

PROVISION OF ASSISTANCE TO SOLO PARENTS

I. OFFICE OR DIVISION

PROTECTIVE SERVICES DIVISION – FAMILY SECTOR

II. SCHEDULE OF AVAILABILITY OF SERVICE

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

III. WHO MAY AVAIL OF THE SERVICE

1. ELIGIBLE SOLO PARENTS

WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE
Transportation Assistance	
1. Valid Solo Parent identification card of the client/ person to be interviewed (1 original and 1 photocopy)	Local Government Unit
2. Police Blotter/ Police Certification (for victims of pickpockets, illegal recruitment, etc.); (1 Original copy / Certified true copy)	From the Police Station
3. Other supporting document/s such as but not limited to, justification of the social worker, medical certificate, death certificate, and/or court order/subpoena (1 Original copy / Certified true copy)	From hospitals/clinic for medical abstract Court- court order/subpoena Social worker-justification
Medical Assistance	
1. Valid Solo parent identification card of the client/ person to be interviewed (1 original and 1 photocopy)	Local Government Unit
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 hospital/clinic
3. Hospital bill / Statement of Account (outstanding balance) with name and signature (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 or Medical Social Service
1. Barangay Certificate/ Certificate of Residency (1 Original copy / Certified true copy)	From the Barangay where the client is presently residing

PROVISION OF ASSISTANCE TO SOLO PARENTS	
WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE
MEDICAL ASSISTANCE FOR MEDICINE/ ASSISTIVE DEVICE	
1. 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 hospital/clinic.
2. Prescription with date of issuance, complete name, license number and signature of the Physician issued within three months (1 Original copy / Certified true copy)	Attending Physician from a hospital/clinic
3. Valid Solo parent identification card (1 original and 1 photocopy)	Local Government Unit
4. Social Case Study Report/ Case Summary (1 Original copy / Certified true copy)	Licensed social worker from DSWD, Local Social Welfare and Development Office and Medical Social Service
MEDICAL ASSISTANCE FOR LABORATORY REQUESTS	
1. Valid Solo parent identification card of the client/ person to be interviewed (1 original and 1 photocopy)	Local Government Unit
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 hospital/clinic.
3. Laboratory Requests with name, license number and signature of the Physic (1Original copy / Certified true copy)	Attending Physician from a hospital/clinic
4. Social Case Study Report/ Case Summary (1 Original copy / Certified true copy)	Licensed social worker from DSWD, Local Social Welfare and Development Office and Medical Social Service
BURIAL ASSISTANCE FOR FUNERAL BILL	
1. Valid Solo parent identification card of the client/ person to be interviewed (1 original and 1 photocopy)	<ul style="list-style-type: none">Local Government UnitCity/Municipal Hall (Civil Registry Office), hospital, Funeral Parlor or Tribal chieftain,The authorized staff of the Funeral Parlor/ Memorial ChapelFrom the Barangay where the client is presently residing
2. Registered Death Certificate/ Certification from the Tribal Chieftain (1 Original copy / certified true copy)	
3. Funeral Contract (1 Original copy / Certified true copy)	
4. Barangay Certificate/ Certificate of Residency (1 Original copy / Certified true copy)	

PROVISION OF ASSISTANCE TO SOLO PARENTS	
WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE
BURIAL ASSISTANCE FOR TRANSFER OF CADAVER	
<ol style="list-style-type: none">Valid Solo parent identification card of the client/ person to be interviewed (1 original and 1 photocopy)Registered Death Certificate/ Certification from the Tribal Chieftain (1 Original copy / certified true copy)Funeral Contract (1 Original copy / Certified true copy)Transfer Permit (1 Original copy / Certified true copy)Barangay Certificate/ Certificate of Residency (1 Original copy / Certified true copy)	<ul style="list-style-type: none">Local Government UnitCity/Municipal Hall (Civil Registry Office), hospital, Funeral Parlor or Tribal chieftain,The authorized staff of the Funeral parlor/ Memorial ChapelCity/Municipal Hall, hospital, funeral Parlor or Tribal chieftainFrom the Barangay where the client is presently residing.
EDUCATIONAL ASSISTANCE	
<ol style="list-style-type: none">Validated School ID and Valid Solo parent I.D of the Parent/guardian (1 original and 1 photocopy)Enrolment Assessment Form or Certificate of Enrolment or Registration (1 Original copy/ Certified true copy)Statement of Account for college students, when available. This may not available to State Universities (1 Original copy / Certified true copy)Barangay Certificate/Certificate of Residency or Certificate of Indigency (1 Original copy / Certified true copy)	<p>Registrar, Authorized staff from the school, Local Government Unit</p> <p>Registrar, Authorized staff from the school</p> <p>Registrar officer, Authorized staff from the school</p> <p>From the Barangay where the client ID presently residing</p>
FOOD ASSISTANCE FOR INDIVIDUAL AND FAMILIES ENDORSED IN GROUPS	
<ol style="list-style-type: none">Valid Solo parent identification card of the client/ person to be interviewed (1 original and 1 photocopy)Project proposal and Food distribution List (CRCF client) (1 Original copy / Certified true copy)Barangay certificate/ certificate of Residency(1 Original copy / Certified true copy)	<p>Local Government Unit</p> <p>Local Government Unit / or Head of the residential care facility</p> <p>From the Barangay where the client is presently residing</p>

PROVISION OF ASSISTANCE TO SOLO PARENTS	
WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE
CASH ASSISTANCE FOR OTHER SUPPORT SERVICES	
<p>1. Validated School ID and Valid Solo parent ID of the Parent/guardian (1 Original and 1 photocopy)</p> <p>2. Depending on the circumstances:</p> <p>For Fire Victims: Police Report/ Bureau of Fire Protection Report from the Bureau of Fire (1 Original copy / Certified true copy)</p> <p>For Distressed OFs: Passport, Travel Document/s, certification from OWWA or the Barangay (1 Original copy/ Certified true copy)</p> <p>For Rescued Client: Certification from a social worker or Case manager from rescued clients. (1 Original copy / Certified true copy)</p> <p>For victims of Online Sexual Exploitation: Police Blotter and social worker’s certification for the victims of online sexual exploitation of children (1 Original copy / Certified true copy)</p> <p>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 copy / Certified true copy)</p> <p>For all other incidents:</p> <p>3. 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)</p>	<p>Registrar, Authorized staff from the school, Local Government Unit</p> <p>Police Station, Bureau of Fire, Philippine Embassy / Consulate, Social Worker from welfare agencies</p> <p>From the Barangay where the client is presently residing</p>
PROVISION OF PPE	
<p>Valid Solo parent identification card of the client/ person to be interviewed (1 original and 1 photocopy)</p> <p>RT-PCR* Test Result, if applicable;</p> <p>*Reverse Transcription - Polymerase Chain Reaction</p> <p>(1 Original copy / Certified true copy)</p>	<p>Local Government Unit</p>

PROVISION OF ASSISTANCE TO SOLO PARENTS

CLIENT STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receipt of application for assistance of a solo parent	None	5 minutes	Rossel Martinada-Ponce Social Welfare Assistant
2. Submit required documents for assistance	None	20 minutes	Daisy C. Lor Social Welfare Officer IV
Provision of Psychosocial support, AICS, and Supplemental Livelihood Program			
1. Provision of Psychosocial support	None	40 minutes	Daisy C. Lor Social Welfare Officer IV
Referral for concerned LGU and other Agencies			
1. Endorsement to the other national government agencies, partner NGOs, CSOs, residential care facilities	None	70 minutes	Rossel Martinada-Ponce Social Welfare Assistant Daisy C. Lor Social Welfare Officer IV Emma F. Patalinghug OIC-Division Chief, PSD Shalaine Marie S. Lucero, CESO IV Regional Director

PROVISION OF ASSISTANCE TO SOLO PARENTS

V. PROCESSING TIME

2 hours and 15 minutes

VI. FEEDBACKS AND COMPLAINTS MECHANISM

Contact Information of Office:
Mobile number: 0939-517-9321
Email Address: familysector.fo7@dswd.gov.ph