

PEOPLE LIVING WITH HIV (PLHIV) REFERRAL FOR CARE AND  
SUPPORT SERVICES

I. OFFICE OR DIVISION

PROTECTIVE SERVICES DIVISION – COMMUNITY BASED SPECIAL  
CONCERNS

II. SCHEDULE OF AVAILABILITY OF SERVICE

MONDAY- FRIDAY (8:00 AM-5:00 PM)

III. WHO MAY AVAIL OF THE SERVICE

People Living with HIV and their affected Families

WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE
<div>1. Form 1: Intake Form (1 Original copy)</div> <div>2. Informed Consent (1 Original copy)</div> <div>3. Form 2: Referral for Service (1 Original copy)</div> <div>4. Form 3: Referral Feedback (1 Original copy)</div> <div>5. Form 4: Referral Registry (1 Original copy)</div>	<div>Referring agency</div>

PEOPLE LIVING WITH HIV (PLHIV) REFERRAL FOR CARE AND  
SUPPORT SERVICES

CLIENT STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Clients get queuing and accomplish Health Declaration Form	None	5 minutes	Candelar Jane V. Mojado <i>Administrative Assistant III</i>
2. Submit complete requirements/ documents to PLHIV Focal/ Social Worker on duty	None	30 minutes	<i>Vina Mae G. Coldera</i> <i>Project Development Officer II</i>
3. Accomplish Client Satisfaction Survey Form	None	20 minutes	<i>Vina Mae G. Coldera</i> <i>Project Development Officer II</i>

## VI. FEEDBACKS AND COMPLAINTS MECHANISM

HOW TO SEND FEEDBACK	REQUESTOR TO FILL OUT THE CLIENT SATISFACTION SURVEY FORM AND EMAIL IT TO <a href="mailto:vmgcoldera@dswd.gov.ph">vmgcoldera@dswd.gov.ph</a>
HOW FEEDBACKS ARE PROCESSED	FEEDBACK WILL BE CONSOLIDATED, TABULATED AND ANALYZED AS A BASIS FOR IMPROVEMENTS OR COMMENDATIONS.
HOW TO FILE A COMPLAINT	<p>COMPLAINTS CAN BE FILED THROUGH A LETTER ADDRESS TO THE REGIONAL DIRECTOR. 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 <i>IF THERE'S ANY</i></li></ul> <p>FOR INQUIRES AND FOLLOW-UPS, CLIENT MAY CONTACT THE FOLLOWING CONTACT INFO:</p> <p>TEL NO.: (032) 232-9505, (032) 233-0261, (032) 233-8785 LOCAL 17145</p> <p>EMAIL: <a href="mailto:vmgcoldera@dswd.gov.ph">vmgcoldera@dswd.gov.ph</a></p>
HOW COMPLAINTS ARE PROCESSED	<p>COMPLAINTS RECEIVED ARE REVIEWED BY THE GRIEVANCE FOCAL. IT WILL BE RELAYED AND DISCUSSED DURING THE STAFF MEETING</p> <p>A VALIDATION SHALL BE CONDUCTED IF NECESSARY, AS THE BASIS OF THE REPORT WHICH WILL BE SIGNED BY THE REGIONAL DIRECTOR. SUCH REPORT WILL BE SENT TO THE COMPLAINANT WITHIN THREE (3) DAYS UPON RECEIPT OF THE COMPLAINT VIA EMAIL OR SNAIL MAIL WHICHEVER IS APPLICABLE.</p> <p>FOR INQUIRES AND FOLLOW-UPS, CLIENT MAY CONTACT THE FOLLOWING CONTACT INFO:</p> <p>TEL NO.: (032) 232-9505, (032) 233-0261, (032) 233-8785 LOCAL 17145</p> <p>Email: <a href="mailto:vmgcoldera@dswd.gov.ph">vmgcoldera@dswd.gov.ph</a></p>
CONTACT INFORMATION  OF CCB, PCC, ARTA	<p><b>ARTA:</b> complaints@arta.gov.ph 8478-5093/ 8478-5099</p> <p><b>PACe:</b> <a href="mailto:pace@op.gov.ph">pace@op.gov.ph</a> 8888</p> <p><b>CCB:</b> SMS: 0908-881-6565 Email: <a href="mailto:email@contactcenterbayan.gov.ph">email@contactcenterbayan.gov.ph</a> WEB: <a href="https://contactcenterngbayan.gov.ph">https://contactcenterngbayan.gov.ph</a> FACEBOOK: <a href="https://facebook.com/civilservicegovph">https://facebook.com/civilservicegovph</a> CALL: 165 65 (P5+VAT PER CALL ANYWHERE IN THE PHILIPPINES VIA PLDT LANDLINES)</p>

**PROVISION OF ASSISTANCE TO PEOPLE LIVING WITH HIV (PLHIV)**

**I. OFFICE OR DIVISION**

PROTECTIVE SERVICES DIVISION – COMMUNITY BASED SPECIAL CONCERNS

**II. SCHEDULE OF AVAILABILITY OF SERVICE**

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**III. WHO MAY AVAIL OF THE SERVICE**

People Living with HIV and their affected Families

WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE
<b>Medical Assistance for Hospital Bill</b>	
1. Any valid identification card of the client/ person to be interviewed (1 original and photocopy)	• Government agencies issuing an identification card(SSS, Philhealth, LTO, PAG-IBIG, COMELEC, NBI, DFA and among others)
2. Medical Certificate/Clinical Abstract complete with name, license number and signature of the Physician issued within three months (1 Original copy / Certified true copy)	• Attending Physician or from Medical Records of the designated Treatment Hubs and/or Primary HIV Care Facilities
3. Hospital bill / Statement of Account (outstanding balance) with name and signature (original and one (1 Original copy / Certified true copy)	• Billing clerk of the hospital
4. Social Case Study Report/ Case Summary (1 Original copy / Certified true copy)	• Licensed social worker from DSWD, Local Social Welfare and Development Office, Medical Social Services, Treatment Hubs, and Primary HIV Care Facilities
5. Certificate of Indigency or Barangay Certificate declaring client’s situation (1 Original copy / Certified true copy)	• From the Barangay where the client is presently residing.
<b>Medical Assistance for Medicine</b>	
1. Medical Certificate/Clinical Abstract complete with name, license number, and signature of the attending physician issued within three months (1 Original copy / Certified true copy)	• Attending Physician or from Medical Records of the designated Treatment Hubs and/or Primary HIV Care Facilities
2. Prescription with the date of issuance, complete name, license number, and signature of the Physician issued within three (3) months (1 Original copy / Certified true copy)	• Attending Physician or from Medical Records of the designated Treatment Hubs and/or Primary HIV Care Facilities



3. Any valid identification card of the client/ person to be interviewed  
(1 original and 1 photocopy)

- Government agencies issuing an identification card(SSS, Philhealth, LTO, PAG-IBIG, COMELEC, NBI, DFA and among others)

4. Social Case Study Report/ Case Summary  
(1 Original copy / Certified true copy)

- Licensed social worker from DSWD, Local Social Welfare and Development Office, Medical Social Services, Treatment Hubs, and Primary HIV Care Facilities

5. Certificate of Indigency or Barangay Certificate declaring client's situation  
(1 Original copy / Certified true copy)

- From the Barangay where the client is presently residing.

**Medical Assistance for Laboratory Requests**

1. Any valid identification card of the client/ person to be interviewed  
(1 original and 1 photocopy)

- Government agencies issuing an identification card(SSS, Philhealth, LTO, PAG-IBIG, COMELEC, NBI, DFA and among others)

2. Medical Certificate/Clinical Abstract complete with name, license number and signature of the Physician issued within three months  
(1 Original copy / Certified true copy)

- Attending Physician or from Medical Records of the designated Treatment Hubs and/or Primary HIV Care Facilities

3. Laboratory Requests with name, license number and signature of the attending physician issued within three (3) months  
(1 Original copy / Certified true copy)

- Attending Physician or from Medical Records of the designated Treatment Hubs and/or Primary HIV Care Facilities

4. Social Case Study Report/ Case Summary  
(1 Original copy / Certified true copy)

- Licensed social worker from DSWD, Local Social Welfare and Development Office, Medical Social Services, Treatment Hubs, and Primary HIV Care Facilities

5. Certificate of Indigency or Barangay Certificate declaring client's situation  
(1 Original copy / Certified true copy)

- From the Barangay where the client is presently residing.

**Burial Assistance for Funeral Bill**

1. Any valid identification card of the client/ person to be interviewed  
(1 original and 1 photocopy)

- Government agencies issuing an identification card(SSS, Philhealth, LTO, PAG-IBIG, COMELEC, NBI, DFA and among others)

2. Death Certificate or Certification from the Tribal Chieftain (for IPs), Imam (for Moro), or any authorized medical practitioner in the absence of a death certificate  
(1 Original copy / Certified true copy)

- City/Municipal Hall ( Civil Registry Office), hospital, Funeral Parlor or Tribal/Religious Chieftain/Leader,

3. Funeral Contract with Outstanding Balance except for Muslims and Indigenous People performing customary practices  
(1 Original copy / Certified true copy)

- Authorized staff of the Funeral Parlor/ Memorial Chapel

4. Certificate of Indigency or Barangay Certificate declaring client's situation  
(1 Original copy / Certified true copy)

- From the Barangay where the client is presently residing.

### Burial Assistance for Transfer of Cadaver

1. Any valid identification card of the client/ person to be interviewed  
(1 original and 1 photocopy)

- Government agencies issuing an identification card (SSS, Philhealth, LTO, PAG-IBIG, COMELEC, NBI, DFA and among others)

2. Death Certificate or Certification from the Tribal Chieftain (for IPs), Imam (for Moro), or any authorized medical practitioner in the absence of a death certificate  
(1 Original copy / Certified true copy)

- City/Municipal Hall ( Civil Registry Office), hospital, Funeral Parlor or Tribal/Religious Chieftain/Leader

3. Funeral Contract except for Muslims and Indigenous People performing customary practices  
(1 Original copy / Certified true copy)

- Authorized staff of the Funeral Parlor/ Memorial Chapel

4. Certificate of Indigency or Barangay Certificate declaring client's situation  
(1 Original copy / Certified true copy)

- From the Barangay where the client is presently residing.

### Educational Assistance

1. Any valid identification card of the client/ person to be interviewed  
(1 original and 1 photocopy)

- Government agencies issuing an identification card (SSS, Philhealth, LTO, PAG-IBIG, COMELEC, NBI, DFA and among others)

2. Validated school ID of the student beneficiary  
(1 original and 1 photocopy)

- Registrar, Authorized staff from the school

3. Enrolment Assessment Form or Certificate of Enrolment or Registration  
(1 Original copy / Certified true copy)

- Registrar, Authorized staff from the school

4. Statement of Account for college students, when available. This may not be available to State Universities Registrar  
(1 Original copy / Certified true copy)

- Registrar officer, Authorized staff from the school

5. Certificate of Indigency or Barangay Certificate declaring client's situation  
(1 Original copy / Certified true copy)

- From the Barangay where the client is presently residing.



**Food Assistance for Individuals and Families**

1. Any valid identification card of the client/ person to be interviewed (1 original and 1 photocopy)	<ul style="list-style-type: none"><li>• Government agencies issuing an identification card(SSS, Philhealth, LTO, PAG-IBIG, COMELEC, NBI, DFA and among others)</li></ul>
2. Barangay Certificate / Certificate of Residency (1 Original copy / Certified true copy)	<ul style="list-style-type: none"><li>• From the Barangay where the client/s is/are presently residing.</li></ul>

**Transportation and Cash Assistance for Other Support Services**

1. Any valid identification card of the client/ person to be interviewed (1 original and 1 photocopy)	<ul style="list-style-type: none"><li>• Government agencies issuing an identification card(SSS, Philhealth, LTO, PAG-IBIG, COMELEC, NBI, DFA and among others)</li></ul>
2. Depending on the circumstances: -Police Report/ Bureau of Fire Protection Report from the Bureau of Fire (1 Original copy / Certified true copy) -Passport, Travel Document/s, certification from OWWA or the Barangay (1 Original copy / Certified true copy)  -Certification from a social worker or Case manager from rescued clients. (1 Original copy / Certified true copy)  -Police Blotter and social worker’s certification for the victims of online sexual exploitation of children (1 Original copy/ Certified true copy)  - For Locally stranded individuals (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/her identity. (1 Original copy / Certified true copy)	<ul style="list-style-type: none"><li>• Police Station, Bureau of Fire, Philippine Embassy / Consulate, Social Worker from welfare agencies.</li></ul>
3. For all other incidents- 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 / regulating agencies, as may be applicable. (1 Original copy / Certified true copy)	<ul style="list-style-type: none"><li>• From the Barangay where the client is presently residing.</li></ul>

PROVISION OF ASSISTANCE TO PEOPLE LIVING WITH HIV (PLHIV)

CLIENT STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client receives accomplished Health Declaration Form and received queuing number	None	5 minutes	Precious D. Quinalagan <i>Social Welfare Officer II</i>
2. Submits documents and self for interview and assessment	None	10 minutes	<i>Vina Mae G. Coldera</i> <i>Project Development Officer II</i>
3. Client to fill-out necessary fields in prescribed forms	None	3 working days and 15 minutes	Vina Mae G. Coldera <i>Project Development Officer II</i>
4. Client accomplish Client Satisfaction Survey Form	None	10 minutes	Vina Mae G. Coldera <i>Project Development Officer II</i>

V. PROCESSING TIME

Total Processing Time for the Provision of Assistance:  
3 days and 55 minutes



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CONTACT INFORMATION OF CCB, PCC, ARTA	<p><b>ARTA:</b> complaints@arta.gov.ph 8478-5093/ 8478-5099</p> <p><b>PACe:</b> <a href="mailto:pace@op.gov.ph">pace@op.gov.ph</a> 8888</p> <p><b>CCB:</b> SMS: 0908-881-6565 Email: <a href="mailto:email@contactcenterbayan.gov.ph">email@contactcenterbayan.gov.ph</a> WEB: <a href="https://contactcenterngbayan.gov.ph">https://contactcenterngbayan.gov.ph</a> FACEBOOK: <a href="https://facebook.com/civilservicegovph">https://facebook.com/civilservicegovph</a> CALL: 165 65 (P5+VAT PER CALL ANYWHERE IN THE PHILIPPINES VIA PLDT LANDLINES)</p>