

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

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 THE CLIENT / PERSON TO BE INTERVIEWED (1 ORIGINAL AND 1 PHOTOCOPY)	PREFERABLY ISSUED BY ANY GOVERNMENT AGENCIES SUCH AS BUT NOT LIMITED TO: <ul style="list-style-type: none">• 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 (VOTER’S ID OR VOTER’S CERTIFICATION)• POST OFFICE (POSTAL ID)• DEPARTMENT OF FOREIGN AFFAIRS (PHILIPPINE PASSPORT)• NATIONAL BUREAU OF 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)	<ul style="list-style-type: none">• DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT (4PS ID)• LOCAL GOVERNMENT UNIT<ul style="list-style-type: none">• PWD ID• SOLO PARENT ID• CITY/MUNICIPAL ID• BARANGAY 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 (IF APPLICABLE) (1 ORIGINAL)	<ul style="list-style-type: none">• BENEFICIARY OF ASSISTANCE EXCEPT FOR THOSE WHO DO NOT HAVE THE CAPACITY TO ACT OR BELOW 18 YEARS OLD
TRANSPORTATION ASSISTANCE	
3. OTHER SUPPORTING DOCUMENT/S SUCH AS BUT ARE NOT LIMITED TO, MEDICAL CERTIFICATE, DEATH CERTIFICATE, AND/OR COURT ORDER OR SUBPOENA (1 ORIGINAL OR CERTIFIED TRUE COPY)	<ul style="list-style-type: none">• POLICE STATION - POLICE BLOTTER• HOSPITALS/CLINIC - MEDICAL ABSTRACT• COURT - COURT ORDER/ SUBPOENA• SOCIAL WORKER - JUSTIFICATION
MEDICAL ASSISTANCE FOR HOSPITAL 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 (1 ORIGINAL OR CERTIFIED TRUE COPY)	<ul style="list-style-type: none">• MEDICAL RECORDS OF THE HOSPITAL/CLINIC OR THE ATTENDING PHYSICIAN

WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE
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)	<ul style="list-style-type: none">• STATEMENT OF ACCOUNT - BILLING OFFICE OF THE HOSPITAL• CERTIFICATE OF BALANCE AND PROMISSORY NOTE - CREDIT AND COLLECTION OFFICE
5. SOCIAL CASE STUDY REPORT/ CASE SUMMARY. (1 ORIGINAL)	<ul style="list-style-type: none">• REGISTERED SOCIAL WORKER IN PUBLIC OR PRIVATE PRACTICE.• DSWD• LSWDO• NGO• MEDICAL SOCIAL SERVICE
MEDICAL ASSISTANCE FOR MEDICINE / 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)	MEDICAL RECORDS OF THE HOSPITAL/ CLINIC OR THE ATTENDING PHYSICIAN
4. PRESCRIPTION WITH DATE OF ISSUANCE, COMPLETE NAME, LICENSE NUMBER AND SIGNATURE OF THE PHYSICIAN ISSUED WITHIN THREE MONTHS. (1 ORIGINAL)	ATTENDING PHYSICIAN FROM A HOSPITAL/CLINIC.
IF THE AMOUNT OF ASSISTANCE BEING REQUESTED EXCEEDS PHP 10,000.00, THE FOLLOWING SHALL BE REQUIRED AS ADDITIONAL REQUIREMENTS	
5. QUOTATION OF MEDICINE OR ASSISTIVE DEVICE (1 ORIGINAL)	<ul style="list-style-type: none">• SERVICE PROVIDER
6. SOCIAL CASE STUDY REPORT/ CASE SUMMARY. (1 ORIGINAL)	<ul style="list-style-type: none">• REGISTERED SOCIAL WORKER IN PUBLIC OR PRIVATE PRACTICE.• DSWD• LSWDO• NGO• MEDICAL SOCIAL SERVICE

WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE
MEDICAL ASSISTANCE FOR LABORATORY	
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)	• ATTENDING PHYSICIAN OR FROM MEDICAL RECORDS OF THE HOSPITAL/ CLINIC.
4. LABORATORY REQUESTS OR LABORATORY PROTOCOL OR DOCTOR'S ORDER WITH NAME, LICENSE NUMBER, AND SIGNATURE OF THE PHYSICIAN (1 ORIGINAL)	• ATTENDING PHYSICIAN FROM A HOSPITAL/CLINIC
IF THE AMOUNT OF ASSISTANCE BEING REQUESTED EXCEEDS PHP 10,000.00, THE FOLLOWING SHALL BE REQUIRED AS ADDITIONAL REQUIREMENTS	
5. QUOTATION OF LABORATORY (1 ORIGINAL)	• SERVICE PROVIDER
6. SOCIAL CASE STUDY REPORT OR CASE SUMMARY. (1 ORIGINAL)	REGISTERED SOCIAL WORKER IN PUBLIC OR PRIVATE PRACTICE. <ul style="list-style-type: none">• DSWD• LSWDO• NGO• MEDICAL SOCIAL SERVICE
FUNERAL ASSISTANCE FOR FUNERAL 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

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 CASE SUMMARY. (1 ORIGINAL)	REGISTERED SOCIAL WORKER IN PUBLIC OR PRIVATE PRACTICE. <ul style="list-style-type: none">• DSWD• LSWDO• NGO• MEDICAL SOCIAL SERVICE
FUNERAL ASSISTANCE FOR TRANSFER OF CADAVER	
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.
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 IN GROUPS	
3. BARANGAY CERTIFICATE OR RESIDENCY OR CERTIFICATE OF INDIGENCY OR CERTIFICATE THAT THE CLIENT IS IN NEED OF ASSISTANCE MAY BE REQUIRED OR MEDICAL DOCUMENT AS PROOF THAT THE BENEFICIARY IS ADMITTED (1 ORIGINAL)	<ul style="list-style-type: none">• BARANGAY HALL WHERE THE CLIENT IS PRESENTLY RESIDING• HOSPITAL WHERE THE BENEFICIARY IS CURRENTLY ADMITTED

WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE
CASH ASSISTANCE FOR OTHER SUPPORT SERVICES	
3. DEPENDING ON THE CIRCUMSTANCES: A. FOR FIRE VICTIMS: POLICE REPORT/ BUREAU OF FIRE PROTECTION REPORT FROM THE BUREAU OF FIRE B. FOR DISTRESSED OFS: PASSPORT, TRAVEL DOCUMENT/S, CERTIFICATION FROM OWWA OR THE BARANGAY C. FOR RESCUED CLIENT: CERTIFICATION FROM A SOCIAL WORKER OR CASE MANAGER FROM RESCUED CLIENTS. D. FOR VICTIMS OF ONLINE SEXUAL EXPLOITATION: POLICE BLOTTER AND SOCIAL WORKER’S CERTIFICATION FOR THE VICTIMS OF ONLINE SEXUAL EXPLOITATION OF CHILDREN E. FOR LOCALLY STRANDED INDIVIDUALS (LSI): 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)	<ul style="list-style-type: none">• BUREAU OF FIRE/PNP• OVERSEAS WORKERS WELFARE ADMINISTRATION/DEPARTMENT OF MIGRANT WORKERS/ BARANGAY• LOCAL SOCIAL WELFARE AND DEVELOPMENT OFFICE OR OTHER SOCIAL WELFARE AGENCIES• LOCAL SOCIAL WELFARE AND DEVELOPMENT OFFICE OR OTHER SOCIAL WELFARE AGENCIES• POLICE STATION - POLICE BLOTTER• HOSPITAL/CLINIC - MEDICAL CERTIFICATE SIGNED BY THE REGISTERED PHYSICIAN

WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE
CASH ASSISTANCE FOR OTHER SUPPORT SERVICES	
<p>4. FOR ALL OTHER INCIDENTS:</p> <p>BARANGAY CERTIFICATE OF RESIDENCY OR CERTIFICATE OF INDIGENCY OR CERTIFICATE OF THE CLIENT IS IN NEED OF ASSISTANCE AS WELL AS OTHER DOCUMENTS FROM LEGAL AUTHORITIES/ REGULATING AGENCIES, AS MAY BE APPLICABLE 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 (1 ORIGINAL)</p>	<ul style="list-style-type: none">• BARANGAY HALL WHERE THE CLIENT IS PRESENTLY RESIDING• POLICE STATION• AFP OR PNP• OFFICE OF CIVIL REGISTRY• CERTIFICATE FROM THE LDRMO; OR• LOCAL GOVERNMENT UNIT• HOSPITAL OR CLINIC SIGNED BY LICENSED PHYSICIAN
MATERIAL ASSISTANCE	
3. GENERAL INTAKE SHEET	DSWD CIU/CIS/SWAD
4. MATERIAL ASSISTANCE DISTRIBUTION SHEET	DSWD CIU/CIS/SWAD

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

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

VI. PROCESSING TIME

5 HOURS, 40 MINUTES FOR CASH OUT RIGHT 1 DAY OR 24 HOURS FOR GUARANTEE LETTER
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VII. FEEDBACKS AND COMPLAINTS MECHANISM

How to send feedback	<p>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.</p>
How feedbacks are processed	<p>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.</p>
How to file a complaint	<p>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).</p> <p>A complaint may be filed through any of the established modalities:</p> <ul style="list-style-type: none">• 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

VII. FEEDBACKS AND COMPLAINTS MECHANISM

How complaints are processed	
Written Communication and Email	<p>Step 1: Recording and Tagging of Grievances</p> <p>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.</p> <p>Step 2: Action and Response</p> <p>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.</p> <p>Step 3: Monitoring</p> <p>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.</p> <p>Step 4: Termination</p> <p>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.</p>
Personal or onsite complaints	<p>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.</p> <p>Step 1: Recording of PACD Concern</p> <p>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.</p>

VII. FEEDBACKS AND COMPLAINTS MECHANISM

	<p>Step 2: Assessment and Intervention</p> <p>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.</p> <p>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.</p>
Contact information of Anti-Red Tape Authority (ARTA), PCC and CCB	<p>ARTA : complaints@arta.gov.ph : 8478-5093 / 8478-5093 / 8478-5099</p> <p>PACe : pace@op.gov.ph : 8888</p> <p>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)</p>

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 THE CLIENT / PERSON TO BE INTERVIEWED (1 ORIGINAL AND 1 PHOTOCOPY)	<p>PREFERABLY ISSUED BY ANY GOVERNMENT AGENCIES SUCH AS BUT NOT LIMITED TO:</p> <ul style="list-style-type: none">• 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 (VOTER’S ID OR VOTER’S CERTIFICATION)• POST OFFICE (POSTAL ID)• DEPARTMENT OF FOREIGN AFFAIRS (PHILIPPINE PASSPORT)• NATIONAL BUREAU OF 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)	<ul style="list-style-type: none">• DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT (4PS ID)• LOCAL GOVERNMENT UNIT<ul style="list-style-type: none">• PWD ID• SOLO PARENT ID• CITY/MUNICIPAL ID• BARANGAY 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 (IF APPLICABLE) (1 ORIGINAL)	<ul style="list-style-type: none">• BENEFICIARY OF ASSISTANCE EXCEPT FOR THOSE WHO DO NOT HAVE THE CAPACITY TO ACT OR BELOW 18 YEARS OLD
TRANSPORTATION ASSISTANCE	
3. OTHER SUPPORTING DOCUMENT/S SUCH AS BUT ARE NOT LIMITED TO, MEDICAL CERTIFICATE, DEATH CERTIFICATE, AND/OR COURT ORDER OR SUBPOENA (1 ORIGINAL OR CERTIFIED TRUE COPY)	<ul style="list-style-type: none">• POLICE STATION - POLICE BLOTTER• HOSPITALS/CLINIC - MEDICAL ABSTRACT• COURT - COURT ORDER/ SUBPOENA• SOCIAL WORKER - JUSTIFICATION
MEDICAL ASSISTANCE FOR HOSPITAL 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 (1 ORIGINAL OR CERTIFIED TRUE COPY)	<ul style="list-style-type: none">• MEDICAL RECORDS OF THE HOSPITAL/CLINIC OR THE ATTENDING PHYSICIAN

WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE
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)	<ul style="list-style-type: none">• STATEMENT OF ACCOUNT - BILLING OFFICE OF THE HOSPITAL• CERTIFICATE OF BALANCE AND PROMISSORY NOTE - CREDIT AND COLLECTION OFFICE
5. SOCIAL CASE STUDY REPORT/ CASE SUMMARY. (1 ORIGINAL)	<ul style="list-style-type: none">• REGISTERED SOCIAL WORKER IN PUBLIC OR PRIVATE PRACTICE.• DSWD• LSWDO• NGO• MEDICAL SOCIAL SERVICE
MEDICAL ASSISTANCE FOR MEDICINE / 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)	MEDICAL RECORDS OF THE HOSPITAL/ CLINIC OR THE ATTENDING PHYSICIAN
4. PRESCRIPTION WITH DATE OF ISSUANCE, COMPLETE NAME, LICENSE NUMBER AND SIGNATURE OF THE PHYSICIAN ISSUED WITHIN THREE MONTHS. (1 ORIGINAL)	ATTENDING PHYSICIAN FROM A HOSPITAL/CLINIC.
IF THE AMOUNT OF ASSISTANCE BEING REQUESTED EXCEEDS PHP 10,000.00, THE FOLLOWING SHALL BE REQUIRED AS ADDITIONAL REQUIREMENTS	
5. QUOTATION OF MEDICINE OR ASSISTIVE DEVICE (1 ORIGINAL)	<ul style="list-style-type: none">• SERVICE PROVIDER
6. SOCIAL CASE STUDY REPORT/ CASE SUMMARY. (1 ORIGINAL)	<ul style="list-style-type: none">• REGISTERED SOCIAL WORKER IN PUBLIC OR PRIVATE PRACTICE.• DSWD• LSWDO• NGO• MEDICAL SOCIAL SERVICE

WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE
MEDICAL ASSISTANCE FOR LABORATORY	
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)	• ATTENDING PHYSICIAN OR FROM MEDICAL RECORDS OF THE HOSPITAL/ CLINIC.
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IF THE AMOUNT OF ASSISTANCE BEING REQUESTED EXCEEDS PHP 10,000.00, THE FOLLOWING SHALL BE REQUIRED AS ADDITIONAL REQUIREMENTS	
5. QUOTATION OF LABORATORY (1 ORIGINAL)	• SERVICE PROVIDER
6. SOCIAL CASE STUDY REPORT OR CASE SUMMARY. (1 ORIGINAL)	REGISTERED SOCIAL WORKER IN PUBLIC OR PRIVATE PRACTICE. <ul style="list-style-type: none">• DSWD• LSWDO• NGO• MEDICAL SOCIAL SERVICE
FUNERAL ASSISTANCE FOR FUNERAL 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

WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE
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FUNERAL ASSISTANCE FOR TRANSFER OF CADAVER	
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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
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WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE
CASH ASSISTANCE FOR OTHER SUPPORT SERVICES	
3. DEPENDING ON THE CIRCUMSTANCES: A. FOR FIRE VICTIMS: POLICE REPORT/ BUREAU OF FIRE PROTECTION REPORT FROM THE BUREAU OF FIRE B. FOR DISTRESSED OFS: PASSPORT, TRAVEL DOCUMENT/S, CERTIFICATION FROM OWWA OR THE BARANGAY C. FOR RESCUED CLIENT: CERTIFICATION FROM A SOCIAL WORKER OR CASE MANAGER FROM RESCUED CLIENTS. D. FOR VICTIMS OF ONLINE SEXUAL EXPLOITATION: POLICE BLOTTER AND SOCIAL WORKER’S CERTIFICATION FOR THE VICTIMS OF ONLINE SEXUAL EXPLOITATION OF CHILDREN E. FOR LOCALLY STRANDED INDIVIDUALS (LSI): 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)	<ul style="list-style-type: none">• BUREAU OF FIRE/PNP• OVERSEAS WORKERS WELFARE ADMINISTRATION/DEPARTMENT OF MIGRANT WORKERS/ BARANGAY• LOCAL SOCIAL WELFARE AND DEVELOPMENT OFFICE OR OTHER SOCIAL WELFARE AGENCIES• LOCAL SOCIAL WELFARE AND DEVELOPMENT OFFICE OR OTHER SOCIAL WELFARE AGENCIES• POLICE STATION - POLICE BLOTTER• HOSPITAL/CLINIC - MEDICAL CERTIFICATE SIGNED BY THE REGISTERED PHYSICIAN

WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE
CASH ASSISTANCE FOR OTHER SUPPORT SERVICES	
<p>4. FOR ALL OTHER INCIDENTS:</p> <p>BARANGAY CERTIFICATE OF RESIDENCY OR CERTIFICATE OF INDIGENCY OR CERTIFICATE OF THE CLIENT IS IN NEED OF ASSISTANCE AS WELL AS OTHER DOCUMENTS FROM LEGAL AUTHORITIES/ REGULATING AGENCIES, AS MAY BE APPLICABLE 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 (1 ORIGINAL)</p>	<ul style="list-style-type: none">• BARANGAY HALL WHERE THE CLIENT IS PRESENTLY RESIDING• POLICE STATION• AFP OR PNP• OFFICE OF CIVIL REGISTRY• CERTIFICATE FROM THE LDRMO; OR• LOCAL GOVERNMENT UNIT• HOSPITAL OR CLINIC SIGNED BY LICENSED PHYSICIAN
MATERIAL ASSISTANCE	
3. GENERAL INTAKE SHEET	DSWD CIU/CIS/SWAD
4. MATERIAL ASSISTANCE DISTRIBUTION SHEET	DSWD CIU/CIS/SWAD

CLIENT STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
PRE-OFFSITE PREPARATION - COMPLEX			
1. SUBMIT PROJECT PROPOSAL	NONE	9 HOURS AND 35 MINUTES	<div>DIXIE GELASQUE ADMINISTRATIVE ASSISTANT I</div> <div>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</div> <div>KENNETH JAYSON OACAN ADMINISTRATIVE ASSISTANT II</div>

CLIENT STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
OFF-SITE TRANSACTION			
1. PRESENT PERTINENT DOCUMENTS	NONE	5 MINUTES	MARICHO DAYO RYAN DAYANAN 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 HANNSSEL PAQUIAO MECHIEL BUNTAG RUBY ANN MAQUILAN GRACE GANZO WILFORD PAUL LEGARTE SOCIAL WELFARE AIDE
2. SUBMIT PERTINENT DOCUMENTS FOR INTERVIEW AND ASSESSMENT	NONE	30 MINUTES	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 SOCIAL WELFARE OFFICER II
3. RECEIVE ASSISTANCE	NONE	5 MINUTES	EVAINE GLADYS 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	<p>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.</p>
How feedbacks are processed	<p>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.</p>
How to file a complaint	<p>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).</p> <p>A complaint may be filed through any of the established modalities:</p> <ul style="list-style-type: none">• 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

VII. FEEDBACKS AND COMPLAINTS MECHANISM

How complaints are processed	
Written Communication and Email	<p>Step 1: Recording and Tagging of Grievances</p> <p>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.</p> <p>Step 2: Action and Response</p> <p>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.</p> <p>Step 3: Monitoring</p> <p>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.</p> <p>Step 4: Termination</p> <p>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.</p>
Personal or onsite complaints	<p>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.</p> <p>Step 1: Recording of PACD Concern</p> <p>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.</p>

VII. FEEDBACKS AND COMPLAINTS MECHANISM

	<p>Step 2: Assessment and Intervention</p> <p>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.</p> <p>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.</p>
Contact information of Anti-Red Tape Authority (ARTA), PCC and CCB	<p>ARTA : complaints@arta.gov.ph : 8478-5093 / 8478-5093 / 8478-5099</p> <p>PACe : pace@op.gov.ph : 8888</p> <p>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)</p>