**UPLIFT COMMUNITY DEVELOPMENT FOUNDATION, INC.**

**T A H A N A N G B A L I K – A L A Y**

**“Your Second Home”**

**#23 via Veneto San Francisco Village 1st Gate, Brgy. Muzon, Taytay, Rizal, 1920**

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**Contact # 475-6418/09179917074**

**R E S I D E N T I A L C A R E F A C I L I T Y**

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**MANUAL OF OPERATIONS**

**I. INTRODUCTION/ RATIONALE**

**Uplift Community Development Foundation (UCDF),** grows out in the sense that if we could help somebody along the way of our respective journeys, then we become worthy to be called a worker in our Lord’s vast Vineyard. We are all called to do something with the gifts & talents God has given us so graciously. What we become is our gift to God and to so much be given much is expected back. As he says “whatsoever you do to the least of my brethren, you do unto me”. It is clear as daylight that whoever denies himself/ herself, his/her family and possessions, will be rewarded hundredfold and will never be forsaken. Just have faith as a mustard seed. It is much easier for the camel to go through a needle than for a wealthy person obsessed with power & possessions to enter the gates of heaven. You can be the poorest of the poor than in the Lord’s banquet celebrations. Here I am, Lord, mold me like clay in your hand for you are my potter.

The Eastern (Oriental) culture’s uniqueness is family solidarity and their equivalent hospitality. Whether you roam north to south; east to west, the older persons in the Eastern culture are respected and looked up to and consulted for their wisdom and compassion. The siblings take care of each other, too. This I realized having been immersed for forty something years in the Western (Occidental) culture where independence and freedom become the benchmarks for adulthood, or as early as puberty in fact.

I was totally caught by absolute surprise when in the 90’s coming home to settle down with an idealism to establish a home care facility, I saw street elders in addition to the street children. It was quite a change from the culture I vividly remember in my sheltered childhood. I cherished the charism of family solidarity. Since then I had dream of being able to provide a **SECOND HOME** to those homeless faces on the dark pavements: lucky to have worn cardboards to rest on? How can this be a stark reality in the Eastern culture? And I was informed that some are under the control of syndicates? Is lawlessness this rampant and raw? What is the best alternative? A **SECOND HOME** it is!!

**II. VISION, MISSION & GOALS/OBJECTIVE OF THE AGENCY**

**OUR VISION**

Expansion of a loving and caring “Second Home” with complete facilities to cater to the least fortunate elders... all for God’s honor and glory! Be the best alternative available.

**OUR MISSION**

It is our mission to become a preferred residential care for the frail elderly and abandoned children, needing care, support and supervision, when there is nobody around to do so. We are committed to provide their **SECOND HOME**.

**Agency Goals**

It is our burning intense and arduous desire to provide a “SECOND HOME” for the frail, abandoned, surrendered and neglected street elders.

**Agency Objectives**

1. Unit for the elders, each with a unit guardian/parent.
2. Maintain Dining area of all Residents.
3. Socialization area of all Residents.
4. Natural Therapeutic bonding to be encouraged.
5. Shared household duties as needed and per individual capacity.
6. Physical and emotional needs to be fulfilled as possible.
7. Spiritual nourishment provided as well.
8. Ministry to the elder residents’ must be accepted with grace 7 compassion.
9. Environmental sensibilities also a must, like tree planting, recycle, organic gardening and zero waste management.
10. Sports and education go hand in hand with self- discipline and good citizenship.

**III. CLIENTELE**

1. Neglected, disadvantaged and abandoned elders.
2. Surrendered frail elders from families faced with emotional and/or psychological challenges.

**IV. GEOGRAPHICAL COVERAGE**

The Foundation’s specific location for Services operation is #23 via Veneto San Francisco Village 1st Gate, Brgy. Muzon, Taytay, Rizal 1920 Philippines. Preferred resident’s admission focus is Taytay, however, other vicinity referrals are not excluded as need arise on a space availability basis/case by case basis.

**V. GENERAL POLICIES**

First and foremost, the Foundation has the mission to provide

1. **SECOND HOME** not a processing center nor
2. Crisis intervention shelter
3. For all those who were not fortunate enough to reside in their original home and are now disadvantaged, neglected and abandoned with nobody to provide the much needed care.

A definite course of action is to search and pray for location that is safe, conveniently accessible and affordable.

Determinant factor too, is the diligent search and prayer for the right volunteers who will believe in the ministry to Uplift the neglected and abandoned, disadvantaged elders & children.

A strong, steadfast belief in the Divine Providence would be encouraging factor since the Uplift Community Development Foundation is practically and literally starting from scratch. Even half penny would be helpful. We would graciously welcome and be grateful for each angel every day.

**VI. PROGRAMS AND SERVICES**

The Foundation’s administration management programs and services will have the distinction of full staff & volunteers and will be assisted and/or provided shelter, board & lodging, formal education and all necessary tools for mainstreaming, as needed on case to case basis.

The ministry to the needs of the disadvantaged, neglected and abandoned elders will be foremost, priority and commitment of the staff and volunteers. There will be neither abuse nor exploitation of any kind or nature against the Residents, male or female. A clear understanding of this commitment in the ministry must be accepted at any given time. Gross violation will be grounds for immediate dismissal or expulsion and guide absolute came from the guiding light to follow is our Lord’s message “whatsoever you do to the least of your brethren, you do unto me”.

Since the inception of TAHANANG BALIK-ALAY, under the auspices of UPLIFT COMMUNITY DEVELOPMENT FOUNDATION, INC., in a facility.

**Admission procedures**

In a Residential Care Facility (RCF), we provide assistance in all Activities of Daily Living (ADL): dressing, grooming, personal hygiene, mobilization, meals and snacks, health and medical concerns, case management, supervision and monitoring, emotional and spiritual upliftment, socialization, recreation and fieldtrips, documentation and evaluation.

We accept referrals from families, churches, organization and health care professionals in the community. We do comprehensive screening and evaluation in the areas of medical conditions, emotional challenges, medication administration, cognitive abilities, nutritional well-being, sleep routine, physical status (strength, mobility, orientation), and special care requirements.

**APPLICANTS FOR RESIDENCY**

* Ambulatory
* No serious/ communicable disease
* Surrendered, Neglected, Disadvantaged, & Abandoned

The Residents of UPLIFT **COMMUNITY DEVELOPMENT FOUNDATION INC. TAHANANG BALIK-ALAY** will be provided care supervision in their daily activities of living (ADL’s), inclusive of eating/ feeding, grooming, mobility, toileting, and dressing: individualized service plan for each physical, emotional, medical and social needs.

Close coordination of the Facility Social Worker with the family, physician and referring Social Worker will assure the quality care. Resident admissions criteria will be within the standard operating procedures.

**SERVICES**

**A. MEALS-** Residents are provided the following:

1. Each resident can avail three balanced, nutritious meals in the dining area and additional snacks each 24 hr. period, seven days a week. Consideration will be given to resident’s preferences or recommended diet.
2. All food preparation and handling requirements within the healthy and sanitary parameters.
3. Menus are written in advance and maintained on file for two months and are prepared by a licensed dietician or licensed nutritionist.

**B. PERSONAL CARE SERVICES- Range of assistance include:**

1. Duration of meals & snacks
2. Personal hygiene; dressing, grooming, bathing, shaving, combing, oral hygiene
3. Mobility: transfer, ambulation and access to indoor/ outdoor as needed.
4. Toileting: before and after preparation.
5. Comprehensive, compassionate care available 24/7, 365 days/year.

**C. LAUNDRY AND HOUSEKEEPING**- Both provided and assured that the Facility is always in a clean, orderly sanitary and in safe order.

**D. HEALTH CARE**

1. Rehabilitative services, including occupational, physical, speech and audio services.
2. Home health care
3. Physician services
4. Oral Health
5. Dietary consultation
6. Counseling services
7. Other specialty and social services, i.e., cognitive impairment, individual service (ISP).
8. Transportation available and from medical facilities as deemed necessary.

**E. LIVELIHOOD-SKILLS/ENTERPRENEURIAL TRAINING, JOB PLACEMENT, CAPITAL ASSISTANCE**

A. Income generating projects, job placement and training are planned and conducted according to written policies on which clients are oriented.

B. Clear Policies are set and implemented: these govern profit sharing.

C. Income generation, earnings and savings on which clients are informed.

D. Due credit is given to client/s in products made by him/her/them or with his/her/their participation/application of his/her/their skills.

E. Capital assistance is complemented with appropriate training to acquire skills for livelihood project management. Training is appropriate to the client’s age and capabilities.

F. Training, proper matching and job orientation are done for client’s recommended for job placement.

**F. SOCIAL AND SPIRITUAL ACTIVITIES-** Provided or arranged opportunities for socialization, leisure activities which promote the physical and mental well-being of each resident.

1. Transportation
2. Assistance in implementation of the service plan including religious preference.
3. Holiday/seasonal/devotions included.

**G. MEDICATION MANAGEMENT**

1. Ability to self-administer medication is appropriately evaluated.
2. Reminder, if necessary and assistance with the opening and/or removing container as needed.
3. Supervision and support as needed.
4. Periodic assessment of Resident’s medication by the physician, nurse or pharmacist for any adverse reaction.
5. Documentation of any medication adjustment in the Resident’s Care Notes.
6. Store medications in original containers in a secured, locked cabinet.

**H. 1. Psycho Social Care**

1. Policies are aligned with practice with respect to psychosocial interventions and are known to all Staff and Residents.
2. Psychosocial interventions are handled by qualified professionals (e.g. counseling; stress debriefing therapy; crisis interventions; etc.)
3. Confidentiality policies are discussed with the residents and decisions on this matter are arrived at with their participation.
4. Discipline of Resident’s is always geared towards achieving helping objectives. Corporal punishment and deprivation of rights-based needs in disciplining Residents are prohibited.
5. Psychosocial /psychiatric tests are used in relation to other relevant information in assessment and in planning for crisis interventions.

**2. Case Recording**

1. Intake assessment is written for each case, showing basis for contracting help or referral to other services: intake sheet is completely and properly accomplished.
2. Appropriate recording are kept for each case according to purpose.
3. Process Recording: when understanding of specific situation/problem is necessary and/or required for supervision purposes.
4. Evaluation/Recommendation: Professional/evaluation of the presented situation.

**3. Confidentiality**

Case records and significant documents are systematically kept in a cabinet location that is accessible and can be monitored. Strictly implemented and limited are the allowed users of these records and strict confidentiality enforced:

1. Any case discussion, consultation, examination or treatment.
2. All information, personal, medical, religious or social provided by the Resident.
3. Strictly available to the Staff directly involved in the care and supervision of the Resident.
4. Any release of information require a written consent of Resident or designated representative.
5. If it’s not medically contraindicated, Residents spouse can be roommates
6. It’s prohibited for a Residents’ to have assigned tasks to do without consent or due compensation, unless as willful volunteerism or deemed therapeutic.

**VII. ORGANIZATIONAL AND ADMINISTRATION**

**A. Physical Structure and Safety**

**1. Location**

1. Accessible to Staff Residents by public transport system
2. Accessible to community facilities such as schools, churches, clinics/hospitals

**2. Sanitation**

1. Generally clean and free from clutter, dirt or waste matter.
2. Free from rodents, insects and stray animals.
3. Residents participate in the upkeep of the facility as deemed capable

**3. Physical Structure**

1. Declared fire-safe by proper government authorities
2. Basic utilities such as telephone or any adaptive means of communication, adequate supply of water and electricity for the daily needs of the Clients and Staff.
3. Office and facilities are kept in safe repair and decorated in such a way as to create a pleasant ambiance for Staff, Residents and Visitors; adequately lit, warm or cool enough; ventilated.
4. Room or space for organizational and administrative functions of Staff are separate from areas of interaction and programmed activities with Resident.
5. Adequate room or space for interview/counseling residents; ensures privacy and confidentiality.
6. Training facilities are designed and equipped according to the requirements of the program.
7. Space is designated for receiving visitors.
8. When temporary shelter is provided, applicable physical structure and safety requirements stipulated including adequate sleeping accommodations.

**B. Program Management**

**1. Planning**

1. Assessment of the situation of the target clientele is done, with sufficient data collection to support program design and strategies. A clear program plan consistent with the center’s goals, objectives and helping strategies is formulated considering the program scope, timeframe, resource needed and priorities.
2. Plan is supported with baseline data and formulated in consultation with the Board & Staff.

**2. Implementation**

1. Structures are appropriate to implementation.
2. Required resources for implementation of program are provided by the organization.
3. Schedules for provisions of services are consistent with organizational intent and program design.
4. Program implementation is documented.

**3. Community Integration**

1. Immediate community of the agency is aware of the center activities.
2. Local Government Unit (LGU) covering agency’s operation is aware of center operation; agency coordinates its projects or activities with the LGU’s where the center operates.
3. The centers cooperate/ participates in relevant projects of immediate community or organizations in the community.

**Helping Strategies**

1. General services, which are required in all residential services, and
2. Program-dependent services, the appropriateness of one or more of these services helping strategies applied to a given program will depend on the right and needs of the target clientele abandoned and neglected elderly based on organizational VMG and program objectives.
3. Family Preservations/Reunification will be set in motion as soon as sufficient data gathered and implemented soonest thereafter.

**C. Administrative Services**

1. Procurement of supplies and equipment, repair and maintenance are scheduled as needed.
2. IT specialist documents critical and special events.
3. Administrative and program files, records are managed and monitored by office staff to facilitate management & accountability.
4. Records appropriately monitored evaluated and secured.
5. Payroll administration
6. Furnishings/fixtures and equipment provided and monitored.
7. Coordination with the Board of trustees.

**D. Financial Management System**

1. **Financial transaction with Residents**

1. Process for making financial transactions are transparent, properly documented.
2. **Fund Allocation**
3. Sources of Funds are clearly indicated.
4. Regular reporting and feedback on funds utilization to donors and sponsors.
5. **Fund Allocation**
6. Follows a program-to-administrative expenses ratio of 40%/60%
7. **Control**
8. External and internal control systems rest on the treasurer and external independent auditor/CPA.
9. Annual financial statement is certified by an independent CPA.
10. **Facilities/ Assets**
11. Equitable and non-discriminatory distribution always implemented.
12. Receipt and utilization of donations either in cash or in kind (commodities) are appropriately recorded and distributed.

**VIII. PERSONNEL**

**Human Resource Management and Development**

1. Human resource policies, procedures and rules are consistent with organizational policies and goals, applicable, understandable, and reasonable and communicated to all levels of personnel in the organization.
2. Human Resource Management and Development System.
3. **Recruitment, selection, hiring and retention system.**
4. There is written document specifying qualifications for each position. Such qualifications meet standard of the DSWD and the Professional Regulations Commission.
5. Job descriptions for all the Staff in the organization are written. Actual tasks of personnel are aligned with what is written.
6. There is a functioning system for acquiring new qualified personnel and assigning appropriate responsibilities.
7. Personnel’s qualifications and background are carefully assessed.

3. Complaint Procedure

1. At all times, any Resident and/ or Community complaints will be immediately addressed to the Social Worker Ms. **Luchan Joy Abelita** through her cellphone number: 09355068804. With an assurance of absolute confidentiality, we require full disclosure of the identity of the complainant without any repercussions from such act.

Any written complaint must be sent to:

**Ms. Luchan Joy Abelita, RSW**

Social Worker/PRC #0025891

Uplift Community Development Foundation, Inc.

#23 via Veneto San Francisco Village 1st Gate, Brgy. Muzon, Taytay, Rizal, 1920

475-6418/09355068804

1. The Social Worker will investigate the nature of the complaint as soon as possible, in a timely manner within 24hrs. Of the alleged occurrence.
2. The diligent investigation will include the origin of the allegations which will include the Resident’s side of the allegations, witnesses, as well as the Staff’s statement. Whatever measures and/or adjustments to alleviate the situation will be taken as an absolute necessity.
3. After the diligent investigation of the allegations, the Social Worker will inform the complaint within the most expedient time, preferably in the person or in writing.
4. In the event the investigate results are not satisfactory to the Complaint, further recourse in writing can be forwarded to the following:
5. **Ms. Adelina San Miguel, MSW**

**CEO/Foundress**

**#23 via Veneto San Francisco Village 1st Gate,**

**Brgy. Muzon, Taytay, Rizal, 1920**

**475-6418/09179917074**

**4. Abuse, neglect & Exploitation**

**TAHANANG BALIK ALAY** chooses not to employ any individual who has any criminal conviction or other criminal history that is potentially harmful to the Residents. Criminal background check is absolutely mandatory to anyone who is seeking employment, contractual or partnership.

Through investigations of any alleged act is our moral and legal obligations.

Appropriate measures will be enforced to prevent any further occurrence of such acts.

Any individual acting in good faith to respect such allegations has immunity from civil liability. Any Resident aggrieved by any of this act may file a grievance within 24hrs to any of the following:

Ms. Luchan Joy Abelita, RSW

Social Worker/PRC #0025891

Uplift Community Development Foundation, Inc.

#23 via Veneto San Francisco Village 1st Gate, Brgy. Muzon, Taytay, Rizal, 1920

When needed, the final resolution of conflicts and grievances rest on the CEO’s discretion.

**Ms. Adelina San Miguel, MSW**

**CEO/Foundress**

**#23 via Veneto San Francisco Village 1st Gate, Brgy. Muzon, Taytay, Rizal, 1920/**

**475-6418/09179917074**

**ORGANIZATIONAL CHARTS**

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| **BOARD** |

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| **CEO** |

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| **CFO** |

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| **VP**  **Special Projects** |

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| **VP of**  **Operations** |

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| **Bookkeeper** |

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| **Residential**  **Care Manager** |

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| **Unit Parent /Guardian** |

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| **Caregivers** |

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| **Volunteers** |

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| **Social Worker** |

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| **Guidance Counselor** |

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| **Therapist OJT’s** |

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| **Community Aides** |

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| **Marketing Director** |

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| **Fundraiser** |

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| **Liaison Officer** |

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| **Maintenance**  **officer** |

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| **Assistant** |

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| **Grounds Keeper** |

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| **MIS Director** |

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| **I.T Specialist** |

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| --- |
| **Encoder** |

**PROGRAM DIRECTOR**

**A. QUALIFICATIONS**

1. Minimum 35yrs. Old
2. Degree in allied health care profession, Master in Social Work preferred.
3. Free from communicable diseases.
4. No criminal background
5. Good Moral Character with references.
6. Genuine interest in serving the disadvantaged abandoned & neglected elderly.
7. Adequate knowledge of services plans implementation.
8. Great people skills.
9. Certified in CPR, First Aid

**B. DUTIES**

1. Management of Residential Care Facility including hiring, training & Staff supervision.
2. Development of Staffing Plan including orientation and in-service/training.
3. Applied knowledge of fund raising skills.
4. Community relations and advocacies.

**SOCIAL WORKER**

**A. QUALIFICATIONS**

1. Must be licensed.
2. Social Work graduate from any accredited school for Social Work.
3. Good Moral Character.
4. No criminal background.
5. Excellent Communication Skills.
6. No communicable disease
7. Acceptance of **SECOND HOME** Residential Care Facility.

**B. DUTIES**

1. Compassionate social work performance.
2. Full understanding and practice in this Facility that what we are offering is a SECOND HOME not a processing Center, for the disadvantaged, abandoned and neglected children and elders.
3. Case Management for all residents
4. Practice confidentiality at all times.
5. Community advocacies.
6. Foster professionals with other community agencies & LGU’s
7. Excellent understanding of VMG of the FOUNDATION.

**ASSISTED LIVING MANAGER**

**A. QUALIFICATIONS**

1. Some college credits in all allied health professions.
2. Free from communicable diseases.
3. No criminal background
4. Good moral character with 3 references.
5. Good people skills
6. Certified in CPR, Basic Food Safety, and First Aid.
7. Excellent understanding of Foundation’s VMG.

**B. DUTIES**

1. Management of assisted living program
2. Monitoring of ADL
3. Coordination of residents’ activities
4. Maintain accurate record keeping
5. Oversee day to day procurement needs
6. Care Manager-serving the disadvantaged, abandoned, neglected elderly and children.
7. Excellent understanding of foundation VMG.

**CAREGIVERS**

**A. QUALIFICATIONS**

1. Graduate of professional caregiver course
2. No criminal background
3. Free from communicable disease
4. Good moral character (with references)
5. Great communication skills
6. Ability to interact with the elderlies.
7. Good interpersonal relationship with staff and residents’ visitors & families

**B. DUTIES**

1. Full attention to the immediate physical and emotional needs of the residents (elders & children)
2. Responsible to provide undivided assistance to everyone’s ADL.
3. Good human relations.
4. Excellent understanding of VMG of the foundation.

**COMMUNITY AIDE**

**A. QUALIFICATIONS**

1. Minimum two year college studies in any given field
2. Willingness to minister to the immediate needs of the Residents.
3. Maturity levels a must as well as higher level of response ability.
4. Compliance and adherence to the SECOND HOME provisions.
5. Solid Christian Values and attitudes.

**B. DUTIES**

1. Direct involvement with the Resident’s supportive counselling, medical appointments, next-of-kin contacts or school affairs of the children.
2. Advocacies with community outreach donors and sponsors
3. Initiate and follow up elder affairs with SSS, senior Asst. or Phil Health

**I. T SPECIALIST**

**A. QUALIFICATIONS**

1. Minimum two years certification
2. Four-year degree in I.T or MIS
3. No criminal background
4. Independent worker and aware of confidentiality policy
5. No communicable vices/ disease

**B. DUTIES**

1. Record Facility events/ activities
2. Maintain website/ Facebook updates
3. Edit entries/photo/ website info
4. Work independently.
5. Encode statistics for quarterly and annual FS.
6. Keep optimum confidentiality at all times.
7. Excellent understanding of the Foundation’s VMG.

MAINTENANCE OFFICER

**A. QUALICATIONS**

1. Great maturity level
2. Applied knowledge of plumbing, carpentry, electric works, painting, and trouble shooting.
3. Trustworthy
4. Free or any communicable disease.
5. No criminal background.

**B. DUTIES**

1. Actual trouble shooting in all areas of building maintenance as needed.
2. Capable to respond on any emergency needs.
3. Independent & reliable worker.

**OJT’s**

1. OJT’s are candidate students for graduation from health care course/ degrees from accredited schools who need applied experience in the areas of caregiving, nursing, psychology, physical therapy, reflexology, etc.
2. In some instances, they are graduates who are ready to go for employment abroad but need 3-6 months’ experience as required by certain placement agencies.
3. Must present resume with picture, school credentials including adviser’s recommendation.
4. They are all welcome and are provided orientation, coordination or needed supervision to acquire needed experience in servicing the disadvantaged, neglected and abandoned elders.

**IX. BUDGET**

1. Source of Funds: Include government, private organization/individuals, and local including other resource generation activities with the corresponding amount of funds in peso value. BIR Receipts are issued accordingly.
2. Donated consumable and non-consumable goods are all monetized and duly recorded.

X. MONITORING & EVALUATION

The **Program Director** **& Social Worker** monitor the quality of all programs, services and activities; there are different forms & tools to monitor and record the necessary progress and developments, services, policies and welfare of the residents for the elders. These are documented through the attached forms.

**Admin/ Admin Staff** handles records, check the availability of supplies, resources & the condition of the facility.

However, both make decisions to achieve goals 7 objectives in order to safeguard the interest & welfare of the residents and the Foundation’s VMG.

These are the forms used by the staff-in-charge;

1. **Liquidation Form**

It indicates the staff/volunteer or residents whom budget for a certain activity is given. It is her/his responsibility to liquidate in order to specify the expenses incurred during activities.

1. **Requisition Slip**

It is used when the staff request for something such as office supplies, stocks & others.

1. **Cash /Check voucher**

It serves as a payment voucher and it can be used for a variety of purposes, sometimes taking the place of cash in a transaction, acting as a receipt, or indicating that an invoice has been approved for payment. However it must be supported by an official receipt or other document as a proof of payment.

1. **Reimbursement Form**

It is use to claim the reimbursement of expenses incurred during an activity, such as travelling expenses & supplies expenses.

1. **Cash Remittance Form**

It is the proof that the cash or funds have been transferred to the cashier or the person in charge.

**AGENCY GOALS**

It is our burning intense and arduous desire to provide. A “SECOND HOME” for the frail, abandoned and neglected street elders.

AGENCY OBJECTIVES

1. Units for the elders, each with a unit guardian/parent
2. Main Dining area for all Residents
3. Socialization area for all Residents
4. Natural Therapeutic bonding to be encouraged.
5. Shared household duties as needed and per individual capacity.
6. Physical and emotional needs to be fulfilled as possible.
7. Spiritual nourishment provided as well.
8. Ministry to the elder residents must be accepted with grace and compassion.
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A definite course of action is to search and pray for location that is safe, conveniently accessible and affordable.

A pre-d abandoned determinant factor too, is the diligent search and prayer for the right volunteers who will believe in this ministry to Uplift the neglected and abandoned, disadvantaged elders.

A strong steadfast belief in the Divine Providence would be encouraging factor since the Uplift Community Development Foundation, Inc. is practically and literally starting from scratch. Every half penny would be helpful. We would graciously welcome and be grateful for each angel every day.

**UPLIFT COMMUNITY DEVELOPMENT FOUNDATION, INC.**

**T A H A N A N G B A L I K – A L A Y**

**“Your Second Home”**

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**Contact # 475-6418/09179917074**

The Foundation administration management programs and services will have the distinction of full force Volunteers and will be assisted and/or provided shelter , board and lodging formal education and all necessary tools for mainstreaming, as needed on case by case basis.

The ministry to the needs of the disadvantaged, neglected and abandoned elders will be foremost, priority and commitment of the volunteers. There will be neither abuse nor exploitation of any kind or nature against the Residents male or female. A clear understanding of this commitment in the ministry must be accepted at any given time. Gross violation will be grounds for immediate dismissal or expulsion. A guiding light to follow is our Lord’s message: “whatsoever you do to the least of my brethren, this you do unto me.”

**ADMISSION PROCEDURES**

We accept referrals from families, churches, organization and health care professionals in the community. We do comprehensive screening and evaluation in the areas of medical conditions, emotional challenges, medication administration, cognitive abilities, nutritional well-being, sleep routine, physical status(strength, mobility, orientation), and special care requirements.

APPLICANTS FOR RESIDENCY

* AMBULATORY
* NO SERIOUS COMMUNICABLE DISEASE
* NEGLECTED/ ABANDONMENT

The Residents of UPLIFT COMMUNITY DEVELOPMENT FOUNDATION, INC. /TAHANANG BALIK-ALAY, will be provided care and supervision in their daily activities of living (ADL’s), inclusive of eating/feeding, grooming, mobility, toileting, and dressing; individualized service plan for each physical, emotional, medical and social needs.

Close coordination of the Facility Social Worker with the family, physician and referring Social Worker will assure the quality care. Resident’s admissions criteria will be within the standard operating procedures.

**UPLIFT COMMUNITY DEVELOPMENT FOUNDATION, INC.**

**T A H A N A N G B A L I K – A L A Y**

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VI. SERVICES

1. MEALS – Residents are provided the following:
2. Each resident can avail three balanced, nutritious meals in the dining area and additional snacks each 24-each hour period, seven days a week. Consideration will be given to residents preferences or recommended diet.
3. All food preparation and handling is in accordance with all and local sanitation and safe food handling requirements.
4. Menus are written in advance and maintained on file for two months and are prepared by a licensed dietician or licensed nutritionist.
5. PERSONAL CARE SERVICES
6. Duration of meals and snacks
7. Personal hygiene; dressing, grooming, bathing, shaving, combing and oral hygiene
8. Mobility; transfer, ambulation and access to indoor/outdoor as needed
9. Toileting; before and after preparation.
10. LAUNDRY AND HOUSEKEEPING- Both provided and assured that the facility is always in a clean, orderly and in safe order.
11. HEALTH CARE
12. Rehabilitative services, including occupational, physical, speech and audio services.
13. Home health care
14. Physician services
15. Oral health
16. Dietary consultation
17. Counseling services
18. Other specialty and social work services, i.e., cognitive impairment, individual service plan (ISP)

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1. Livelihood-Skill/entrepreneurial training, capital assistance.
2. Income-generating projects, job placement and training are planned and conducted according to written policies on which clients are oriented.
3. Clear policies are set and implemented
4. Income generation, earnings and savings on which clients are informed.
5. Due to credit is given to client/s in products made by him/her/them or with his/her/their participation/application of his/her/their skills.
6. Capital assistance is complemented with appropriate training to acquire skills for livelihood project management. Training is appropriate to the client’s age and capabilities.
7. SOCIAL AND SPIRITUAL ACTIVITIES- Provided or arrange opportunities for socialization, leisure activities which promote the physical and mental well-being of each resident.
8. Transportation arrangement
9. Assistance in implementation of the service plan including religious preference.
10. MEDICATION MANAGEMENT
11. Ability to self- administer medication.
12. Reminder, if necessary and assistance with the opening and/or removing container.
13. Supervision and support as needed.
14. Periodic assessment of residents’ medication by the physician, nurse or pharmacist for any adverse reaction.
15. Store medication in original containers in a secured, locked cabinet.
16. 1. Psychosocial Care
17. Policies are aligned with practice with respect to psychosocial interventions and are known to all staff and residents.
18. Psychosocial interventions are handled by qualified professionals (e.g. counseling; stress debriefing therapy, crisis interventions, etc.)
19. Confidentiality policies are discussed with the residents and decisions on this matter are arrived at with their participation.
20. Discipline of residents is always geared towards achieving helping objectives. Corporal punishment and deprivation of rights-based needs in disciplining residents prohibited.
21. Psychosocial/psychiatric test are used in relation to other relevant information in assessment and in planning for crisis interventions.
22. Case recording
23. Intake assessment is written for each case, showing basis for contracting help or referral to other services: intake sheet is completely and properly accomplished.
24. Appropriate recording are kept for each case according to purpose.
25. Process recording: when understanding of specific situation /problem is necessary and/or required for supervisions purposes.
26. Evaluation /recommendation: professional/evaluation of the presented situations.
27. Confidentiality

Case records and significant documents are systematically kept in a cabinet location that is accessible and can be monitored. Strictly implemented and limited are the allowed users of these records and strict confidentiality enforced.

1. Any case discussion, consultation, examination or treatment.
2. All information, personal, medical, religious or social provided by the resident
3. Strictly available to the Staff directly involved in the care and supervision of the Resident
4. Any release of information require a written consent of resident or designated representative
5. If it’s not medically contraindicated, residents spouse can be roommates
6. It’s prohibited for a Residents to have assigned tasks to do without consent or due to compensation, unless as willful volunteerism or deemed therapeutic.

VII. Physical Structure & Safety

1. Location
2. Accessible to staff residents’ by public transport system.
3. Accessible to community facilities such as schools, churches, clinics/hospital.
4. Located in a safe distance from dangerous structures/conditions like gas and power stations, cliffs, main thoroughfares, or measures are installed to prevent loss of life and harm to health and safety that may be caused by these structures/conditions.

1. Sanitation
2. Generally clean and free from clutter, dirt or waste matter.
3. Free from rodents, insects and stray animals
4. Residents participate in the upkeep of the facility.
5. Physical structure
6. Declared fire-safe by proper government authorities
7. Basic utilities such as telephone or any adaptive means of communication, adequate supply of water and electricity for the daily needs of the residents.
8. Office and facilities are kept in safe repair and decorated in such a way as to create a pleasant ambiance for staff, residents and visitors; adequately lit, warm or cool enough; well-ventilated.
9. Room or space for organizational and administrative functions of staff are separate from areas of interaction and programmed activities with residents.
10. Adequate room or space for interview/counseling residents; ensures privacy and confidentiality.
11. Training facilities are designed and equipped according to the requirements of the program.
12. Space is designated for receiving visitors.
13. When temporary shelter is provided, applicable physical structure and safety requirements stipulated, including adequate sleeping accommodations.

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**INDIVIDUAL SERVICE PLAN**

The TAHANANG BALIK ALAY is fully committed in the implementation of the individual Service Plan as delineated by the Social Worker in the admission process.

This facility respects the dignity and privacy of the Residents: believes in the enhancement of their capabilities, choices, and safety and health matters.

The Individual Service Plan merits review and evaluation every 30 days, including the necessary adjustments in the scheduled activities in and out of the facility.

The following matters are covered:

* 1. Individual well-being
  2. Assessed individual services
  3. Specific schedule of activities
  4. How and by whom the services are to be provided
  5. Medication monitoring, administration and support
  6. Appropriate recording in the individual care note

**ABUSE, NEGLECT & EXPLOITATION**

TAHANANG BALIK-ALAY choose not to employ any individuals who has any criminal conviction or other criminal history that is potentially harmful to the Residents. Criminal background check is absolutely mandatory to anyone who is seeking employment, contractual and partnership.

This facility is aware that failure to report any abuse, neglect or exploitation within three days may be subject to necessary government fines.

Thorough investigations of any alleged act is our moral and legal obligation.

Appropriate measures will be enforced to prevent any further occurrence of such acts.

Any individual acting in good faith to report such allegations has immunity from civil liability.

Any Residents aggrieved by any of this act may file a grievance within 24 hours to proper authorities

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**Contact # 475-6418/09179917074**

**ADMISSION PROFILE**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Siblings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Health Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Presenting Problem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Recommendations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**INCIDENT REPORT**

**(Within 24 Hours)**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual Present:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incident Description:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial Response: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow up Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature over Printed Name Date: \_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Noted:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over Printed Name Date: \_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EMERGENCY DATA**

(Strictly for medical appointment or for school purpose ONLY)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admitting Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescribed Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommended Treatment/Therapy/Diet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advance Directive: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Contact # 475-6418/09179917074**

**MEDICATION CHART**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_

Admitting Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE | MORNING | NOON | AFTERNOON | BEDTIME |
|  |  |  |  |  |

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**RESIDENT’S RIGHTS**

Be treated with consideration, respects, and full recognition of the resident’s human dignity and individuality

Receive treatment, care, services and supervision that are appropriate and in compliance with the Philippine rules and regulations.

Privacy, including a knock in resident’s door.

Be free from mental, verbal, sexual and physical abuse, neglect, involuntary seclusion and exploitation.

Be free from physical and chemical restraints.

Right to confidentiality.

Manage personal financial affairs within capability.

Maintain legal counsel.

Be free to choose religious preference.

Determine dress, hair style or personal effects within reasonable restrictions.

Meet or visit privately with any individual within reasonable restrictions.

Make suggestions, complaints or grievance for self or in behalf of other residents.

Receive and send correspondence independently or with assistance.

Be informed within reasonable time when a roommate is changed.

Reasonable access to the use of telephone.

Retain personal belongings as space permits.

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**RESIDENT REPRESENTATION**

UPLIFT COMMUNITY DEVELOPMENT FOUNDATION INC. requires that any of the following Residents representative provide an Advanced Directive in addition to a written designation for the Residents:

1. Guardian of the person under Estate of Trusts
2. Guardian of the property under the Estate and Trusts
3. Surrogate decision maker designated by the Residents
4. Spouse
5. Power of Attorney
6. Representative payee
7. Next of kin
8. Significant other
9. Other

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**SMOKING POLICY**

To minimize the risk of fire, UPLIFT COMMUNITY DEVELOPMENT FOUNDATION, INC. Assisted Living Facility would only allow smoking in a designated area outside of the household, i.e.… Where table and chairs, sandbox, and non – combustible ash trays are provided.

1. Absolutely no smoking is allowed in any room or compartment where flammable liquids, gases, or oxygen are stored.
2. Bathrooms, storage areas, laundry room or kitchen are also non – smoking areas.
3. “Smoking Area” sign would be posted appropriately.
4. Outright gross violations of the above policy may constitute valid grounds for residency expulsion.

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**Contact # 475-6418/09179917074**

**RESIDENT AGREEMENT**

You are strongly encouraged to have your attorney or other representative to review this agreement before you sign.

**PARTIES**

1. This agreement between **TAHANANG BALIK-ALAY** and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Level of Care**

1. **TAHANANG BALIK-ALAY** is licensed to provide Low, Moderate and Intermediate levels of care, Levels I, II and III respectively.
2. Based on information provided by your doctor and assessment performed by the Facility, you require\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ level of care. If your care needs change and you need higher level of care which this Facility is not licensed to provide, may we request a level of care which this Facility is licensed to provide, and may we request a waiver from the department in order for you to remain here. If the waiver request is not granted, we will give you an ample notice that you will be discharged. By all means, we will assist you in finding an appropriate facility.
3. The monthly pledge for your care is Php\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This fee does not include: medical emergencies, prescribed medications, extra transportation needs, prescribed therapeutic sessions or anything extra above basic provisions. The following are the services included: case management, support and supervision in the activities of daily living (ADL), room, board and lodging, transportation to and from medical appointments, a church and field trips.
4. In consideration of your monthly pledge, Facility agrees to provide the following services:
5. A double occupancy/ward which includes a bed, bedside table and lamp, chair, dresser, bath linens, and bed linens;
6. Meals which includes three meals a day and additional snacks;
7. Personal care services which includes assistance with eating, personal hygiene, transferring, toileting and dressing;
8. Laundry and housekeeping services;
9. Assistance with access to healthcare and other suitable community services as needed;
10. Reminder or physical assistance to residents who may need such services.
11. You are assigned to bedroom #\_\_\_\_\_\_\_\_\_ and Bed#\_\_\_\_\_\_\_\_\_\_\_\_.
12. If it becomes necessary because of health, safety or other considerations to move you into another bedroom or bed assignment, the facility will give you at least 5 days of advanced notice and opportunity to voice out your opinion and any other concerns.
13. If your care needs become greater than the facility can safely handle, it may become necessary to transfer you to another facility. In that event, you will be given at least 30 days’ notice before the transfer and assistance with the transitioning to the identified new location.
14. Residents have full use of their own units, and the common areas of the Facility.
15. To ensure your safety and well-being, the staff has the right to enter your room. However, the staff will make every effort to be respectful of your privacy and will always knock before entering.
16. In the event you are on a leave of absence from the facility for Hospitalization, vacation or other reasons, the Facility-will hold your bed provided: no reduction in fee or pledge paid in the timeliest manner.
17. In the event of an emergency situation which could make it unsafe or unhealthy to continue to provide services at the facility, the facility will make arrangements to temporarily relocate you, and may return, if feasible, for both parties.
18. The rules of the Facility are attached to this agreement and incorporated by reference. By signing this Agreement, you have indicated acknowledgement and receipt of the resident rules and agree to abide by these rules.

**ADMISSION AND DISCHARGED POLICIES**

1. You may be discharged from the facility for the following reasons:
2. Gross misconduct
3. Level of care beyond certification
4. Non-payment of fees.
5. In the event the Facility discharges you, you will be given at least 30 days’ notice prior to the date of discharged/transfer.
6. If you wish to leave the facility, you are required to give 30 days’ notice of the date you wish to terminate this agreement.
7. You have the right to make suggestions, register complaints or present grievances about the care or services that you or another resident receives. You may address your concerns to:

**Sister Adelina San Miguel**

475-6418

**MISCELLANEOUS PROVISIONS**

1. This Facility is responsible for arranging or overseeing your care for contracting for services including equipment and supplies not provided by the facility.
2. This Facility is responsible for monitoring your health status.
3. This Facility can handle your finances for you if you are unable in the event you do not have anybody to manage it for you.
4. If for any reason you have not taken your personal property with you upon discharge, your belongings can be stored for 15 days, after which your belongings will be disposed of.

**IN WITNESS WHEREOF, THE PARTIES HAVE EXECUTED THIS AGREEMENT ON THIS MONTH OF\_\_\_\_\_\_\_\_\_\_\_ DAY \_\_\_\_\_\_\_\_\_, YEAR, \_\_\_\_\_\_\_\_\_\_\_.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name & Signature**

**WITNESS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name & Signature**

**FACILITY REPRESENTATIVE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name & Signature**

**WITNESS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name & Signature**

**RESIDENT REPRESENTATIVE**

**UPLIFT COMMUNITY DEVELOPMENT FOUNDATION, INC.**

**T A H A N A N G B A L I K – A L A Y**

**“Your Second Home”**

#23 via Veneto San Francisco Village 1st Gate, Brgy. Muzon, Taytay, Rizal, 1920

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Contact # 475-6418/09179917074

**Monthly Progress Report**

**Date:**

**Name: Age:**

**Date of Birth: Length of Stay:**

**Date of Admission:**

**Family life:**

**Health:**

**Current Functioning:**

**Current Issue:**

Prepared by:

**LUCHAN JOY L. ABELITA, RSW**

Social Worker

Lic. No. 0025891

Noted by:

**SIS. ADELINA SAN MIGUEL, MSW**

Foundress/CEO

**UPLIFT COMMUNITY DEVELOPMENT FOUNDATION, INC.**

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**INTAKE**

Case No. \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_\_

I. IDENTIFYING INFORMATION

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

II. FAMILY COMPOSITION:

III. CASE CATEGORY:

IV. PLAN OF ACTION:

V. EVALUATION/RECOMMENDATION:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client

Noted by;

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Worker

Sister Adelina San Miguel, MSW

**UPLIFT COMMUNITY DEVELOPMENT FOUNDATION, INC.**

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**DISCHARGE FORM**

Case No. \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_\_\_\_

Name of Client:

Responsible person taking the elderly:

Relationship:

Address:

Contact No:

Reason for discharge:

That I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sister/brother/relative is taking back \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in our custody with no liability or whatsoever to Uplift Community Development Foundation, Inc. This day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Guardian over printed name Signature of client over printed name

Prepared by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence Social Worker

Signature over printed name

Approved by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sister Adelina San Miguel, MSW

Foundress/CEO