

Beneficiary's Copy

**MagKALAH!**  
*tayo, Pilipinas!*

★ SAMA-SAMA NATING ITAGUYOD  
ANG COMMUNITY-DRIVEN DEVELOPMENT SA BUONG BANSA ★

#BawatBuhayMahalagaSaDSWD



KAPIT BISIG LABAN SA KAHIRAPAN -  
COMPREHENSIVE AND INTEGRATED DELIVERY OF  
SOCIAL SERVICES (KALAH!-CIDSS)

# CASH-FOR-WORK PROGRAM

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Beneficiary

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CFWP ID No.



<https://www.facebook.com/dswdserves>  
<https://www.facebook.com/DSWDKALAHICIDSS>

NOT FOR SALE

PAANO PUNAN ang FORM

Pangkalahatang Panuto:

1. Sagutan ang *form* nang malinis, malinaw at walang bura upang madaling mabasa.
2. Gumamit ng **MALALAKING TITIK** sa pagsagot.
3. Siguraduhing kasya sa espasyo o kahon ang mga sagot.
4. Sagutan nang tapat at ayon sa katotohanan ang bawat tanong.
5. Lagyan ng ***NONE*** o ***N/A*** ang mga tanong na hindi angkop.
6. Kumpletuhin ang *form* at tiyaking walang bakanteng espasyo o kahon sa bawat hinihinging impormasyon.
7. Gumamit ng ***BLACK*** o ***BLUE BALLPEN*** sa pagsagot at pag lagda ng *form*.
8. Isulat ang ***CFWP ID No.*** na ibibigay/ibinigay ng *DSWD CFWP Focal Person*.

I. IMPORMASYON NG BENEPISYARYO

- A. Isulat ang buong pangalan.
- B. Isulat ang kumpletong permanenting tirahan.
- C. Isulat ang kumpletong kasalukuyang tirahan.
- D. Isulat ang petsa ng kapanganakan (halimbawa: **01/28/1999**).
- E. Isulat ang eksaktong edad.
- F. Lagyan ng ***check*** ang angkop na kasarian.
- G. Isulat ang ***updated*** at ***active*** na *contact number*.
- H. Isulat ang ***updated*** at ***active*** na *email address*.
- I. Isulat ang lugar ng kapanganakan.
- J. Ideklara ang kasalukuyan at totoong trabaho o pinagkakakitaan.
- K. Isulat ang uri ng ***ID*** na ginamit at ang ***ID Number*** nito.
- L. Lagyan ng ***check*** ang angkop na katayuang sibil.
- M. Ideklara kung ikaw o ang iyong pamilya ay benepisyaryo ng 4Ps. Isulat ang ID Number kung oo ang sagot.

II. SEKTOR

Lagyan ng ***check*** ang angkop na sektor.

III. URI NG KAPANSANAN

Lagyan ng ***check*** ang angkop na kapansanan. Kung wala, lagyan ng ***N/A*** sa ***Others***.

IV. KOMPOSISYON NG PAMILYA (*Family Composition*)

- A. Isulat ang **Buong Pangalan** (Unang Pangalan, Gitnang Pangalan, Apelyido) ng bawat miyembro ng pamilya.
- B. Isulat ang relasyon ng bawat miyembro ng pamilya sa benepisyaryo.
- C. Isulat ang petsa ng kapanganakan ng bawat miyembro ng pamilya (halimbawa: **01/28/1999**).
- D. Isulat ang tamang edad ng bawat miyembro ng pamilya base sa araw ng kapanganakan.
- E. Isulat ang Antas ng Edukasyon ng bawat miyembro ng pamilya.
- F. Isulat ang kasalukuyang trabaho ng bawat miyembro ng pamilya.
- G. Isulat ang angkop at totoong buwanang kita ng bawat miyembro ng pamilya.
- H. Isulat ang numero ng bawat miyembro ng pamilya kung mayroon.

V. DEKLARASYON NG KALUSUGAN

- A. Ideklara ang anumang mga karamdaman na maaaring makaapekto sa pagtatrabaho sa **Cash-for-Work Program (CFWP)**.

VI. PARTISIPASYON SA CFWP

- A. Ideklara kung ikaw o ang miyembro ng pamilya ay naging benepisyaryo na ng iba pang uri ng ***CFWP*** sa mga nagdaang taon.

VII. ANTAS NG EDUKASYON

- A. Isulat ang buong pangalan ng paaralan na pinapasukan o pinagtapusan.
- B. Lagyan ng ***check*** kung ***Main Campus*** o isulat ang ***branch*** o ibang *campus* ng paaralan.
- C. Isulat ang buong *address* ng paaralan.
- D. Isulat ang buong pangalan ng kurso o programa (halimbawa: ***Bachelor of Science in Social Work (BSSW)***)
- E. Kung nakapagtapos na, isulat ang taon kung kailan nagtapos.
- F. Kung kasalukuyang estudyante o nag-aaral, isulat ang antas (halimbawa: ***3rd year***)

VIII. MGA KAKAYAHAN

Isulat ang mga kakayahan sa iba’t ibang aspeto na maaaring makatulong o magamit sa ***CFWP***.

IX. GUSTONG DEPLOYMENT AREA

- A. Isulat ang pangalan at *address* ng opisina na nais pagtrabahuhan sa ***CFWP***.
- B. Isulat ang klase o uri ng trabaho na nais gawin sa ***CFWP***.

REQUIREMENT CHECKLIST

Lagyan ng ***check*** ang mga *requirements* na mayroon at ipinasa kasama ang *form* na ito.

FOR CASH FOR WORK FOR ECONOMICALLY VULNERABLE COMMUNITIES AND SECTORS ONLY

X. IMPORMASYON NG KINATAWAN

Isulat ang mga angkop na impormasyon ng kinatawan ng benepisyaryo, sundin ang mga kaparehong panuto sa itaas.

PAHINTULOT NG BENEFICIARYO SA DSWD SA PAGSALI SA CASH FOR WORK PROGRAM

Basahin at unawaing mabuti ang nilalaman ng pahintulot at mga *waiver* bago isulat ang pangalan at lagdaan ang *form*.





19. The beneficiary agrees to submit a photocopy of a valid identification card issued by a competent government authority. This identification will be used by the DSWD KALAHI-CIDSS to verify the beneficiary’s identity in the documentary requirements and during the release of financial assistance. If a different valid ID is submitted during subsequent pay-outs, particularly if there is inconsistent information (such as differing names, signatures), the DSWD KALAHI-CIDSS reserves the right to request additional supporting documents for validation of identity.

20. Should the release of the financial assistance to the beneficiary be delayed due to unforeseen circumstances as announced by the DSWD, the Beneficiary may opt to either:

- i) Suspend participation and resume his/her deployment only upon the availability of funds; and
- ii) Continue his/her deployment with the release of the financial assistance upon the availability of funds.

21. The issuance of a Certificate of Completion/Participation and Certificate of Recommendation from the DSWD upon request, shall be based on the assessment of the immediate supervisor, DSWD or other partner stakeholders on the attendance and job performance of the beneficiary, particularly for beneficiaries of the CFWP for College Graduates/Students.

22. Accomplish and submit the KALAHI-CIDSS CFWP Evaluation Form prior to the end of their program engagement which shall serve as basis for enhancement of the program implementation.

IV. KOMPOSISYON NG PAMILYA (Family Composition)	H. NUMERO NG TELEPONO (Contact Number)										
	G. BUWANANG KITA (Estimated monthly income)										
	F. TRABAHO (Work)										
	E. ANTAS NG EDUKASYON (Highest Educational Attainment)										
	D. EDAD (Age)										
	C. ARAW NG KAPANGANAKAN (Birthdate) MM/DD/YYYY										
	B. RELASYON (Relationship to the Beneficiary)										
A. BUONG PANGALAN (Complete Name)  First Name, Middle Name, Last Name											

V. DEKLARASYON NG KALUSUGAN (Declaration of Health)			
A. MAYROON KA BANG KARAMDAMAN NA MAAARING MAKAAPEKTO SA IYONG TRABAHO? (Do you have any immediate health concerns that you think may affect your work?)			
<input type="checkbox"/> Oo (Yes)	IF YES, PLEASE SPECIFY:		
<input type="checkbox"/> Hindi (No)			
VI. PARTISIPASYON SA CFWP (Participation in Other Cash-for-Work Programs)			
A. IKAW BA O ANG IYONG PAMILYA BA AY NAGING BENEPISYARYO NA DIN NG CASH-FOR-WORK PROGRAM NG DSWD? (Have you or your family been a beneficiary of the DSWD Cash-for-Work Program?)			
Types of CFWP: CFWP for College Graduates and Students, CFWP for Families Affected by Disaster, CFWP for PWDs, Project LAWA at BINHI, FarmAralan, Tara Basa Tutoring Program			
Uri ng CFWP (Type of CFWP)	Miyembro ng Pamilya (Member/s of the Family)	Taon (Year)	
VII. ANTAS NG EDUKASYON (Highest Educational Attainment)			
		<input type="checkbox"/> Main Campus	
		<input type="checkbox"/> Other Campus: _____	
A. PAARALAN (School)		B. KAMPUS (Campus)	
C. . ADDRESS NG PAARALAN (School Address)			
D. CORSO (Course)	E. YEAR GRADUATED (If Graduate)	F. YEAR LEVEL (If Student)	
VIII. MGA KAKAYAHAN (Skills)		FOR COLLEGE GRADUATES AND STUDENTS ONLY	
		Certificate of Eligibility issued by L/C/MSWDO or	<input type="checkbox"/>
		Certificate of Indigency issued by BLGU	<input type="checkbox"/>
IX. GUSTONG DEPLOYMENT AREA (Preferred Deployment Area)			
		Proof of Graduation (for Graduate)	<input type="checkbox"/>
A. NAME OF OFFICE and ADDRESS (Pangalan ng Opisina at Address)		Proof of Enrollment (for Student)	<input type="checkbox"/>
B. PREFERRED TYPE OF WORK (e.g. Office Work, Field Work, Clerical Work)		Valid Identification Card (ID)	<input type="checkbox"/>

II. RELEASE OF FINANCIAL ASSISTANCE

The release of the financial assistance to the beneficiary by the DSWD KALAHI-CIDSS shall be governed by the following stipulations:

14. The basis of the Financial Assistance released to the beneficiary under the CFW shall be the Regional Daily Wage as provided by the Department of Labor and Employment - National Wages and Productivity Commission (DOLE-NWPC) for non-agricultural workers in the region where the beneficiary is deployed.

15.The documentary basis for the computation of financial assistance shall be the actual time rendered as stated in the Daily Time Record (DTR) for College Graduates and Certificate of Attendance for College Students engaged under the Cash for Work Program and supported by the activities delivered in the Accomplishment Report (AR) as validated by the DSWD KALAHI-CIDSS CFW Team through computation, validation of photo documentation and supporting documents as may be deemed appropriate.

16.Sign the documentary requirements as consistently and accurately as possible to the signature specimen in the Valid ID submitted by the beneficiary during the engagement process.

17. Timely submit the CFW DTR and AR based on the agreed upon timeline for the DSWD KALAHI-CIDSS to process the release of assistance.

18.That in case of incomplete or incorrect documentary requirements submitted for release of financial assistance, the beneficiary agrees to comply with the corrections flagged by the DSWD KALAHI-CIDSS team which may include resubmission of documents or provision of additional supporting documents.

v) Prior to the pre-termination, the N/RPMO Social Worker in partnership with the LGU/HEI and other stakeholders shall facilitate case management interventions not limited to case conference, counseling etc to assess the beneficiary pre-termination case and come up with a recommendation. Should the beneficiary be recommended for pre-termination, a Notice of Termination shall be served. Hence, beneficiaries who failed to complete the set implementation timeline only be compensated for the actual number of days rendered. Thus, replacement is allowed.

10.If the beneficiary is a replacement, he/she can only render the remaining number of days of program implementation of the replaced beneficiary or may be extended not more than the set timeline of implementation subject to availability of funds.

11.Should the beneficiary’s tasks/activities require travel outside of the official station, approval from the supervising officer and DSWD is needed. Hence, please note that there will be no additional benefits/compensation to be provided.

12.In the event of an accident, health, or medical concern while the beneficiary is engaged in the program, the DSWD or its personnel will not be held liable for any damages of whatever nature, medical expenses, injuries, or health-related issues that may arise. The beneficiary is responsible for securing their own health insurance or coverage, and

13.The beneficiary shall disclose all health related concerns in the CFW Profile Form which shall be the basis for the DSWD to determine whether they are physically and mentally fit to participate in the Program. In addition, the DSWD shall not be held liable for injuries arising from the non-disclosure of health concerns in the CFW Profile Form.

FOR CASH FOR WORK FOR ECONOMICALLY VULNERABLE COMMUNITIES AND SECTORS ONLY									
X. IMPORMASYON NG KINATAWAN <i>(Representative's Information)</i>									
A. BUONG PANGALAN <i>(Full Name)</i>									
APELYIDO <i>(Last Name)</i>			UNANG PANGALAN <i>(First Name)</i>		GITNANG PANGALAN <i>(Middle Name)</i>		Ext.		
B. KASALUKUYANG TIRAHAN <i>(Present Address)</i>									
House/Lot/Block No., Street/Purok, Subdivision/Village, Barangay, City/Municipality, District/Province, Region									
				<input type="checkbox"/> Lalaki <i>(Male)</i>					
Buwan <i>(Month)</i>	Day <i>(Araw)</i>	Taon <i>(Year)</i>		<input type="checkbox"/> Babae <i>(Female)</i>					
C. PETA NG KAPANGANAKAN <i>(Birthday)</i>			D. EDAD <i>(Age)</i>	E. KASARIAN <i>(Sex)</i>	F. CONTACT NUMBER	G. RELASYON SA BENEPISYARYO <i>(Relationship to Beneficiary)</i>			
H. ANTAS NG EDUKASYON <i>(Highest Educational Attainment)</i>					I. TRABAHO <i>(Occupation)</i>	J. BUWANANG KITA <i>(Monthly Salary)</i>			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower					<input type="checkbox"/> Annulled <input type="checkbox"/> Separated <input type="checkbox"/> Common Law				
L. KATAYUANG SIBIL <i>(Civil Status)</i>					M. IDENTIFICATION CARD (ID) AND ID NUMBER SUBMITTED				
XI. MGA KAKAYAHAN NG KINATAWAN <i>(Skills of the Representative)</i>						REQUIREMENT CHECKLIST FOR ECONOMICALLY VULNERABLE COMMUNITIES AND SECTORS ONLY			
XII. DEKLARASYON NG KALUSUGAN <i>(Declaration of Health)</i>									
A. MAYROON KA BANG KARAMDAMAN NA MAAARING MAKAAPEKTO SA IYONG TRABAHO? <i>(Do you have any immediate health concerns that you think may affect your work?)</i>									
<input type="checkbox"/> Oo <i>(Yes)</i>			<input type="checkbox"/> Hindi <i>(No)</i>						
IF YES, PLEASE SPECIFY:									
						Certificate of Eligibility issued by L/C/MSWDO or			
						Certificate of Indigency issued by BLGU			
						Valid ID of Beneficiary			
						Valid ID of Representative (if applicable)			
						Other submitted documents (if any:			

RESULTA NG PAGSUSURI NG DSWD <i>(Result of DSWD's Assessment)</i>			
<input type="checkbox"/>	ELIGIBLE	<input type="checkbox"/>	INELIGIBLE

PAHINTULOT NG BENEFICIARYO SA DSWD SA PAGSALI SA CASH FOR WORK PROGRAM <i>(Consent of the Beneficiary to the DSWD in Engaging in the Cash for Work Program)</i>
DATA PRIVACY WAIVER
<p>Ako, na may lagda, ay nagpapatunay na ang mga impormasyon na nakasaad sa dokumentong ito ay totoo at kusang loob ko na ibinahagi at nauunawaan ko na ito ay mahalaga bilang benepis-yaryo ng Cash for Work Program. Nauunawaan ko din na ang mga impormasyon na nakapaloob sa dokumentong ito, kasama ang aking personal na datos ay maipo-proseso ng manual o el-ektroniko at mapapangasiwaan at mapananatili sa isang ligtas na lugar ng DSWD KALAHI-CIDSS. Bilang karagdagan, pinahihintulutan ko ang kontroladong pagbabahagi ng aking personal na impormasyon sa ibang mga ahensyang pambansa at sangay ng pamahalaan, mga develop-ment partners, evaluation firms, academe at iba pang mga stakeholders alinsunod sa patakaran sa Data Privacy Policy and Sharing Protocol ng Programa at mga probisyon at mga seksyon sa ilalim ng Data Privacy Act (DPA) ng 2012 o RA 10173.</p> <p><i>I, the undersigned, certify that the information contained in this document is true and voluntarily provided by me and I understand that it is important as a beneficiary of the Cash for Work Pro-gram. I also understand that the information contained in this document, including my personal data, will be processed manually or electronically and will be managed and maintained in a se-cure location by DSWD KALAHI-CIDSS. In addition, I authorize the controlled sharing of my per-sonal information with other national agencies and government departments, development part-ners, evaluation firms, academe and other stakeholders in accordance with the Program's Data Privacy Policy and Sharing Protocol and the provisions and sections under the Data Privacy Act (DPA) of 2012 or RA 10173.</i></p>

7. Have the work performed after the beneficiary has reported for work in the event of a declaration of suspension by the deployment area, LGU or the Government of the Philip-pines shall be counted as work performed the whole day.
8. Have the option perform work on Saturdays and/or Sundays or Holidays subject to the approval by the Immediate Supervisor/DSWD provided that the Beneficiary consents to the following conditions:
- i. The Beneficiary is not entitled to and will not be compensated with overtime pay and other benefits provided to regular employees reporting on weekends or holi-days.
  - ii. Beneficiary's willingness to report on weekends or holidays with the approval and proper supervision of the beneficiaries' immediate supervisor.
9. Inform the DSWD/HEI/LGU, if the beneficiary opted to pre-terminate his/her program en-gagement through a notice prior to the end of the set timeline of implementation. Further, the following shall be grounds for pre-termination of the beneficiary's engagement in the CFWP:
- i) One (1) week of unjustified absence from deployment without informing the imme-diate supervisor/LGU/DSWD;
  - ii) Voluntary withdrawal of the beneficiary from the CFWP; and
  - iii) Violation of the Beneficiary Agreement.
  - iv) Commission of fraud or falsification in relation to his engagement in the Cash for Work Program and the submission of documentary requirements for release of finan-cial assistance.



I, the undersigned **Cash-for-Work Program Beneficiary**, hereby agrees to comply with the following DSWD KALAHI-CIDSS Cash-For-Work Program (CFW) rules and regulations as a beneficiary.

**I. TERMS AND CONDITIONS OF ENGAGEMENT**

This Agreement shall cover the engagement of the Beneficiary with the CFW during the period provided in the table below and the beneficiary shall at all times:

1. Observe the proper code of conduct during and comply with the rules and regulations of the office where he/she will be assigned for the duration of his/her deployment.
2. Attend and participate in KALAHI-CIDSS CFW Program related activities such as but not limited to Orientations, Focus Group Discussions, meetings, training and other activities as may be requested by the DSWD or other partner stakeholders.
3. Perform the agreed tasks/activities assigned by the immediate supervisor efficiently and within the timeline set by the work plan.
4. Render a maximum of 8 hours per day based on the agreed working hours stipulated in the workplan. Please note that, the amount to be received shall be computed based on the actual number of hours rendered.
5. In case of the beneficiary being a student currently enrolled during the engagement of the program, the beneficiary shall not report to work for periods where he/she is enrolled in a class, regardless of whether the class is dismissed early, absence of the professor or is conducted on a work from home basis.
6. Inform the immediate supervisor/DSWD/HEI/LGU for leave of absence or other activities/status that may affect the beneficiary's program engagement.

HEALTH DECLARATION WAIVER	
Sa pamamagitan nito, pinatutunayan ko, sa pamamagitan ng paglagda at pagsusumite ng form na ito, na sa abot ng aking kaalaman, ako ay karapat-dapat na magtrabaho at gampanan ang mga tungkuling itinalaga sa akin bilang isang benepisyaryo ng DSWD KALAHI-CIDSS Cash for Work Program na maaaring may kinalaman sa pisikal o mental. mga gawain. . Na ang aking kabi-guan na ibunyag ang anumang uri ng sakit sa mga tauhan ng DSWD KALAHI-CIDSS ay magpapalaya sa DSWD, sa mga opisyal, empleyado at tauhan nito mula sa anumang pana-nagutan na maaaring lumitaw sa pagganap ng aking pakikipag-ugnayan sa Cash for Work Pro-gram. Na ang aking lagda sa Application Form ay bumubuo ng isang waiver at pagtanggap sa mga panganib na natural na nagmumula sa pagganap ng napagkasunduang trabaho/serbisyo/ gawain.	
<i>I hereby certify, by signing and submitting this form, that to the best of my knowledge, I am fit to work and perform the duties assigned to me as a beneficiary of the DSWD KALAHI-CIDSS Cash for Work Program which may involve physical or mental tasks. . That my failure to disclose any illness of any kind to the personnel of DSWD KALAHI-CIDSS shall release DSWD, its officers, employees and personnel from any liability that may arise in the performance of my engagement with the Cash for Work Program. That my signature on the Application Form constitutes a waiver and acceptance of the risks naturally arising from the performance of the agreed upon work/ service/task.</i>	

<b>BENEPISYARYO/APLIKANTE/KINATAWAN:</b>	<b>GINABAYAN NI:</b>
<hr/>	<hr/>
<b>Pangalan at Lagda ng Benepisyaryo/Aplikante o Kinatawan</b> <i>(Name and Signature)</i>	<b>Pangalan at Lagda ng HEI/LGU Focal Person</b> <i>(Name and Signature)</i>
<b>DSWD FOCAL PERSON:</b>	
<hr/>	
<b>Pangalan at Lagda ng DSWD Focal Person</b> <i>(Name and Signature)</i>	

PETSA (Date)	NAME OF RECEIVING FAMILY MEMBER PANGALAN NG MYEMBRO NG PAMILYA NA TATANGGAP (Name of Receiving Family Member)	EMERGENCY DISASTER	ASSISTANCE	UNIT	QUANTITY	COST	PROVIDER	PIRMA/ THUMBMARK NG BENEFISYARYO (Signature/ Thumbmark of the Beneficiary)

Beneficiary Agreement