduct a case conference/meeting to discuss the issue/concern. If necessary, set a meeting with the complainant and discuss the concern in detail.
Contact Information of CCB, PCC, ARTA	<p>CCB: 0908-881-6565 (SMS)</p> <p>Call: 165 56</p> <p style="padding-left: 40px;">P5.00 + VAT per call anywhere in the Philippines via PLDT landlines</p> <p>Email: <a href="mailto:email@contactcenterngbayan.gov.ph">email@contactcenterngbayan.gov.ph</a></p> <p>Facebook: <a href="https://facebook.com/civilservicegovph/">https://facebook.com/civilservicegovph/</a></p> <p>Web: <a href="https://contactcenterngbayan.gov.ph/">https://contactcenterngbayan.gov.ph/</a></p>
	PCC: 8888
	ARTA: complaints@arta.gov.ph

## 9. Provision of Centenarian Gifts to Centenarian

Republic Act No. 10868 or the Centenarians Act of 2016 gives due recognition to Filipino citizens, both in the Philippines and abroad, who reached the age of 100 years old. The Act mandated the Department to provide the centenarian benefit of Php100,000.00, Letter of Felicitation signed by the President of the Philippines for the living centenarians and Posthumous Plaque of Recognition to the deceased centenarians, at the national level

<b>Office or Division:</b>	Program Management Bureau – Sectoral Programs Division  Field Offices I-XII, CARAGA, CAR, NCR and MSSD-BARMM
<b>Classification:</b>	Complex
<b>Type of Transaction:</b>	G2C-Government to Citizen

<b>Who may avail:</b>	All Filipino citizens who reached the age of 100 years old
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
<b>For Living Centenarians:</b> <i>(One original or one certified true copy)</i>	
Birth certificate	Philippine Statistics Authority (PSA) or Local Civil Registrar (LCR)
Philippine Passport	Department of Foreign Affairs (DFA)
Identification cards	Office for Senior Citizens Affairs (OSCA); Land Transportation (LTO)-issued Driver's License; social security cards like the Government Service Insurance System (GSIS) and Social Security System (SSS); Professional Regulatory Commission (PRC) license; Philippine Postal; Commission on Elections (COMELEC); Philippine Identification System; Philhealth MDR
Marriage Certificate	Philippine Statistics Authority (PSA) or Local Civil Registrar (LCR)
Birth Certificates of children	Philippine Statistics Authority (PSA) or Local Civil Registrar (LCR)
Affidavit executed by at least two (2) disinterested persons	Lawyer (either public or private)
Old School or Employment records	School or Employment agency
Baptismal and/or Confirmation records	Parish church and other religious denomination
Medical and/or Dental examination	Government / private doctors or dentist
Other related documents	National Commission on Muslim Filipinos (NCMF) / National Commission on Indigenous People (NCIP); AFPSLAI, AMWSLAI, Veterans
<b>For Deceased Centenarians:</b> <i>(One original or one certified true copy)</i>	
Death certificate	Philippine Statistics Authority (PSA) or Local Civil Registrar (LCR)
Identification card of the nearest surviving relative	Office for Senior Citizens Affairs (OSCA); Land Transportation (LTO)-issued Driver's License, social security cards like the Government Service Insurance



	System (GSIS), and Social Security System (SSS), Professional Regulatory Commission (PRC) license, Philippine Postal, Commission on Elections (COMELEC); Philippine Identification System; Philhealth MDR
<b>Proof of Relationship</b> <ul style="list-style-type: none"> <li>● Certificate of live birth of the nearest surviving relative</li> <li>● Marriage Certificate</li> <li>● Baptismal</li> </ul>	Philippine Statistics Authority (PSA) or Local Civil Registrar (LCR)  Parish church and other religious denomination
<b>Affidavit of Adjudication and/or Special Power of Attorney</b>	Lawyer (either public or private)
<b>Warranty and Release from Liability</b>	DSWD Field Offices

***\*Documents stated in the living centenarians, shall also be required to be submitted by the nearest surviving relative of the deceased centenarians that will prove the deceased centenarians' age eligibility at the time RA 10868 took effect if any***

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Centenarian and/or nearest surviving applicant submit the one (1) original or one (1) certified true copy of the necessary documentary requirements to the Office for Senior	1.1. The DSWD FO shall receive the masterlist of potential centenarians through the following:  a. Submitted consolidated list from the Local Government Units through the OSCA	None	1 working day	Division Chief (Social Welfare Officer/V)  <i>Protective Services Division</i>

Citizens Affairs (OSCA)	<p>b. Endorsement from legislators; Office of the President, among others;</p> <p>c. Walk-in clients</p>			
	<p>1.2. The DSWD FO shall conduct desk or home validation to the identified potential centenarians and/or nearest surviving relative</p> <p><b>If assessed as eligible</b>, the DSWD FO shall send a letter duly signed by the DSWD Regional Director citing the eligibility of the applicant. The LGU shall then inform the centenarian and/or nearest surviving relative applicant.</p> <p><b>If the documents submitted are incomplete and/or with discrepancy</b>, the DSWD FO shall inform and request the LGU to provide technical assistance</p>	None	<p>Desk validation: 3 working days</p> <p>Home validation: 15 working days</p> <p>5 working days</p>	<p>Division Chief (Social Welfare Officer V) <i>Protective Services Division</i></p>

	to the centenarian and/or nearest surviving relative applicants to comply with the additional requirements and/or reconcile the documents with discrepancies.			
2. Centenarian and/or nearest surviving relative receive the centenarian benefit	2.1. The DSWD FO shall facilitate the preparation of documents such as disbursement voucher, obligation request, payroll, etc. corresponding to the number of eligible centenarians to be awarded.	None	5 working days	Division Chief (Social Welfare Officer V) <i>Protective Services Division</i>
	2.2. The DSWD FO shall prepare a notification letter to the LGU duly signed by the Regional Director citing the scheduled payout to the eligible centenarians and/or nearest surviving relative.	None	3 working days	Division Chief (Social Welfare Officer V) <i>Protective Services Division</i>
	2.3. The DSWD FO shall release the centenarian benefit to the eligible centenarian and/or nearest surviving	None	20 working days	<i>DSWD FO-Special Disbursing Officer and Protective Services Division Chief (Social Welfare Officer V)</i>

	relative in the following mode:  <b>Cash:</b> House-to-house delivery and/or plaza type by the FO-Special Disbursing Officer together with the Centenarian focal person  <b>Cheque:</b> Deposit in the existing savings or current account or deliver through house-to-house and/or plaza type			
3. Centenarian and/or nearest surviving relative shall fill-out the Client Satisfaction Measurement Form	3.1. The DSWD FO shall consolidate the filled-out Client Satisfaction Measurement Form for subsequent submission to DSWD FO CART focal person	None	5 minutes	Division Chief (Social Welfare Officer V) <i>Protective Services Division</i>
	<b>TOTAL</b>	<b>None</b>	<b>52 days and 5 minutes</b>	

<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send feedback	Write your feedback on the services provided through the Client Satisfaction Measurement Survey Form to be provided by our SPPMO staff. A space below is provided for you to write further comments. Return fully accomplished Client's

	<p>Satisfactory Survey Form to the SPPMO staff for consolidation of feedback.</p> <p>You may also provide feedback through our SPPMO Hotline with numbers 0975-551-6940 and 227-1964 local 1143 or e-mail us at <a href="mailto:socialpension.fo11@dswd.gov.ph">socialpension.fo11@dswd.gov.ph</a></p>
How feedback is processed	<p>SWO III- SPPMO Head will consolidate the Client Satisfactory Survey Form.</p> <p>Within 24 – 72 hours, a response letter and appropriate action will be issued by the SWO III- SPPMO Head</p>
How to file complaints	<p>Any concerns with Centenarian program will be accommodated by the FO specially SPPMO. They may also file their complaints through Local Government Unit, Office of the Senior Citizens Affairs and Local Social Welfare and Development Office using the Grievance/Complaint Form.</p> <p>Complaints can also be filed through SPPMO Hotline numbers 0975-551-6940 and 227-1964 local 1143 or e-mail us at <a href="mailto:socialpension.fo11@dswd.gov.ph">socialpension.fo11@dswd.gov.ph</a> with the corresponding information:</p> <ol style="list-style-type: none"> <li>1. Name of the complainant</li> <li>2. Address</li> <li>3. Name of person/entity being complained</li> <li>4. Issues and concerns with evidences</li> </ol>
How complaints are processed	<p>Complaints received by respective officers are escalated to the SWO III- SPPMO Head for verification and veracity of complaint for at least 72 hours upon receipt.</p>
Contact Information of CCB, PCC, ARTA	<p>CCB: 0908-881-6565 (SMS)</p> <p>Call: 165 56</p> <p>P5.00 + VAT per call anywhere in the Philippines via PLDT landlines</p> <p>Email: <a href="mailto:email@contactcenterngbayan.gov.ph">email@contactcenterngbayan.gov.ph</a></p> <p>Facebook: <a href="https://facebook.com/civilservicegovph/">https://facebook.com/civilservicegovph/</a></p> <p>Web: <a href="https://contactcenterngbayan.gov.ph/">https://contactcenterngbayan.gov.ph/</a></p>

	PCC: 8888
	ARTA: complaints@arta.gov.ph

## 10. Securing Travel Clearance for Minors Traveling Abroad

Travel Clearance is a document issued by the Department of Social Welfare and Development for a minor who is below 18 years old, who is traveling abroad alone or with someone other than their biological parents.

<b>Office or Division:</b>	Protective Services Division-Community Based Services Section/MTA Unit of DSWD Field Offices I-XII, NCR CAR and CARAGA	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2C- Government to Citizen	
<b>Who may avail:</b>	Filipino Minors Traveling Abroad	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
<b>A. For Minors Traveling Alone to a Foreign Country for the First Time</b>		
1. Duly Accomplished Application Form (1 Original Copy or Electronic Copy)	DSWD Field Offices or download form at <a href="http://www.dswd.gov.ph">www.dswd.gov.ph</a>	
2. LSWDO/SWAD Social Worker's assessment, in the absence of the biological parent/s or an appointed legal guardian (1 Original Copy)	Local Social Welfare and Development Office/SWAD where the minor resides	
3. PSA issued Birth Certificate of Minor (1 Original and 1 Photocopy**)	Philippine Statistics Authority (PSA)	

<p>4. PSA issued Marriage Contract of minor's parents/ Copy of Court issued Legal Guardianship/ Tallaq or Fasakh Certification from the Shariah Court or any Muslim Barangay or religious leader; or PSA issued CENOMAR for non-marital minors on SECPA; (1 Original and 1 Photocopy**)</p>	<p>Philippine Statistics Authority (PSA); Court who handled the Legal Guardianship petition; Shariah Court or Religious Leader</p>
<p>5. Notarized Affidavit of Consent or Written Consent of both parents/ legal guardian/solo parent, whichever is applicable. Photocopy of valid passport and valid visa or valid ID issued abroad, if parents are working abroad. (1 Original)</p>	<p>Law Office and Notarized at the place where the parent/s resides/Philippine Embassy (if minors parent/s are abroad)</p>
<p>6. Original colored passport size photos of the minor (in White, Red or Blue Background) taken within the last 6 months. No scanned picture is allowed. (2 pcs.)</p>	<p>Applicant</p>
<p>7. Notarized Affidavit of Support and Certified copy of evidence to show financial capability of sponsor e.g Certificate of Employment, Latest Income Tax Return, Bank Statement, etc.) (1 Original)</p>	<p>Applicant or Sponsoring Person/Agency</p>
<p>8. PSA issued Death Certificate (for deceased parent/s) on SECPA (1 Original and 1 Photocopy)</p>	<p>Applicant</p>
<p>9. Unaccompanied Minor Certificate from the Airlines (if available)</p>	<p>Airline Company where ticket is obtained</p>
<p>10. Waiver from the parents releasing DSWD from any liability/responsibility in case of untoward incident during the travel of the child.</p>	<p>Applicant</p>
<p><b>For Succeeding Travel of Unaccompanied minor or Traveling ALONE</b></p>	

1. Duly Accomplished Application Form (1 Original Copy or Electronic Copy)	DSWD Field Office/ DSWD website: <a href="http://www.dswd.gov.ph">www.dswd.gov.ph</a>
2. Notarized Affidavit of Consent or Written Consent of both parents/ legal guardian/solo parent, whichever is applicable. Photocopy of valid passport and valid visa or valid ID issued abroad, if parents are working abroad. (1 Original)	Law Office and Notarized at the place where the parent/s resides/Philippine Embassy (if minors parent/s are abroad)
3. Original copy of the previous Travel Clearance issued	Applicant
4. Original colored passport size photos of the minor (in White, Red or Blue Background) taken within the last 6 months. No scanned picture is allowed. (2 pcs.)	Applicant
5. Unaccompanied Minor Certificate from the Airlines (if available)	Airline Company where ticket is obtained
6. Waiver from the parents releasing DSWD from any liability/responsibility in case of untoward incident during the travel of the child.	Applicant
<b>Minor Travelling for the FIRST TIME with persons other than the Parents or Legal Guardian</b>	
1. Duly Accomplished Application Form (1 Original Copy or Electronic Copy)	DSWD Field Office/ DSWD website: <a href="http://www.dswd.gov.ph">www.dswd.gov.ph</a>
2. PSA issued Birth Certificate of Minor (1 Original and 1 Photocopy**)	Philippine Statistics Authority (PSA)
3. Notarized Affidavit of Consent or Written Consent of both parents/ legal guardian/solo parent, whichever is applicable. Photocopy of valid passport and valid visa or valid ID issued abroad, if parents are working abroad. (1 Original)	Law Office and Notarized at the place where the parent/s resides/Philippine Embassy (if minors parent/s are abroad)



<p>4. PSA issued Marriage Contract of minor's parents/ Copy of Court issued Legal Guardianship/ Tallaq or Fasakh Certification from the Shariah Court or any Muslim Barangay or religious leader; or PSA issued CENOMAR for non-marital minors on SECPA; (1 Original and 1 Photocopy**)</p>	<p>Philippine Statistics Authority (PSA); Court who handled the Legal Guardianship petition; Shariah Court or Religious Leader</p>
<p>5. Two (2) colored passport size pictures of the minor (in white, red or blue background) taken within the last 6 months. No scanned pictures will be accepted.</p>	<p>Applicant</p>
<p>6. Photocopy of the valid passport of the traveling companion.</p>	<p>Minor's traveling companion</p>
<p><b>Minors Traveling subsequently with a Person Other than the Parents of Legal Guardian</b></p>	
<p>1. Duly Accomplished Application Form (1 Original Copy or Electronic Copy)</p>	<p>DSWD Field Office/ DSWD website: <a href="http://www.dswd.gov.ph">www.dswd.gov.ph</a></p>
<p>2. Original copy of the Travel Clearance previously issued by the DSWD Field Office;</p>	<p>Applicant</p>
<p>3. Notarized Affidavit of Consent or Written Consent of both parents/ legal guardian/solo parent, whichever is applicable. Photocopy of valid passport and valid visa or valid ID issued abroad, if parents are working abroad. (1 Original)</p>	<p>Law Office and Notarized  at the place where the parent/s resides/Philippine Embassy (if minors parent/s are abroad)</p>
<p>4. Two (2) original colored passport size photos of the minor taken within the last six (6) months. No scanned pictures will be accepted;</p>	<p>Applicant</p>
<p>5. Photocopy of the valid passport of the traveling companion.</p>	<p>Minor's traveling companion</p>
<p><b>Additional Requirements for Minors Under Special Circumstances:</b></p>	
<p><b>For Filipino Minors Migrating to Another Country</b></p>	
<p>1. Visa Petition Approval</p>	<p>Applicant</p>

<b>For Minors Studying Abroad</b>	
1. Acceptance or Certificate of Enrollment or Registration from the School where the minor is to be enrolled.	Applicant
<b>For Minors who will attend Conference, Study Tours, Competition, Student Exchange Program, Summer Camp, Pilgrimage, World Youth Day and Other Related Activities:</b>	
1. Certification from Sponsoring Organization	Sponsoring Organization
2. Affidavit of Undertaking of Companion indicating safety measures undertaken by the School, Sports Agency, or Organization	School, Sports Agency, or Sponsoring Organization
3. Signed Invitation from the Sponsoring Agency/Organization abroad with itinerary of travel and list of participants and duration of the activity/travel	School, Sports Agency, or Sponsoring Organization
<b>Minors going Abroad for Medical Purposes</b>	
1. Medical Abstract of the Minor (1 Original Copy)	Attending Physician
2. Recommendation from the Attending Physician that such medical procedure is not available in the country (if applicable)	Attending Physician
3. Letter from the Sponsor (if applicable)	Sponsoring Person
<b>Minors going Abroad with pending petition for Inter-Country or Domestic Adoption</b>	
1. Placement Authority issued by NACC-RACCO	National Authority for Child Care (NACC)
2. Consent to Travel issued by NACC-RACCO	National Authority for Child Care (NACC)
3. Notarized Affidavit of Undertaking from the Prospective Adoptive Parent/s (1 Original)	Applicant
4. Court Order (for those with Pending Court Petition)	RTC who has jurisdiction over the case
1. Placement Authority issued by NACC-RACCO	National Authority for

		Child Care (NACC)		
<b>Minors under Foster Care</b>				
1. Notarized Affidavit of Undertaking by the Foster Parent/s		Foster Parent/s		
2. Consent to Travel issued by NACC-RACCO		National Authority for Child Care (NACC)		
<b>Minors under Legal Guardianship who will be unaccompanied by their Legal Guardian</b>				
1. Court Order on Legal Guardianship (1 Certified True Copy)		Court		
<b>For Minors whose parents are Seafarers</b>				
1. Certification from the Manning Agency attesting that the parent/s is on board employment (1 Original or 1 Electronic Copy)		Applicant		
2. Seaman's Book of Parent/s (1 Photocopy)		Applicant		
3. Parent/s Written Consent (1 Electronic Copy)		Applicant		
<b>For Minors with alleged missing parent/s</b>				
1. Social Case Study Report from the LSWDO where the alleged missing parent's last known address (1 Original)		Local Social Welfare and Development Office		
2. Blotter Report from either local police or Barangay Certification from the Locality of the last known address of the alleged missing parent (1 Original)		Local Police or Barangay of the alleged missing parent/s last known address		
3. Returned registered mail to the last known address of the alleged missing parent/s known address (1 Original, if available)		Applicant		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>

<p>1. Register information in MTA client's logbook</p>	<p>1.1 <b>Issue</b> Service Sequence Number</p> <p>1.1.2 Encoding of the client's information in online Spreadsheet</p>	<p>None</p>	<p>5 minutes</p>	<p><i>Social Welfare Assistant</i> <i>Focal - MTA</i> Community Based Services Section</p>
<p>2. Fill out and Submit Accomplished Application Form and Documentary Requirements for Screening</p>	<p>2.1 Accept and review the accomplished MTA application form and the authenticity of the presented documentary requirements</p> <p><b>If the documents are complete,</b> assigns control number on the application form</p> <p><b>If the documents are incomplete,</b> request the client to comply with the lacking documents. Provides the client the initial findings.</p>	<p>None</p>	<p>10 minutes</p>	<p><i>Social Welfare Assistant</i> <i>Focal - MTA</i> Community Based Services Section</p>
	<p>2.2 Conduct interview and prepare assessment of the application.</p> <p>2.2.1 Review and approval of the</p>	<p>None</p>	<p>30 minutes</p>	<p><i>Social Welfare Assistant</i> <i>Focal - MTA</i> Community Based Services Section</p>

	supervisor of the assessment report.			
	<p>2.3 Approve/ Disapprove the application</p> <p><b>If approved,</b> fill-out the payment slip and order of payment and advise the applicant to proceed to the cashier for payment.</p> <p><b>If disapproved,</b> provide the client with a written explanation stating the reasons of the disapproval</p> <p><b>If exempted,</b> prepare the Certificate of Exemption for Approval of the Regional Director</p>	None	5 minutes	<i>Social Welfare Assistant</i>  <i>Focal - MTA</i>  Community Based Services Section
	2.4 Notify the DFA, BI, DSWD-CO on the list of Approved and	None	5 minutes	<i>Social Welfare Assistant</i>  <i>Focal - MTA</i>

	Disapproved Travel Clearance Applications			Community Based Services Section
3. Pay the prescribed amount and receives the Official Receipt	3.1 Receive the Order of Payment	Php300.00 for 1 year validity;	5 minutes	<i>Cash Section Head</i>  Financial Management Division
	3.2. Issue Official Receipt to the Applicant on the Payment Received	Php600.00 for 2 years validity	5 minutes	<i>Cash Section Head</i>  Financial Management Division
4. Present the Official Receipt and Receives the issued Travel Clearance	4.1 Receive the official receipt  4.1.1 Encode the details of the applicant in the Travel Clearance.  4.1.2 Sign the Travel Clearance.  4.1.3 Release the travel clearance /certificate of exemption including the official receipt	None	30 Minutes	<i>Social Welfare Assistant</i>  <i>Focal - MTA</i>  Community Based Services Section  <i>Regional Director/ ARDO/ARDA / PSD Chief / CBSS Section Head</i>  Regional Office  <i>Social Welfare Assistant / Focal - MTA Community Based Services Section</i>

<p>5. Receive the Travel Clearance/Certificate of Exemption and Signs the Logbook</p>	<p>5.1. Issuance of Claim Stub schedule of release (Minimum of 1-day processing and maximum of 3 days processing)</p> <p>5.1.1 Ask the client to sign the Log Book for the Travel Clearance/Certificate of Exemption Received</p>	<p>None</p>	<p>5 Minutes</p>	<p><i>Social Welfare Assistant</i></p> <p><i>Focal - MTA</i></p> <p>Community Based Services Section</p>
<p>6. Accomplish and Submit the Client Satisfaction Measurement Form (CSMF)</p>	<p>6. Receive the Filled up CSMF Form</p>	<p>None</p>	<p>5 minutes</p>	<p><i>Social Welfare Assistant</i></p> <p><i>Focal - MTA</i></p> <p>Community Based Services Section</p>
	<p><b>TOTAL</b></p>	<p><b>For or 1 year validity- Php 300.00</b></p> <p><b>Php 600.00 for 2 years validity</b></p>	<p><b>1 hour and 40 minutes</b></p>	

<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send feedback	<p>Clients may send feedback or conduct follow-up on their requests by contacting the MTA Social Worker assigned through the following:</p> <p>Landline – 227-8746 loc. 1123</p> <p>Email – <a href="mailto:mtadswd11@gmail.com">mtadswd11@gmail.com</a></p>
How feedbacks are processed	<p>Issues/requests sent thru email are responded via email while queries/concerns through phone calls and personal appearance are immediately addressed. However, complaints lodged through a letter are responded by providing a feedback report citing reasons for the issues raised and actions taken by the worker.</p>
How to file a complaint	<p>Complaints can be filed thru sending a letter or email to the official email address of DSWD FO XI: <a href="mailto:fo11@dswd.gov.ph">fo11@dswd.gov.ph</a>. Clients may also lodge their complaints at the Public Assistance &amp; Complaints Desk (PACD) by calling 227-8746 loc. 1152. The details of the complaint should be included in the information.</p>
How complaints are processed	<p>The concerned Office will conduct a case conference/meeting to discuss the issue/concern. If necessary, set a meeting with the complainant and discuss the concern.</p> <p>Internal investigation shall be conducted within the Bureau, then provide recommendation and officially send reply letter/memo to the concerned DSWD Field Office.</p>
Contact Information of CCB, PCC, ARTA	<p>CCB: 0908-881-6565 (SMS)</p> <p>Call: 165 56</p> <p style="text-align: center;">P5.00 + VAT per call anywhere in the Philippines via PLDT landlines</p> <p>Email: <a href="mailto:email@contactcenterngbayan.gov.ph">email@contactcenterngbayan.gov.ph</a></p> <p>Facebook: <a href="https://facebook.com/civilservicegovph/">https://facebook.com/civilservicegovph/</a></p> <p>Web: <a href="https://contactcenterngbayan.gov.ph/">https://contactcenterngbayan.gov.ph/</a></p> <hr/> <p>PCC: 8888</p> <hr/> <p>ARTA: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a></p>



## 11. Onsite Implementation of the Assistance to Individuals in Crisis Situation Program for Clients Transacting with the DSWD Offices (CIU/CIS/SWAD OFFICES)

AICS serves as a social safety net or stop-gap measure to support the recovery of individuals and families identified to be suffering from any adversity or crisis through the provision of financial assistance, psychosocial intervention, and referral services that will enable the clients to meet their basic needs in the form of food, transportation, medical, educational, material, funeral, and cash assistance for other support services, among others.

The provision of psychosocial support, including psychological first aid, and counseling, as well as financial assistance to disadvantaged and marginalized sectors, are part of the social protection services of the Department. These protective services aim to help individuals and families cope with the present difficult situation they are experiencing, such as illness, death, loss of job, or source of income. In order to effectively and efficiently respond to existing and emerging crisis situations among vulnerable sectors, a Citizens Charter was crafted to provide a comprehensive guide on the provision of the aforementioned assistance.

<b>Office or Division:</b>	Program Management Bureau-Crisis Intervention Division, Protective Service Division-Crisis Intervention Section Field Office I-XII, CARAGA, CAR, and NCR	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2C- Government to Citizen	
<b>Who may avail:</b>	Indigent, marginalized, and vulnerable/disadvantaged individuals and families or are otherwise in crisis situation based on the assessment of the Social Worker	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
Any Valid identification card of the client/ person to be interviewed (1 original copy) from the following:		
● PhilSys ID		Philippine Statistics Authority
● UMID ID, SSS or GSIS ID		Social Security System or Government Service Insurance System
● Philhealth ID		Philhealth
● Driver's License		Land Transportation Office
● PRC ID		Professional Regulation Commission

● OWWA ID	Overseas Workers Welfare Administration
● DOLE ID	Department of Labor and Employment
● PAG-IBIG ID	Pag-IBIG Fund
● Voter's ID or Voter's Certification	Commission on Election
● Postal ID	Post Office
● Philippine Passport	Department of Foreign Affairs
● NBI Clearance	National Bureau of Investigation
● 4Ps ID	Department of Social Welfare and Development
● PWD ID	Local Government Unit
● Solo Parent ID	Local Government Unit
● City or Municipal ID	Local Government Unit
● Barangay ID	Local Government Unit
● Office of Senior Citizen Affairs (OSCA ID)	Local Government Unit
● Police Clearance	Police Station
● or any ID preferably with validity date, and picture and signature of the client.	Barangay Hall
In extremely justifiable circumstances, a Barangay Certification certifying the identity of the client may be presented in lieu of an Identification Card.	Barangay Hall
Signed Authorization Letter (if applicable)	Beneficiary of Assistance except for those who do not have the capacity to act or below 18 years old
<b>TRANSPORTATION ASSISTANCE</b>	<b>WHERE TO SECURE</b>
Other supporting document/s such as but are not limited to (1 original copy):	
Police Blotter	Police Station
Medical Abstract	Hospitals or clinic
Court Order or Subpoena	Supreme Court

Death Certificate	Civil Registry Office
<b>MEDICAL ASSISTANCE FOR HOSPITAL BILL</b>	<b>WHERE TO SECURE</b>
1. Medical Certificate or Clinical Abstract or Discharge Summary or Alagang Pinoy Tagubilin Form with Diagnosis with complete name, license number and signature of the Physician issued within three months (1 Original or Certified true copy)	Medical records of the Hospital or Clinic or the Attending Physician
2. Hospital bill or Statement of Account (outstanding balance) with name and signature of billing clerk or Certificate of balance and promissory note signed by credit and collection officer or billing clerk (1 Original or Certified True Copy)	Billing Office of the Hospital Credit and Collection Office of the Hospital
3. Social Case Study Report or Case Summary. (1 original copy)	Registered Social Worker in public or private practice. DSWD LSWDO NGO Medical Social Service
<b>MEDICAL ASSISTANCE FOR MEDICINE ASSISTIVE DEVICE</b>	<b>WHERE TO SECURE</b>
1. Medical Certificate or Clinical Abstract or Discharge Summary or Alagang Pinoy Tagubilin Form with Diagnosis with complete name, license number and signature of the Physician issued within three months (Original / Certified true copy)	Medical records of the Hospital or Clinic or the Attending Physician
2. Prescription with date of issuance, complete name, license number and signature of the Physician issued within three months	Attending Physician from a hospital or clinic.
If the amount of assistance being requested exceeds Php10,000.00, the following shall be required as additional requirements	
1. Quotation of Laboratory	Service Provider

2.Social Case Study Report or Case Summary.	Registered Social Worker in public or private practice.  DSWD  LSWDO  NGO  Medical Social Service
<b>MEDICAL ASSISTANCE FOR LABORATORY</b>	<b>WHERE TO SECURE</b>
1.Medical Certificate or Clinical Abstract or Discharge Summary or Alagang Pinoy Tagubilin Form with Diagnosis with complete name, license number and signature of the Physician issued within three months (Original or Certified true copy)	Attending Physician or from Medical Records of the hospital or clinic.
2.Laboratory Requests or Laboratory Protocol or Doctor's Order with name, license number, and signature of the Physician	Attending Physician from a hospital or clinic
If the amount of assistance being requested exceeds PhP10,000.00, the following shall be required as additional requirements	
1.Quotation of Laboratory	Service Provider
2.Social Case Study Report or Case Summary.	Registered Social Worker in public or private practice.  DSWD  LSWDO  NGO  Medical Social Service
<b>FUNERAL ASSISTANCE FOR FUNERAL BILL</b>	<b>WHERE TO SECURE</b>
1.Death Certificate or Certification from the Tribal Chieftain (Original or certified true copy	City or Municipal Hall (Civil Registry Office), Hospital, Funeral Parlor, Tribal Chieftain or Imam
2.Promissory Note or Certificate of Balance or Statement of account	Authorized staff of the Funeral Parlor or Memorial Chapel

3. Funeral Contract	Authorized staff of the Funeral Parlor or Memorial Chapel
<b>FUNERAL ASSISTANCE FOR TRANSFER OF CADAVER</b>	<b>WHERE TO SECURE</b>
1. Death Certificate or Certification from the Tribal Chieftain (Original or certified true copy)	City or Municipal Hall (Civil Registry Office), hospital, funeral parlor, tribal chieftain or Imam.
2. Transfer Permit	City or Municipal Hall
<b>EDUCATIONAL ASSISTANCE</b>	<b>WHERE TO SECURE</b>
1. Validated School ID and Valid I. D	School where the beneficiary is enrolled
2. a. Enrolment Assessment Form or b. Certificate of Enrolment or Registration; or c. Statement of Account	School Registrar or Concerned Office where the beneficiary is enrolled
<b>FOOD ASSISTANCE FOR INDIVIDUAL AND FAMILIES ENDORSED IN GROUPS</b>	
1. Barangay Certificate or Residency or Certificate of Indigency or Certificate that the client is in need of assistance may be required or medical document as proof that the beneficiary is admitted	Barangay Hall where the client is presently residing  Hospital where the beneficiary is currently admitted
<b>CASH RELIEF ASSISTANCE</b>	<b>WHERE TO SECURE</b>
Depending on the circumstances:  a. <b>For Fire Victims:</b> Police Report or Bureau of Fire Protection Report from the Bureau of Fire  b. <b>For Distressed OFs:</b> Passport, Travel Document/s, certification from OWWA or the Barangay	Bureau of Fire or PNP  Overseas Workers Welfare Administration or Department of Migrant Workers or Barangay

<p>c. <b>For Rescued Client:</b> Certification from a social worker or Case manager from rescued clients.</p> <p>d. <b>For victims of Online Sexual Exploitation:</b> Police Blotter and social worker's certification for the victims of online</p> <p>a. sexual exploitation of children</p> <p>b. <b>For Locally stranded individuals (LSI):</b> LSI without valid IDs, the Medical Certificate or the Travel Authority issued by the Philippine National Police will suffice and be accepted to prove his or her identity.</p>	<p>Local Social Welfare and Development Office or other social welfare agencies</p> <p>Local Social Welfare and Development Office or other social welfare agencies</p> <p>Police Station</p> <p>Hospital or Clinic</p>
<p><b>For all other incidents:</b></p> <p>Barangay Certificate of Residency or Certificate of Indigency or Certificate of the Client is in Need of Assistance as well as other documents from legal authorities or regulating agencies, as may be applicable such as but not limited to Police Report or Blotter, Spot report from the AFP or PNP, Joint AFP-PNP Intelligence Committee (JAPIC) certificate, Certification of death, Disaster Assistance Family Access Card (DAFAC); Medico-legal certification</p>	<ul style="list-style-type: none"> <li>• Barangay Hall where the client is presently residing</li> <li>• Police Station</li> <li>• AFP or PNP</li> <li>• Office of Civil Registry</li> <li>• Certificate from the LDRMO; or</li> <li>• Local Government Unit</li> <li>• Hospital or Clinic signed by Licensed Physician</li> </ul>
<p><b>MATERIAL ASSISTANCE</b></p>	<p><b>WHERE TO SECURE</b></p>
<p>1. General Intake Sheet</p>	<p>DSWD CIU or CIS or SWAD</p>
<p>2. Material Assistance Distribution Sheet</p>	<p>DSWD CIU or CIS or SWAD</p>

ON-SITE TRANSACTION				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>1. Present pertinent documents.</b>	1.1 Check the completeness of documents submitted by clients.	NONE	1 hour	Social Welfare Officer III
	1.2. Verify client's records if within the frequency of availing assistance to Crisis Monitoring System (CrIMS)  <b>If it is determined that the client has received assistance beyond the allowed frequency, notify the client regarding the provisions stipulated in the guidelines.</b>  <b>If eligible, provide the client a queuing number and instruct them to proceed with Step 2- Interview and Assessment.</b>			
<b>2. Submit pertinent documents for interview and assessment</b>	2.1 The SWO shall Interview and assess the client to determine the actual need and to check the accuracy and authenticity of the documentary requirements presented. Additionally, the SWO shall fill out the	NONE	3 hours	Social Welfare Officer III

	<p><i>assessment area in the GIS.</i></p> <p><b><i>If determined to be eligible to receive assistance, the SWO shall recommend the appropriate assistance and fill out the CE.</i></b></p> <p><i>For financial assistance amounting to P10,000.00 and below, the SWO shall advise the client to proceed to Step 4 (releasing of assistance) while the GIS, CE, or justification will be subjected to approval.</i></p> <p><i>For assistance through a guarantee letter, the DSWD personnel shall prepare the GL. The DSWD personnel shall forward it to Step 3: Review and Approval along with the GIS, CE, and justification of the social worker.</i></p> <p><b><i>If for material assistance, depending on the availability, the SWO shall advise the client to proceed to Step 4 Releasing of Assistance.</i></b></p>			
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	<p><i><b>If documents are found to be incomplete to support the request, the SWO shall advise the client to comply with the documentary requirements needed as listed in the compliance slip per type of assistance.</b></i></p> <p><i><b>If the client is found to be ineligible to avail the assistance, the SWO shall issue a letter of disapproval to the client.</b></i></p> <p><i><b>If found that services needed are outside the scope of the program, the SWO shall refer the client to the corresponding program concerned.</b></i></p>			
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<p><b>3. Receiving Assistance</b></p>	<p><i>3.1 The DSWD personnel Shall Forward the documents to the authorized official/s.</i></p> <p><b><i>If the authorized official/s finds the request valid and complete, the authorized personnel shall approve the request.</i></b></p> <p><b><i>If the approving officer determines that the client's submitted documents are insufficient to support the social worker's assessment, the approving officer shall return the documents to the attending SWO for justification or for further appropriate instruction deemed necessary.</i></b></p>	<p>NONE</p>	<p>50 Minutes</p>	
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	<p><i>4.1.3.1. The CIU/S staff shall assist the client in filling out the Material Assistance Distribution Sheet.</i></p> <p><i>4.1.3.2. The CIU/S Staff shall provide the assistance.</i></p> <p><i>4.1.4The DSWD personnel shall update client's records into CrIMS or to the existing monitoring tool/system once the assistance is released.</i></p>		<p>10 Minutes for Material Assistance</p>	
	<p><i>4.2. The DSWD personnel shall ensure scan the</i></p>			<p><i>Social Welfare Officer V/IV/III/II</i></p>

	<i>client's documents or secure a copy of documents for filing and references.</i>  <i>4.2.1. The client/beneficiary shall accomplish the Client Satisfaction Measurement Survey Form (CSMF) and drop it to the allocated suggestion box</i>			(CIS)
	<b>TOTAL</b>	<b>NONE</b>	<b>5 Hours 40 Minutes for Cash- Outright</b>  <b>16 Working Hours(2 days) for GL</b>	

## 12. Offsite Implementation or Assessment of Individual Clients outside the DSWD Offices (CIU/COS/SWAD OFFICES)

AICS serves as a social safety net or stop-gap measure to support the recovery of individuals and families identified to be suffering from any adversity or crisis through the provision of financial assistance, psychosocial intervention, and referral services that will enable the clients to meet their basic needs in the form of food, transportation, medical, educational, material, funeral, and cash assistance or other support services, among others.

The provision of psychosocial support, including psychological first aid, and counseling, as well as financial assistance to disadvantaged and marginalized sectors, are part of the social protection services of the Department. These protective services aim to help individuals and families to cope with the present difficult situation they are experiencing, such as illness, death, loss of job, or source of income. In order to effectively and efficiently respond to existing and emerging crisis situations among vulnerable sectors, a Citizens Charter was crafted to provide a comprehensive guide on the provision of the aforementioned assistance.

Prior to Offsite implementation, the identified group of individuals shall undergo cross matching prior to the date of implementation to avoid duplication while the assessment and provision of assistance shall be based on the provisions of the MC 06 s. 2023 and its corresponding Amendments.

The planning and implementation shall be in coordination with the appropriate local government offices/agencies/authorities, as applicable, before, during and after the activities. The implementation shall be conducted by schedule.

<b>Office or Division:</b>	Program Management Bureau-Crisis Intervention Division, Protective Service Division-Crisis Intervention Section Field Office I-XII, CARAGA, CAR, and NCR	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2C- Government to Citizen	
<b>Who may avail:</b>	Indigent, marginalized, and vulnerable/disadvantaged individuals and families or are otherwise in crisis situation based on the assessment of the Social Worker	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
Any valid identification card of the client/ person to be interviewed (1 original copy) from the following:		
● PhilSys ID		Philippine Statistics Authority
● UMID ID, SSS or GSIS ID		Social Security System or Government Service Insurance System
● Philhealth ID		Philhealth
● Driver's License		Land Transportation Office
● PRC ID		Professional Regulation Commission
● OWWA ID		Overseas Workers Welfare Administration
● DOLE ID		Department of Labor and Employment
● PAG-IBIG ID		Pag-IBIG Fund
● Voter's ID or Voter's Certification		Commission on Election
● Postal ID		Post Office

● Philippine Passport	Department of Foreign Affairs
● NBI Clearance	National Bureau of Investigation
● 4Ps ID	Department of Social Welfare and Development
● PWD ID	Local Government Unit
● Solo Parent ID	Local Government Unit
● City or Municipal ID	Local Government Unit
● Barangay ID	Local Government Unit
● Office of Senior Citizen Affairs (OSCA ID)	Local Government Unit
● Police Clearance	Police Station
● or any ID preferably with validity date, and picture and signature of the client.	Barangay Hall
In extremely justifiable circumstances, a Barangay Certification certifying the identity of the client may be presented in lieu of an Identification Card.	Barangay Hall
Signed Authorization Letter (1 original copy if applicable)	Beneficiary of Assistance except for those who do not have the capacity to act or below 18 years old
<b>TRANSPORTATION ASSISTANCE</b>	<b>WHERE TO SECURE</b>
Other supporting document/s such as but are not limited to: (1 original copy)	
Police Blotter	Police Station
Medical Abstract	Hospitals or clinic
Court Order or Subpoena	Supreme Court
Death Certificate	Civil Registry Office
<b>MEDICAL ASSISTANCE FOR HOSPITAL BILL</b>	<b>WHERE TO SECURE</b>
1. Medical Certificate or Clinical Abstract or Discharge Summary or Alagang Pinoy	Medical records of the Hospital or Clinic or the Attending Physician

Tagubilin Form with Diagnosis with complete name, license number and signature of the Physician issued within three months (1 Original or Certified true copy)	
2. Hospital bill or Statement of Account (outstanding balance) with name and signature of billing clerk or Certificate of balance and promissory note signed by credit and collection officer or billing clerk (1 original /certified true copy)	Billing Office of the Hospital Credit and Collection Office of the Hospital
3. Social Case Study Report or Case Summary. (1 original copy)	Registered Social Worker in public or private practice. DSWD LSWDO NGO Medical Social Service
<b>MEDICAL ASSISTANCE FOR MEDICINE ASSISTIVE DEVICE</b>	<b>WHERE TO SECURE</b>
1. Medical Certificate or Clinical Abstract or Discharge Summary or Alagang Pinoy Tagubilin Form with Diagnosis with complete name, license number and signature of the Physician issued within three months ( 1 Original / Certified true copy)	Medical records of the Hospital or Clinic or the Attending Physician
2. Prescription with date of issuance, complete name, license number and signature of the Physician issued within three months (1 original copy)	Attending Physician from a hospital or clinic.
If the amount of assistance being requested exceeds Php10,000.00, the following shall be required as additional requirements	
1. Quotation of Laboratory (1 original copy)	Service Provider
2. Social Case Study Report or Case Summary. (1 original copy)	Registered Social Worker in public or private practice. DSWD



	LSWDO NGO Medical Social Service
<b>MEDICAL ASSISTANCE FOR LABORATORY</b>	<b>WHERE TO SECURE</b>
1. Medical Certificate or Clinical Abstract or Discharge Summary or Alagang Pinoy Tagubilin Form with Diagnosis with complete name, license number and signature of the Physician issued within three months (1 Original or Certified true copy)	Attending Physician or from Medical Records of the hospital or clinic.
2. Laboratory Requests or Laboratory Protocol or Doctor's Order with name, license number, and signature of the Physician (1 original/certified true copy)	Attending Physician from a hospital or clinic
If the amount of assistance being requested exceeds PhP10,000.00, the following shall be required as additional requirements	
1. Quotation of Laboratory (1 original copy)	Service Provider
2. Social Case Study Report or Case Summary. (1 original copy)	Registered Social Worker in public or private practice. DSWD LSWDO NGO Medical Social Service
<b>FUNERAL ASSISTANCE FOR FUNERAL BILL</b>	<b>WHERE TO SECURE</b>
1. Death Certificate or Certification from the Tribal Chieftain (Original or certified true copy (1 original/certified true copy)	City or Municipal Hall (Civil Registry Office), Hospital, Funeral Parlor, Tribal Chieftain or Imam
2. Promissory Note or Certificate of Balance or Statement of account (1 original/certified true copy)	Authorized staff of the Funeral Parlor or Memorial Chapel
3. Funeral Contract (1 original/certified true copy)	Authorized staff of the Funeral Parlor or Memorial Chapel

<b>FUNERAL ASSISTANCE FOR TRANSFER OF CADAVER</b>	<b>WHERE TO SECURE</b>
1. Death Certificate or Certification from the Tribal Chieftain (1 Original or certified true copy)	City or Municipal Hall (Civil Registry Office), hospital, funeral parlor, tribal chieftain or Imam.
2. Transfer Permit	City or Municipal Hall
<b>EDUCATIONAL ASSISTANCE</b>	<b>WHERE TO SECURE</b>
1. Validated School ID and Valid I. D (1 original copy)	School where the beneficiary is enrolled
2. (1 original/certified true copy of the following) a. Enrolment Assessment Form or b. Certificate of Enrolment or Registration; or Statement of Account	School Registrar or Concerned Office where the beneficiary is enrolled
<b>FOOD ASSISTANCE FOR INDIVIDUAL AND FAMILIES ENDORSED IN GROUPS</b>	
1. Barangay Certificate or Residency or Certificate of Indigency or Certificate that the client is in need of assistance may be required or medical document as proof that the beneficiary is admitted (1 original/certified true copy)	Barangay Hall where the client is presently residing  Hospital where the beneficiary is currently admitted
<b>CASH RELIEF ASSISTANCE</b>	<b>WHERE TO SECURE</b>
Depending on the circumstances:  a. <b>For Fire Victims:</b> Police Report or Bureau of Fire Protection Report from the Bureau of Fire  b. <b>For Distressed OFs:</b> Passport, Travel Document/s, certification from OWWA or the Barangay	Bureau of Fire or Philippine National Police  Overseas Workers Welfare Administration or Department of Migrant Workers or Barangay,  Local Social Welfare and Development Office or other social welfare agencies

<p>c. <b>For Rescued Client:</b> Certification from a social worker or Case manager from rescued clients.</p> <p>d. <b>For victims of Online Sexual Exploitation:</b> Police Blotter and social worker's certification for the victims of online</p> <p>a. sexual exploitation of children</p> <p>b. <b>For Locally stranded individuals (LSI):</b> LSI without valid IDs, the Medical Certificate or the Travel Authority issued by the Philippine National Police will suffice and be accepted to prove his or her identity.</p>		<p>Local Social Welfare and Development Office or other social welfare agencies</p> <p>Police Station</p> <p>Hospital or Clinic</p>		
<p><b>For all other incidents:</b></p> <p>Barangay Certificate of Residency or Certificate of Indigency or Certificate of the Client is in Need of Assistance as well as other documents from legal authorities or regulating agencies, as may be applicable such as but not limited to Police Report or Blotter, Spot report from the AFP or PNP, Joint AFP-PNP Intelligence Committee (JAPIC) certificate, Certification of death, Disaster Assistance Family Access Card (DAFAC); Medico-legal certification</p>		<ul style="list-style-type: none"> <li>• Barangay Hall where the client is presently residing</li> <li>• Police Station</li> <li>• AFP or PNP</li> <li>• Office of Civil Registry</li> <li>• Certificate from the LDRMO; <i>or</i></li> <li>• Local Government Unit</li> <li>• Hospital or Clinic signed by Licensed Physician</li> </ul>		
<b>MATERIAL ASSISTANCE</b>		<b>WHERE TO SECURE</b>		
1. General Intake Sheet		DSWD CIU or CIS or SWAD		
2. Material Assistance Distribution Sheet		DSWD CIU or CIS or SWAD		
<b>OFF-SITE TRANSACTION</b>				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>

<p>1. Present pertinent document</p>	<p>1.1 Conduct validation of clients/beneficiaries with the official list of target beneficiaries</p> <p>1.1.1 Check the validity and completeness of the required documents presented by the client.</p> <p><b>If the documents submitted by the client are incomplete,</b> advise the client to comply with the relevant documents.</p> <p>If complied, check validity and completeness of documents before proceeding to the next step.</p>	<p>NONE</p>	<p>5 Minutes</p> <p>5 minutes</p>	<p><i>Social Welfare Officer III (CIS)</i></p>
<p>2. Submit pertinent documents for</p>	<p>2.1 Fill out the assessment area in the GIS;</p>	<p>NONE</p>	<p>30 Minutes</p>	<p><i>Social Welfare Officer III (CIS)</i></p>

<p>Interview and Assessment</p>	<p>2.1.1 The social worker shall conduct an interview and assess the client to determine the eligibility of the client and complete the filling out of the GIS.</p> <p><b>If the client is eligible to receive assistance,</b> the social workers shall recommend the appropriate assistance and fill out the CE.</p> <p><b>If the client is ineligible to avail assistance,</b> the DSWD Personnel shall issue a letter of ineligibility signed by the authorized staff</p>			
<p>3. Receive Assistance and fill out Client Satisfaction Measurement Survey</p>	<p>3.1 The authorized DSWD Personnel shall review and release the assistance upon the establishment of the correctness and completeness of documents.</p> <p>3.1 1 .The client/beneficiary shall accomplish the Client</p>	<p>NONE</p>	<p>5 Minutes</p>	<p><i>Social Welfare Officer III (CIS)</i></p>

	Satisfaction Measurement Survey Form (CSMF) and drop it to the allocated suggestion box.			
	<b>TOTAL</b>	<b>NONE</b>	<b>40 Minutes</b>	

<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send feedback	<p>Clients can send a feedback letter either thru e-mail or snail mail addressed to the DSWD Official email or through the Client’s Satisfaction Measurement Survey Form and drop it at the designated drop box in front of the <u>step 4</u> of Crisis Intervention Section (CIS) Office.</p> <p>Contact info: <a href="mailto:ciu.fo11@dswd.gov.ph">ciu.fo11@dswd.gov.ph</a></p>
How feedbacks are processed	<p>Every end of the day, the CIS Staff in-charge opens the drop box and consolidates all feedback submitted.</p> <p>For feedback requiring answers, the CIS Staff in-charge will then immediately contact the concerned party upon reading of the said feedback.</p> <p>For inquiries and follow-ups, clients may contact the following telephone number: <u>227-1964</u> loc. <u>426; 1133; 1132</u></p>
How to file a complaint	<p>Clients can file complaint either thru e-mail or snail mail addressed to the Regional Director or through SMS. Make sure to provide the following information:</p> <ul style="list-style-type: none"> <li>- Name of person being complained</li> <li>- Incident</li> <li>- Evidence</li> </ul> <p>For inquiries and follow-ups, clients may contact the following telephone number: <u>227-1964</u> loc. <u>426; 1133; 1132</u></p>

<p>How complaints are processed</p>	<p>Upon receipt of the complaints, social worker/concerned staff conduct interviews with the clients regarding the complaints and assess/evaluate the client's complaints.</p> <p>After evaluation of the complaints, staff in-charge will create a report and submit it to the Section Head for appropriate action.</p> <p>The staff in-charge will then provide feedback to the client.</p> <p>For inquiries and follow-up, clients may contact the following telephone number: <u>227-1964</u> loc. <u>426; 1133; 1132</u></p>
<p>Contact Information of CCB, PACe, ARTA</p>	<p><b>Anti Red Tape Authority (ARTA)</b> complaints@arta.gov.ph or call at 8478-5091 or 8478-5093.</p> <p><b>Presidential Action Center (PACe)</b> pace@op.gov.ph Hotline 8888 or 82498310 loc. 8175 or 8182 Tel Nos. 8736-8645, 8736-8603, 8736-8606, 8736-8629, 8736-8621</p> <p><b>Contact Center ng Bayan (CCB)</b> email@contactcenterngbayan.gov.ph 0908-881-6565</p>