

IMPLEMENTATION OF THE ASSISTANCE TO INDIVIDUALS IN CRISIS SITUATION PROGRAM FOR INDIVIDUAL CLIENTS TRANSACTING WITHIN THE DSWD OFFICES (CIU/CIS/SWAD OFFICES)

I. OFFICE OR DIVISION

PROTECTIVE SERVICES DIVISION – CRISIS INTERVENTION SECTION

II. SERVICE CLASSIFICATION

III. SCHEDULE OF AVAILABILITY OF SERVICE

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

IV. WHO MAY AVAIL OF THE SERVICE

INDIGENT, MARGINALIZED, AND VULNERABLE/DISADVANTAGED INDIVIDUALS AND FAMILIES OR ARE OTHERWISE IN CRISIS SITUATION BASED ON THE ASSESSMENT OF THE SOCIAL WORKER

WHAT ARE THE REQUIREMENTS?

INTERVIEWED (1 ORIGINAL AND 1 PHOTOCOPY) -

WHERE TO SECURE

1. VALID IDENTIFICATION CARD OF PREFERABLY ISSUED BY ANY THE CLIENT / PERSON TO BE GOVERNMENT AGENCIES SUCH AS BUT NOT LIMITED TO:

- PHILIPPINE STATISTICS AUTHORITY (PHILSYS ID)
- SOCIAL SECURITY SYSTEM/ GOVERNMENT SERVICE INSURANCE SYSTEM (UMID ID, SSS/GSIS ID)
- PHILHEALTH (PHILHEALTH ID)
- LAND TRANSPORTATION OFFICE (DRIVER'S LICENSE)
- PROFESSIONAL REGULATION COMMISSION (PRC ID)
- OVERSEAS WORKERS WELFARE ADMINISTRATION (OWWA ID)
- DEPARTMENT OF LABOR AND EMPLOYMENT (IDOLE)
- PAG-IBIG FUND (PAG-IBIG ID)
- COMMISSION ON ELECTION ID VOTER'S (VOTER'S OR CERTIFICATION)
- POST OFFICE (POSTAL ID)
- DEPARTMENT FOREIGN OF AFFAIRS (PHILIPPINE PASSPORT)
- NATIONAL BUREAU INVESTIGATION (NBI CLEARANCE)











WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE
1. VALID IDENTIFICATION CARD OF THE CLIENT / PERSON TO BE	 DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
INTERVIEWED	(4PS ID)
(1 ORIGINAL AND 1 PHOTOCOPY)	
	• PWD ID
	SOLO PARENTID OUTX OUTX
	CITY/MUNICIPAL IDBARANGAY ID
	OFFICE OF SENIOR CITIZEN
	AFFAIRS (OSCA ID)
	 POLICE CLEARANCE
	• OR ANY ID PREFERABLY WITH
	VALIDITY DATE, AND PICTURE
	AND SIGNATURE OF THE CLIENT.
	• IN EXTREMELY JUSTIFIABLE
	CIRCUMSTANCES, A BARANGAY
	CERTIFICATION CERTIFYING THE
	IDENTITY OF THE CLIENT MAY BE PRESENTED IN LIEU OF AN
	IDENTIFICATION CARD.
2. SIGNED AUTHORIZATION LETTER	• BENEFICIARY OF ASSISTANCE
(IF APPLICABLE)	EXCEPT FOR THOSE WHO DO
(1 ORIGINAL)	NOT HAVE THE CAPACITY TO ACT
	OR BELOW 18 YEARS OLD
TRANSPORTATION ASSISTANCE	
3. OTHER SUPPORTING	• POLICE STATION - POLICE
DOCUMENT/S SUCH AS BUT ARE NOT LIMITED TO, MEDICAL	BLOTTER HOSPITALS/CLINIC - MEDICAL
CERTIFICATE, DEATH CERTIFICATE,	
AND/OR COURT ORDER OR	• COURT - COURT ORDER/
SUBPOENA	SUBPOENA
(1 ORIGINAL OR CERTIFIED TRUE COPY)	 SOCIAL WORKER - JUSTIFICATION
MEDICAL ASSISTANCE FOR HOSPITA	AL BILL
3. MEDICAL CERTIFICATE OR	• MEDICAL RECORDS OF THE
CLINICAL ABSTRACT OR	HOSPITAL/CLINIC OR THE
DISCHARGE SUMMARY OR	ATTENDING PHYSICIAN
ALAGANG PINOY TAGUBILIN FORM WITH DIAGNOSIS WITH COMPLETE	
NAME, LICENSE NUMBER AND	
SIGNATURE OF THE PHYSICIAN	
ISSUED WITHIN THREE MONTHS	
(1 ORIGINAL OR CERTIFIED TRUE	
COPY)	











WHAT ARE THE REQUIREMENTS?	
4. HOSPITAL BILL OR STATEMENT OF ACCOUNT (OUTSTANDING BALANCE) WITH NAME AND SIGNATURE OF BILLING CLERK OR CERTIFICATE OF BALANCE AND PROMISSORY NOTE SIGNED BY THE CREDIT AND COLLECTION OFFICER OR BILLING CLERK. (1 ORIGINAL)	BILLING OFFICE OF THE HOSPITAL CERTIFICATE OF BALANCE AND PROMISSORY NOTE - CREDIT AND COLLECTION OFFICE
5. SOCIAL CASE STUDY REPORT/CASE SUMMARY. (1 ORIGINAL)	 REGISTERED SOCIAL WORKER IN PUBLIC OR PRIVATE PRACTICE. DSWD LSWDO NGO MEDICAL SOCIAL SERVICE
MEDICAL ASSISTANCE FOR MEDICIN	E / ASSISTIVE DEVICE
3. MEDICAL CERTIFICATE/ CLINICAL ABSTRACT/ DISCHARGE SUMMARY/ ALAGANG PINOY TAGUBILIN FORM WITH DIAGNOSIS WITH COMPLETE NAME, LICENSE NUMBER AND SIGNATURE OF THE PHYSICIAN ISSUED WITHIN THREE MONTHS (1 ORIGINAL OR CERTIFIED TRUE COPY)	HOSPITAL/ CLINIC OR THE
4. PRESCRIPTION WITH DATE OF ISSUANCE, COMPLETE NAME, LICENSE NUMBER AND SIGNATURE OF THE PHYSICIAN ISSUED WITHIN THREE MONTHS. (1 ORIGINAL)	HOSPITAL/CLINIC.
IF THE AMOUNT OF ASSISTANCE 10,000.00, THE FOLLOWING SHAL REQUIREMENTS	
5. QUOTATION OF MEDICINE OR ASSISTIVE DEVICE (1 ORIGINAL)	SERVICE PROVIDER
6. SOCIAL CASE STUDY REPORT/CASE SUMMARY. (1 ORIGINAL)	 REGISTERED SOCIAL WORKER IN PUBLIC OR PRIVATE PRACTICE. DSWD LSWDO NGO MEDICAL SOCIAL SERVICE





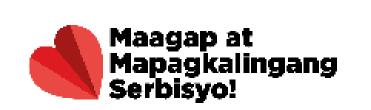






WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE		
MEDICAL ASSISTANCE FOR LABORA	TORY		
3. MEDICAL CERTIFICATE/ CLINICAL ABSTRACT/ DISCHARGE SUMMARY/ ALAGANG PINOY TAGUBILIN FORM WITH DIAGNOSIS WITH COMPLETE NAME, LICENSE NUMBER AND SIGNATURE OF THE PHYSICIAN ISSUED WITHIN THREE MONTHS. (1 ORIGINAL OR CERTIFIED TRUE COPY)	HOSPITAL/ CLINIC.		
4. LABORATORY REQUESTS OR LABORATORY PROTOCOL OR DOCTOR'S ORDER WITH NAME, LICENSE NUMBER, AND SIGNATURE OF THE PHYSICIAN (1 ORIGINAL)			
	BEING REQUESTED EXCEEDS PHP L BE REQUIRED AS ADDITIONAL		
5. QUOTATION OF LABORATORY (1 ORIGINAL)	SERVICE PROVIDER		
(1 ORIGINAL)	OR REGISTERED SOCIAL WORKER IN PUBLIC OR PRIVATE PRACTICE. • DSWD • LSWDO • NGO • MEDICAL SOCIAL SERVICE		
FUNERAL ASSISTANCE FOR FUNERA	L BILL		
3. DEATH CERTIFICATE/ CERTIFICATION FROM THE TRIBAL CHIEFTAIN (1 ORIGINAL OR CERTIFIED TRUE COPY)	CITY/MUNICIPAL HALL (CIVIL REGISTRY OFFICE), HOSPITAL, FUNERAL PARLOR, TRIBAL CHIEFTAIN OR IMAM		
4. PROMISSORY NOTE OR CERTIFICATE OF BALANCE OR STATEMENT OF ACCOUNT (1 ORIGINAL)	 AUTHORIZED STAFF OF THE FUNERAL PARLOR/ MEMORIAL CHAPEL 		
5. FUNERAL CONTRACT (1 ORIGINAL)	 AUTHORIZED STAFF OF THE FUNERAL PARLOR/ MEMORIAL CHAPEL 		











(1 ORIGINAL)

WHAT ARE THE REQUIREMENTS?

WHERE TO SECURE

IF THE AMOUNT OF ASSISTANCE BEING REQUESTED EXCEEDS PHP 10,000.00, THE FOLLOWING SHALL BE REQUIRED AS ADDITIONAL REQUIREMENTS

- 6. SOCIAL CASE STUDY REPORT OR REGISTERED SOCIAL WORKER IN CASE SUMMARY.
 - PUBLIC OR PRIVATE PRACTICE.
 - DSWD
 - LSWDO
 - NGO
 - MEDICAL SOCIAL SERVICE

FUNERAL ASSISTANCE FOR TRANSFER OF CADAVER

- CERTIFICATION FROM THE TRIBAL CHIEFTAIN (1 ORIGINAL OR CERTIFIED TRUE COPY)
- DEATH CERTIFICATE/ CITY/MUNICIPAL HALL REGISTRY OFFICE), HOSPITAL, FUNERAL PARLOR, TRIBAL CHIEFTAIN OR IMAM.

EDUCATIONAL ASSISTANCE

- 3. VALIDATED SCHOOL ID AND -VALID I.D (1 PHOTOCOPY)
 - SCHOOL REGISTRAR WHERE THE BENEFICIARY IS ENROLLED
- 4. A. ENROLMENT ASSESSMENT FORM OR B. CERTIFICATE OF ENROLMENT OR REGISTRATION; OR C. STATEMENT OF ACCOUNT (1 ORIGINAL)
- SCHOOL REGISTRAR OR CONCERNED OFFICE WHERE THE BENEFICIARY IS ENROLLED

FOOD ASSISTANCE FOR INDIVIDUAL AND FAMILIES ENDORSED GROUPS

- BARANGAY CERTIFICATE OR • RESIDENCY OR CERTIFICATE OF INDIGENCY OR CERTIFICATE THAT • IN ASSISTANCE MAY BE REQUIRED OR MEDICAL DOCUMENT AS PROOF BENEFICIARY IS THAT THE ADMITTED (1 ORIGINAL)
- BARANGAY HALL WHERE CLIENT IS PRESENTLY RESIDING
- HOSPITAL WHERE BENEFICIARY CURRENTI Y ADMITTED











WHERE TO SECURE

CASH ASSISTANCE FOR OTHER SUPPORT SERVICES

- THE DEPENDING ON CIRCUMSTANCES:
- FOR FIRE VICTIMS: POLICE BUREAU OF FIRE/PNP OF BUREAU **FIRE** REPORT/ PROTECTION REPORT FROM THE BUREAU OF FIRE
- PASSPORT, TRAVEL DOCUMENT/S, ADMINISTRATION/DEPARTMENT CERTIFICATION FROM OWWA OR THE BARANGAY
 - FOR DISTRESSED OFS: OVERSEAS WORKERS WELFARE OF MIGRANT WORKERS/ BARANGAY
- CERTIFICATION FROM A SOCIAL DEVELOPMENT OFFICE OR OTHER WORKER OR CASE MANAGER FROM SOCIAL WELFARE AGENCIES RESCUED CLIENTS.
- FOR RESCUED CLIENT: | LOCAL SOCIAL WELFARE AND
- D. FOR VICTIMS OF ONLINE SEXUAL LOCAL SOCIAL WELFARE AND EXPLOITATION: POLICE BLOTTER CERTIFICATION FOR THE VICTIMS OF ONLINE SEXUAL EXPLOITATION OF CHILDREN
 - DEVELOPMENT OFFICE OR OTHER SOCIAL WORKER'S SOCIAL WELFARE AGENCIES
- FOR LOCALLY STRANDED POLICE STATION -INDIVIDUALS (LSI): LSI WITHOUT BLOTTER CERTIFICATE OR THE TRAVEL CERTIFICATE SIGNED BY AUTHORITY ISSUED BY THE REGISTERED PHYSICIAN PHILIPPINE NATIONAL POLICE WILL SUFFICE AND BE ACCEPTED TO PROVE HIS/HER IDENTITY. (1 ORIGINAL)
- POLICE
 - IDS, THE MEDICAL HOSPITAL/CLINIC -MEDICAL THE











WHERE TO SECURE

CASH ASSISTANCE FOR OTHER SUPPORT SERVICES

- 4. FOR ALL OTHER INCIDENTS:
- BARANGAY CERTIFICATE OF -RESIDENCY OR CERTIFICATE OF INDIGENCY OR CERTIFICATE OF IS IN OF. NEED THE CLIENT ASSISTANCE AS WELL AS OTHER DOCUMENTS FROM LEGAL • AUTHORITIES/ REGULATING AGENCIES, AS MAY BE APPLICABLE . OFFICE OF CIVIL REGISTRY SUCH AS BUT NOT LIMITED TO POLICE REPORT/ BLOTTER, SPOT-REPORT FROM THE AFP OR PNP, JOINT AFP-PNP INTELLIGENCE COMMITTEE (JAPIC) CERTIFICATE, • CERTIFICATION OF DEATH, DISASTER ASSISTANCE FAMILY -ACCESS CARD (DAFAC); MEDICO-LEGAL CERTIFICATION
- BARANGAY HALL WHERE THE CLIENT IS PRESENTLY RESIDING
 - POLICE STATION
 - AFP OR PNP

 - CERTIFICATE FROM THE LDRMO; OR
 - LOCAL GOVERNMENT UNIT
 - HOSPITAL OR CLINIC SIGNED BY LICENSED PHYSICIAN

MATERIAL ASSISTANCE

(1 ORIGINAL)

3. GENERAL INTAKE SHEET	DSWD CIU/CIS/SWAD
4. MATERIAL ASSISTANCE	DSWD CIU/CIS/SWAD
DISTRIBUTION SHEET	











CLIENT STEPS 1. SECURE A QUEUING NUMBER	FES TO BE PAID NONE	PROCESSING TIME 10 MINUTES	PERSON RESPONSIBLE PRECIOUS QUINALAGAN SOCIAL WELFARE OFFICER II
2. PRESENT PERTINENT DOCUMENT	NONE	40 MINUTES	MARICHO DAYO MECHIEL BUNTAG WILFORD PAUL LEGARTE CINDY OMALZA MARICEL CATUBAY SOCIAL WELFARE AIDE LHAN MARK JAY SESMAR KENNETH JAYSON OACAN ADMINISTRATIVE ASSISTANT II
3. SUBMIT PERTINENT DOCUMENTS FOR INTERVIEW AND ASSESSMENT	NONE	4 HOURS	SHEEN MAE PADILLA JOSEPH BERMOY ABEGAIL RAMIREZ ARCIE LOU ORAIZ ERNABELLE POLOGON SOCIAL WELFARE OFFICER II RYAN DAYANAN SOCIAL WELFARE AIDE REGINA ENOT ADMINISTRATIVE ASSISTANT I MELISSA BARREDO SOCIAL WELFARE OFFICER II CLAVEL SAYCON SOCIAL WELFARE OFFICER IV BRENDA ABILO SOCIAL WELFARE OFFICER II











CLIENT STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
4. RECEIVE ASSISTANCE	NONE	30 MINUTES	MA. CATALINA REBANUEL ADMINISTRATIVE ASSISTANT II DAISY MILLANES SOCIAL WELFARE OFFICER II
5. FILL OUT CLIENT SATISFACTION MEASUREMENT SURVEY	NONE	20 MINUTES	NERISSA SURIG ADMINISTRATIVE ASSISTANT II

VI. PROCESSING TIME

5 HOURS, 40 MINUTES FOR CASH OUT RIGHT 1 DAY OR 24 HOURS FOR GUARANTEE LETTER





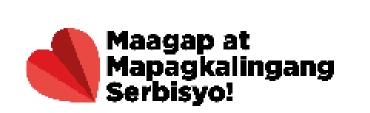






How to send feedback	The client or referring party could express their feedback through a Satisfaction Survey Form that would be given at the end of the client's transaction in the Crisis Intervention Unit/Section (CIU/S) or through https://t.ly/DPvRR which will be given after they were assessed by the social worker where or not they receive assistance under Assistance to Individual in Crisis Situation (AICS) Program.
How feedbacks are processed	The duly accomplished Satisfaction Survey Form shall be consolidated together with the generated online customer feedback form once a month, identifying issues and concerns of the clients, which shall be discussed for appropriate action. Status on the identified issues and concerns shall be monitored on a monthly basis.
How to file a complaint	CIU/CIS and SWAD Offices shall implement two mechanisms for handling grievances and complaints which are (1) Written Communication and Email which is handled by the Grievance Focal Person (GFP), and (2) Personal or Onsite Complaints thru the establishment of the Public Assistance Complaint Desk (PACD). A complaint may be filed through any of the established modalities: Personal appearance (walk-in clients) through the Public Assistance and Complaints Desk- electronic email where concerns can be send to ciu.fo7@dswd.gov.ph Letters addressed to the Director IV, Ms. Shalaine Marie S. Lucero, DSWD Field Office VII or through our Division Chief of Protective Service Division, Ms. Rosemarie S. Salazar or Ms. Clavel C. Saycon SWO-IV/ Section Head of Crisis Intervention Section Through 8888 Citizen's Complaint Center











How complaints are processed

Written
Communication

Email

Step 1: Recording and Tagging of Grievances

and Grievances forwarded to the CID/CIS shall be received by the assigned incoming document administrative staff of CID/S. The said officer shall log the document in the Electronic Document Tracking Management System (EDTMS) of the Department signifying that the document was received by the office. They will then forward it to the Grievance Focal Person. The DRN, Subject of the document, and other pertinent details shall be listed in the monitoring tool for action of the Grievance Focal Person.

Step 2: Action and Response

Upon receiving the document, the Grievance Focal Person shall assess and inform the concerned staff/s, team, or section on their involvement in the received grievance case. The concerned staff or team shall be given three (3) days to respond to the complaint through a feedback letter. The said document shall be sent to the concerned parties copy furnished to the PSD-Chief.

Step 3: Monitoring

A designated Grievance Focal Person per CID/CIS and SWAD offices shall be responsible for responding to and monitoring grievances concerning their respective office. All grievances will be recorded and monitored through a centralized system to ensure all grievances are provided with appropriate action in compliance with RA. 11032.

Step 4: Termination

Grievances provided with an action shall be marked as resolved if no further follow-through from the complainant is received after three (3) days from the date the feedback letter was sent.

Personal or onsite complaints

onsite A PACD shall be stationed within the CIU/CIS/SWAD Satellite Office operating area where it will be visible and accessible to clients. The management of the said offices shall designate a personnel to man the said desk to immediately respond to complaints of clients onsite. Below is the process of handling received cases.

Step 1: Recording of PACD Concern

The PACD Officer shall be in charge of addressing the concerns raised through the PACD and shall account all transactions through a PACD Monitoring Tool which will contain the basic information and contact details of the client, and their concern.











Step 2: Assessment and Intervention

The PACD Officer shall be responsible to assess the concern of the client and shall intervene based on the presented concern. They shall observe maximum tolerance and calmly handle clients expressing their concerns or plea, whatever the case may be. For brevity, the PACD Officer shall provide a brief description of the actions taken to resolve the concern of the client on the PACD Monitoring Tool. In cases that the client persisted to be unresolved with the intervention despite the diligent effort of the PACD Officer to assist them with their case, the PACD Officer shall be required to prepare an

incident report and escalate the concern with the

management.

ARTA: complaints@arta.gov.ph

: 8478-5093 / 8478-5093 / 8478-5099

PACe: pace@op.gov.ph

: 8888

Authority (ARTA), PCC CCB: SMS: 0908 881 6565

Email: email@contactcenterngbayan.gov.ph
Web: https://contactcenterngbayan.gov.ph
FB: https://facebook.com/civilservicegovph

Call: 165 65 (P5+VAT per call anywhere in the

Philippines via PLDT landlines)

Contact information of Anti-Red Tape Authority (ARTA), PCC and CCB











IMPLEMENTATION OF THE ASSISTANCE TO INDIVIDUALS IN CRISIS SITUATION PROGRAM FOR CLIENTS TAGGED AS GROUP OF INDIVIDUALS

I. OFFICE OR DIVISION

PROTECTIVE SERVICES DIVISION – CRISIS INTERVENTION SECTION

II. SERVICE CLASSIFICATION

SIMPLE

III. SCHEDULE OF AVAILABILITY OF SERVICE

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

IV. WHO MAY AVAIL OF THE SERVICE

INDIGENT, MARGINALIZED, AND VULNERABLE/DISADVANTAGED INDIVIDUALS AND FAMILIES OR ARE OTHERWISE IN CRISIS SITUATION BASED ON THE ASSESSMENT OF THE SOCIAL WORKER

WHAT ARE THE REQUIREMENTS? WHERE TO SECURE 1. VALID IDENTIFICATION CARD OF PREFERABLY ISSUED BY ANY THE CLIENT / PERSON TO BE GOVERNMENT AGENCIES SUCH AS INTERVIEWED (1 ORIGINAL AND 1 BUT NOT LIMITED TO: PHOTOCOPY) PHILIPPINE STATISTICS AUTHORITY (PHILSYS ID) SOCIAL SECURITY SYSTEM/ GOVERNMENT SERVICE INSURANCE SYSTEM (UMID ID, SSS/GSIS ID) PHILHEALTH (PHILHEALTH ID) LAND TRANSPORTATION OFFICE (DRIVER'S LICENSE) PROFESSIONAL REGULATION COMMISSION (PRC ID) OVERSEAS WORKERS WELFARE ADMINISTRATION (OWWA ID) DEPARTMENT OF LABOR AND EMPLOYMENT (IDOLE) PAG-IBIG FUND (PAG-IBIG ID) ELECTION COMMISSION ON ID VOTER'S (VOTER'S OR CERTIFICATION) POST OFFICE (POSTAL ID) DEPARTMENT FOREIGN OF AFFAIRS (PHILIPPINE PASSPORT) NATIONAL BUREAU







INVESTIGATION (NBI CLEARANCE)





WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE		
1. VALID IDENTIFICATION CARD OF THE CLIENT / PERSON TO BE INTERVIEWED (1 ORIGINAL AND 1 PHOTOCOPY)	 DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT (4PS ID) 		
	 OR ANY ID PREFERABLY WITH VALIDITY DATE, AND PICTURE AND SIGNATURE OF THE CLIENT. IN EXTREMELY JUSTIFIABLE CIRCUMSTANCES, A BARANGAY CERTIFICATION CERTIFYING THE IDENTITY OF THE CLIENT MAY BE PRESENTED IN LIEU OF AN IDENTIFICATION CARD. 		
2. SIGNED AUTHORIZATION LETTER (IF APPLICABLE) (1 ORIGINAL)	 BENEFICIARY OF ASSISTANCE EXCEPT FOR THOSE WHO DO NOT HAVE THE CAPACITY TO ACT OR BELOW 18 YEARS OLD 		
TRANSPORTATION ASSISTANCE			
DOCUMENT/S SUCH AS BUT ARE NOT LIMITED TO, MEDICAL CERTIFICATE, DEATH CERTIFICATE, AND/OR COURT ORDER OR SUBPOENA	 POLICE STATION - POLICE BLOTTER HOSPITALS/CLINIC - MEDICAL ABSTRACT COURT - COURT ORDER/ SUBPOENA SOCIAL WORKER - JUSTIFICATION 		
MEDICAL ASSISTANCE FOR HOSPITA	L BILL		
3. MEDICAL CERTIFICATE OR CLINICAL ABSTRACT OR DISCHARGE SUMMARY OR ALAGANG PINOY TAGUBILIN FORM WITH DIAGNOSIS WITH COMPLETE NAME, LICENSE NUMBER AND SIGNATURE OF THE PHYSICIAN ISSUED WITHIN THREE MONTHS	MEDICAL RECORDS OF THE HOSPITAL/CLINIC OR THE ATTENDING PHYSICIAN		



COPY)



(1 ORIGINAL OR CERTIFIED TRUE

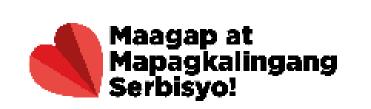






WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE
	• STATEMENT OF ACCOUNT -
OF ACCOUNT (OUTSTANDING BALANCE) WITH NAME AND SIGNATURE OF BILLING CLERK OR CERTIFICATE OF BALANCE AND PROMISSORY NOTE SIGNED BY THE CREDIT AND COLLECTION OFFICER OR BILLING CLERK. (1 ORIGINAL)	BILLING OFFICE OF THE HOSPITAL CERTIFICATE OF BALANCE AND PROMISSORY NOTE - CREDIT AND COLLECTION OFFICE
5. SOCIAL CASE STUDY REPORT/ CASE SUMMARY. (1 ORIGINAL)	 REGISTERED SOCIAL WORKER IN PUBLIC OR PRIVATE PRACTICE. DSWD LSWDO NGO MEDICAL SOCIAL SERVICE
MEDICAL ASSISTANCE FOR MEDICIN	E / ASSISTIVE DEVICE
3. MEDICAL CERTIFICATE/ CLINICAL ABSTRACT/ DISCHARGE SUMMARY/ ALAGANG PINOY TAGUBILIN FORM WITH DIAGNOSIS WITH COMPLETE NAME, LICENSE NUMBER AND SIGNATURE OF THE PHYSICIAN ISSUED WITHIN THREE MONTHS (1 ORIGINAL OR CERTIFIED TRUE COPY)	HOSPITAL/ CLINIC OR THE
4. PRESCRIPTION WITH DATE OF ISSUANCE, COMPLETE NAME, LICENSE NUMBER AND SIGNATURE OF THE PHYSICIAN ISSUED WITHIN THREE MONTHS. (1 ORIGINAL)	HOSPITAL/CLINIC.
IF THE AMOUNT OF ASSISTANCE 10,000.00, THE FOLLOWING SHAL REQUIREMENTS	
5. QUOTATION OF MEDICINE OR ASSISTIVE DEVICE (1 ORIGINAL)	SERVICE PROVIDER
6. SOCIAL CASE STUDY REPORT/CASE SUMMARY. (1 ORIGINAL)	 REGISTERED SOCIAL WORKER IN PUBLIC OR PRIVATE PRACTICE. DSWD LSWDO NGO MEDICAL SOCIAL SERVICE





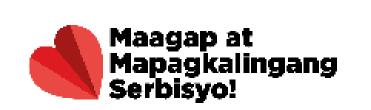






WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE		
MEDICAL ASSISTANCE FOR LABORA	TORY		
3. MEDICAL CERTIFICATE/ CLINICAL ABSTRACT/ DISCHARGE SUMMARY/ ALAGANG PINOY TAGUBILIN FORM WITH DIAGNOSIS WITH COMPLETE NAME, LICENSE NUMBER AND SIGNATURE OF THE PHYSICIAN ISSUED WITHIN THREE MONTHS. (1 ORIGINAL OR CERTIFIED TRUE COPY)	HOSPITAL/ CLINIC.		
4. LABORATORY REQUESTS OR LABORATORY PROTOCOL OR DOCTOR'S ORDER WITH NAME, LICENSE NUMBER, AND SIGNATURE OF THE PHYSICIAN (1 ORIGINAL)			
	BEING REQUESTED EXCEEDS PHP L BE REQUIRED AS ADDITIONAL		
5. QUOTATION OF LABORATORY (1 ORIGINAL)	SERVICE PROVIDER		
(1 ORIGINAL)	OR REGISTERED SOCIAL WORKER IN PUBLIC OR PRIVATE PRACTICE. • DSWD • LSWDO • NGO • MEDICAL SOCIAL SERVICE		
FUNERAL ASSISTANCE FOR FUNERA	L BILL		
3. DEATH CERTIFICATE/ CERTIFICATION FROM THE TRIBAL CHIEFTAIN (1 ORIGINAL OR CERTIFIED TRUE COPY)	CITY/MUNICIPAL HALL (CIVIL REGISTRY OFFICE), HOSPITAL, FUNERAL PARLOR, TRIBAL CHIEFTAIN OR IMAM		
4. PROMISSORY NOTE OR CERTIFICATE OF BALANCE OR STATEMENT OF ACCOUNT (1 ORIGINAL)	 AUTHORIZED STAFF OF THE FUNERAL PARLOR/ MEMORIAL CHAPEL 		
5. FUNERAL CONTRACT (1 ORIGINAL)	 AUTHORIZED STAFF OF THE FUNERAL PARLOR/ MEMORIAL CHAPEL 		











(1 ORIGINAL)

WHAT ARE THE REQUIREMENTS?

WHERE TO SECURE

IF THE AMOUNT OF ASSISTANCE BEING REQUESTED EXCEEDS PHP 10,000.00, THE FOLLOWING SHALL BE REQUIRED AS ADDITIONAL REQUIREMENTS

6. SOCIAL CASE STUDY REPORT OR REGISTERED SOCIAL WORKER IN CASE SUMMARY.

PUBLIC OR PRIVATE PRACTICE.

- DSWD
- LSWDO
- NGO
- MEDICAL SOCIAL SERVICE

FUNERAL ASSISTANCE FOR TRANSFER OF CADAVER

- CERTIFICATION FROM THE TRIBAL CHIEFTAIN (1 ORIGINAL OR CERTIFIED TRUE COPY)
- DEATH CERTIFICATE/ CITY/MUNICIPAL HALL REGISTRY OFFICE), HOSPITAL, FUNERAL PARLOR, TRIBAL CHIEFTAIN OR IMAM.

EDUCATIONAL ASSISTANCE

- 3. VALIDATED SCHOOL ID AND -VALID I.D (1 PHOTOCOPY)
 - SCHOOL REGISTRAR WHERE THE BENEFICIARY IS ENROLLED
- 4. A. ENROLMENT ASSESSMENT FORM OR B. CERTIFICATE OF ENROLMENT OR REGISTRATION; OR C. STATEMENT OF ACCOUNT

(1 ORIGINAL)

SCHOOL REGISTRAR OR CONCERNED OFFICE WHERE THE BENEFICIARY IS ENROLLED

FOOD ASSISTANCE FOR INDIVIDUAL AND FAMILIES ENDORSED GROUPS

- BARANGAY CERTIFICATE OR • RESIDENCY OR CERTIFICATE OF INDIGENCY OR CERTIFICATE THAT • IN ASSISTANCE MAY BE REQUIRED OR MEDICAL DOCUMENT AS PROOF BENEFICIARY IS THAT THE ADMITTED (1 ORIGINAL)
- BARANGAY HALL WHERE CLIENT IS PRESENTLY RESIDING HOSPITAL WHERE
- BENEFICIARY CURRENTI Y ADMITTED











WHERE TO SECURE

CASH ASSISTANCE FOR OTHER SUPPORT SERVICES

- THE DEPENDING ON CIRCUMSTANCES:
- FOR FIRE VICTIMS: POLICE BUREAU OF FIRE/PNP OF BUREAU **FIRE** REPORT/ PROTECTION REPORT FROM THE BUREAU OF FIRE
- PASSPORT, TRAVEL DOCUMENT/S, ADMINISTRATION/DEPARTMENT CERTIFICATION FROM OWWA OR THE BARANGAY
 - FOR DISTRESSED OFS: OVERSEAS WORKERS WELFARE OF MIGRANT WORKERS/ BARANGAY
- CERTIFICATION FROM A SOCIAL DEVELOPMENT OFFICE OR OTHER WORKER OR CASE MANAGER FROM SOCIAL WELFARE AGENCIES RESCUED CLIENTS.
- FOR RESCUED CLIENT: | LOCAL SOCIAL WELFARE AND
- D. FOR VICTIMS OF ONLINE SEXUAL LOCAL SOCIAL WELFARE AND EXPLOITATION: POLICE BLOTTER CERTIFICATION FOR THE VICTIMS OF ONLINE SEXUAL EXPLOITATION OF CHILDREN
 - DEVELOPMENT OFFICE OR OTHER SOCIAL WORKER'S SOCIAL WELFARE AGENCIES
- FOR LOCALLY STRANDED POLICE STATION -INDIVIDUALS (LSI): LSI WITHOUT BLOTTER CERTIFICATE OR THE TRAVEL CERTIFICATE SIGNED BY AUTHORITY ISSUED BY THE REGISTERED PHYSICIAN PHILIPPINE NATIONAL POLICE WILL SUFFICE AND BE ACCEPTED TO PROVE HIS/HER IDENTITY. (1 ORIGINAL)
- POLICE
 - IDS, THE MEDICAL HOSPITAL/CLINIC -MEDICAL THE











WHERE TO SECURE

CASH ASSISTANCE FOR OTHER SUPPORT SERVICES

- 4. FOR ALL OTHER INCIDENTS:
- BARANGAY CERTIFICATE OF -RESIDENCY OR CERTIFICATE OF INDIGENCY OR CERTIFICATE OF IS IN OF. NEED THE CLIENT ASSISTANCE AS WELL AS OTHER DOCUMENTS FROM LEGAL • AUTHORITIES/ REGULATING AGENCIES, AS MAY BE APPLICABLE . OFFICE OF CIVIL REGISTRY SUCH AS BUT NOT LIMITED TO POLICE REPORT/ BLOTTER, SPOT-REPORT FROM THE AFP OR PNP, JOINT AFP-PNP INTELLIGENCE COMMITTEE (JAPIC) CERTIFICATE, • CERTIFICATION OF DEATH, DISASTER ASSISTANCE FAMILY -ACCESS CARD (DAFAC); MEDICO-LEGAL CERTIFICATION
- BARANGAY HALL WHERE THE CLIENT IS PRESENTLY RESIDING
 - POLICE STATION
 - AFP OR PNP

 - CERTIFICATE FROM THE LDRMO; OR
 - LOCAL GOVERNMENT UNIT
 - HOSPITAL OR CLINIC SIGNED BY LICENSED PHYSICIAN

MATERIAL ASSISTANCE

(1 ORIGINAL)

3. GENERAL INTAKE SHEET	DSWD CIU/CIS/SWAD
4. MATERIAL ASSISTANCE	DSWD CIU/CIS/SWAD
DISTRIBUTION SHEET	







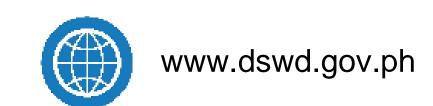




CLIENT STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
PRE-OFFSITE PREPARATION - COMPLEX				
1. SUBMIT PROJECT PROPOSAL	NONE	9 HOURS AND 35 MINUTES	DIXIE GELASQUE ADMINISTRATIVE ASSISTANT I AIZA ANIGA MARIA JOY ALCAREZ EMILY TIBONG KRISTINE DORREN ROXAS MA. BEA BATAIN JUVY ANN RADAZA JUDDY ANN ALIMPOS MARIE CHRIS BARRERA SANDRA ROSE MONTERONA ERALYN JOCOY WILMAE JANE BILLONES KHYLENE DECRIPITO JODESSA PEARL ACERO SOCIAL WELFARE OFFICER II KENNETH JAYSON OACAN ADMINISTRATIVE ASSISTANT II	











CLIENT STEPS		PROCESSING		
	BE PAID	TIME	RESPONSIBLE	
OFF-SITE TRANSACTION				
1. PRESENT	NONE	5 MINUTES	MARICHO DAYO	
PERTINENT			RYAN DAYANAN	
DOCUMENTS			HELEN ABINES	
			CINDY OMALZA	
			MARYNISSA GABUTAN	
			KRISTINE TORREGOSA	
			MARICEL CATUBAY	
			KIANA GLORY PACOT	
			LIEZEL RABAGO	
			REGINA ENOT	
			JUNE JAY	
			GATCHALIAN	
			APRIL ARIANNE	
			LARGO	
			VANNEZA PAGHASIAN	
			HANNSEL PAQUIAO	
			MECHIEL BUNTAG	
			RUBY ANN MAQUILAN	
			GRACE GANZO	
			WILFORD PAUL	
			LEGARTE	
			SOCIAL WELFARE AIDE	
2. SUBMIT PERTINENT	NONE	30 MINUTES	AIZA ANIGA	
DOCUMENTS FOR	INCINL	JO IVIII VOI LO	MARIA JOY ALCAREZ	
INTERVIEW AND				
ASSESSMENT			EMILY TIBONG	
ASSIVILIVI			KRISTINE DORREN	
			ROXAS	
			MA. BEA BATAIN	
			JUVY ANN RADAZA	
			JUDDY ANN ALIMPOS	
			MARIE CHRIS	
			BARRERA	
			SANDRA ROSE	
			MONTERONA	
			ERALYN JOCOY	
			WILMAE JANE BULLONIES	
			BILLONES	
			KHYLENE DECRIPITO	
			SOCIAL WELFARE	
			OFFICER II	
3. RECEIVE	NONE	5 MINUTES	EVAINE GLADYS	
ASSISTANCE			MANZANO	
			MYLEN ESTARDO	
			SOCIAL WELFARE	
			OFFICER II	











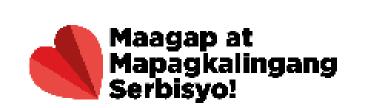
VI. PROCESSING TIME

13 HOURS, 10 MINUTES FOR CASH OUT RIGHT 1 DAY OR 24 HOURS FOR GUARANTEE LETTER

VII. FEEDBACKS AND COMPLAINTS MECHANISM

How to send feedback	The client or referring party could express their feedback through a Satisfaction Survey Form that would be given at the end of the client's transaction in the Crisis Intervention Unit/Section (CIU/S) or through https://t.ly/DPvRR which will be given after they were assessed by the social worker where or not they receive assistance under Assistance to Individual in Crisis Situation (AICS) Program.
processed	The duly accomplished Satisfaction Survey Form shall be consolidated together with the generated online customer feedback form once a month, identifying issues and concerns of the clients, which shall be discussed for appropriate action. Status on the identified issues and concerns shall be monitored on a monthly basis.
How to file a complaint	CIU/CIS and SWAD Offices shall implement two mechanisms for handling grievances and complaints which are (1) Written Communication and Email which is handled by the Grievance Focal Person (GFP), and (2) Personal or Onsite Complaints thru the establishment of the Public Assistance Complaint Desk (PACD). A complaint may be filed through any of the established modalities: Personal appearance (walk-in clients) through the Public Assistance and Complaints Desk- electronic email where concerns can be send to ciu.fo7@dswd.gov.ph Letters addressed to the Director IV, Ms. Shalaine Marie S. Lucero, DSWD Field Office VII or through our Division Chief of Protective Service Division, Ms. Rosemarie S. Salazar or Ms. Clavel C. Saycon SWO-IV/ Section Head of Crisis Intervention Section Through 8888 Citizen's Complaint Center











How complaints are processed

Written

Communication Email Step 1: Recording and Tagging of Grievances

and Grievances forwarded to the CID/CIS shall be received by the assigned incoming document administrative staff of CID/S. The said officer shall log the document in the Electronic Document Tracking Management System (EDTMS) of the Department signifying that the document was received by the office. They will then forward it to the Grievance Focal Person. The DRN, Subject of the document, and other pertinent details shall be listed in the monitoring tool for action of the Grievance Focal Person.

Step 2: Action and Response

Upon receiving the document, the Grievance Focal Person shall assess and inform the concerned staff/s, team, or section on their involvement in the received grievance case. The concerned staff or team shall be given three (3) days to respond to the complaint through a feedback letter. The said document shall be sent to the concerned parties copy furnished to the PSD-Chief.

Step 3: Monitoring

A designated Grievance Focal Person per CID/CIS and SWAD offices shall be responsible for responding to and monitoring grievances concerning their respective office. All grievances will be recorded and monitored through a centralized system to ensure all grievances are provided with appropriate action in compliance with RA. 11032.

Step 4: Termination

Grievances provided with an action shall be marked as resolved if no further follow-through from the complainant is received after three (3) days from the date the feedback letter was sent.

Personal or onsite complaints

onsite A PACD shall be stationed within the CIU/CIS/SWAD Satellite Office operating area where it will be visible and accessible to clients. The management of the said offices shall designate a personnel to man the said desk to immediately respond to complaints of clients onsite. Below is the process of handling received cases.

Step 1: Recording of PACD Concern

The PACD Officer shall be in charge of addressing the concerns raised through the PACD and shall account all transactions through a PACD Monitoring Tool which will contain the basic information and contact details of the client, and their concern.











Step 2: Assessment and Intervention

The PACD Officer shall be responsible to assess the concern of the client and shall intervene based on the presented concern. They shall observe maximum tolerance and calmly handle clients expressing their concerns or plea, whatever the case may be. For brevity, the PACD Officer shall provide a brief description of the actions taken to resolve the concern of the client on the PACD Monitoring Tool. In cases that the client persisted to be unresolved with the intervention despite the diligent effort of the PACD Officer to assist them with their case, the PACD Officer shall be required to prepare an

incident report and escalate the concern with the

management.

ARTA: complaints@arta.gov.ph

: 8478-5093 / 8478-5093 / 8478-5099

PACe: pace@op.gov.ph

: 8888

Authority (ARTA), PCC CCB: SMS: 0908 881 6565

Email: email@contactcenterngbayan.gov.ph
Web: https://contactcenterngbayan.gov.ph
FB: https://facebook.com/civilservicegovph

Call: 165 65 (P5+VAT per call anywhere in the

Philippines via PLDT landlines)

Contact information of Anti-Red Tape Authority (ARTA), PCC and CCB







