



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

I. OFFICE OR

PROTECTIVE SERVICES DIVISION – COMMUNITY AND SPECIAL CONCERNS SECTOR

II. SCHEDULE OF AVAILABILITY OF

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

III. WHO MAY AVAIL OF THE

People Living with HIV and their affected families

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) valid identification card of the client or person to be interviewed: • PhilSys ID • UMID ID, SSS, or GSIS ID • PhilHealth ID • Driver's License • PRC ID • OWWA ID • DOLE ID • PAG-IBIG ID Voters ID or Voter's Certification\	 Philippine Statistics Authority Social Security System or Government Service Insurance System PhilHealth Land Transportation Office Professional Regulation Commission Overseas Workers Welfare Administration Department of Labor and Employment Pag-Ibig Fund









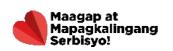






 Postal ID Philippine Passport NBI Clearance 4Ps ID PWD ID Solo Parent ID City or Municipal ID Barangay ID Office of Senior Citizen	Commission on election Post Office Department of Foreign National Bureau of Investigation Department of Social Welfare Development Local Government Unit Police Station Barangay Hall
Signed Authorization Letter (If applicable)	Beneficiary of Assistance except for those who do not have the capacity to act or below 18 years old
Form 1: Intake Form Informed Consent	Referring Agency
Form 2: Referral for Service	HIV Treatment Hub;
Medical Certificate or Clinical Abstract	Designated HIV Treatment Facility











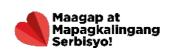




PEOPLE LIVING WITH HIV (PLHIV) REFERRAL FOR CARE AND SUPPORT SERVICES

CLIENT STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure a queuing number	None	5 minutes	Emma F. Patalinghug, OIC Division Chief PSD
2. Present self and documents for assessment and review	None	40 minutes	Emma F. Patalinghug, OIC- Division Chief PSD
3. Fill-out necessary fields in the prescribed forms	None	20 minutes	Emma F. Patalinghug, OIC- Division Chief PSD
4. Submit the accomplished forms	None	80 minutes	Emma F. Patalinghug, OIC- Division Chief PSD
5. Client received assistance or any relevant documents for claiming of assistance (e.g. accomplished Form 3: referral for Service or stub)	None	15 minutes	Emma F. Patalinghug, OIC- Division Chief PSD
6. Accomplish Client Satisfaction Survey from	None	20 minutes	Emma F. Patalinghug, OIC- Division Chief PSD

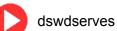
















PEOPLE LIVING WITH HIV (PLHIV) REFERRAL FOR CARE AND SUPPORT SERVICES

V. PROCESSING

TIME

Total Processing Time for Referral for Care and Support Services:

180 minutes or three (3) hours for Outright Cash One (1) day or 24 hours for a Guarantee Letter

VI. FEEDBACKS AND COMPLAINTS MECHANISM

Contact Information of Office: PSD- Community and Special Concerns

Sector

Mobile Number: 0919-392-5446

Email Address: efpatalinghug@dswd.gov.ph

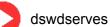
















PROVISION OF ASSISTANCE TO PEOPLE LIVING WITH HIV (PLHIV)

I. OFFICE OR

PROTECTIVE SERVICES DIVISION – COMMUNITY AND SPECIAL CONCERNS SECTOR

II. SCHEDULE OF AVAILABILITY OF

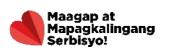
MONDAY- FRIDAY (8:00 AM-5:00 PM)

III. WHO MAY AVAIL OF THE

People Living with HIV (PLHIVs) and their affected Families

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) valid identification card of	
the client/ person to be interviewed;	
PhilSys ID	Philippine Statistics Authority
UMID ID, SSS or GSIS ID	 Social Security System or Government Service Insurance System
PhilHealth ID	• PhilHealth
Driver's License	Land Transportation Office

















OWWA ID DOLE ID PAG-IBIG ID	Professional Regulation Commission Overseas Workers Welfare Administration Department of Labor and Employment Pag-IBIG Fund Commission on Election Post Office	
OWWAID DOLE ID PAG-IBIG ID	Administration Department of Labor and Employment Pag-IBIG Fund Commission on Election	
• PAG-IBIG ID	Pag-IBIG Fund Commission on Election	
	Commission on Election	
Voter's ID or Voter's Certification		
	Post Office	
• Postal ID		
Philippine Passport	Department of Foreign Affairs	
· NBI Clearance	National Bureau of Investigation	
1 4 6 1D	Department of Social Welfare and Development	
• PWD ID	Local Government Unit	
· Solo Parent ID	Local Government Unit	
· City or Municipal ID	Local Government Unit	
Barangay ID	Local Government Unit	
Office of Senior Citizen Affairs (OSCA ID)	Local Government Unit	
Police Clearance	Police Station	
 or any ID preferably with validity date, and picture and signature of the client. 	Barangay Hall	
In extremely justifiable circumstances, a Barangay Certification certifying the identity of the client may be presented in lieu of an Identification Card.	Barangay Hall	
Signed Authorization Letter (if	Beneficiary of Assistance except for those who do not have the capacity to act or below 18 years old	
Medical Abstract or Referral Letter or Accomplished DSWD Form Three (3)	 Designated Treatment Hub / HIV Primary Care Facility; Local Government Unit 	
TRANSPORTATION ASSISTANCE		













1. Original and one (1) photocopy of supporting document/s such as, but are not limited to, Medical Certificate, Death Certificate, and/or Court Order or Subpoena

Police Station - Police Blotter; Hospitals or Clinic - Medical Abstract; Court - Court Order or Subpoena; and Civil Registry - Death Certificate.

MEDICAL ASSISTANCE FOR HOSPITAL BILL

1. One (1) Original and/or Certified True Copy of Medical Certificate or Clinical Abstract or Discharge Summary or Alagang issued within three (3) months and with the following information: (i) final diagnosis; and (ii) complete name, license number and signature of the Physician

Medical records of the Hospital or Clinic or the Attending Physician

2. One (1) original and one (1) photocopy of Hospital Bill or Statement of Account (outstanding balance) with the complete name and signature of the Billing Clerk; or Certificate of Balance and Promissory Note signed either by the Credit and Collection Officer or Billing Clerk.

Statement of Account - Billing Office of the hospital

Certificate of Balance and Promissory Note

- Credit and Collection Office

3. One (1) original copy of Social Case Study Report or Case Summary.

Registered Social Worker, whether from public or private practice, from any of the following:

- Department of Social Welfare and Development;
- Local Social Welfare and Development Office;
- Non-Government Organization; or
- Medical Social Service.

MEDICAL ASSISTANCE FOR MEDICINE OR ASSISTIVE DEVICE

1. One (1) original and/or Certified True Copy of Medical Certificate or Clinical Abstract or Discharge Summary or Alagang issued within three (3) months and with the following information: (i) final diagnosis; and (ii) complete name, license number and signature of the Physician.

Medical records of the Hospital or Clinic of the Attending Physician















Attending Physician from a hospital or clinic.

If the amount of assistance being requested exceeds PhP10,000.00, the following shall be required as additional documentary requirements

1. One (1) original and one (1) photocopy of the Quotation of Medicine or Assistive Device

Service Provider

2. One (1) original copy of Social Case Study Report or Case Summary.

Registered Social Worker, whether from public or private practice, from any of the following:

- Department of Social Welfare and Development;
- · Local Social Welfare and Development Office;
- Non-Government Organization; or
- Medical Social Service

MEDICAL ASSISTANCE FOR LABORATORY

1. One (1) original and/or **Certified True Copy of Medical** Certificate or Clinical Abstract or Discharge Summary or Alagang issued within three (3) months and with the following information: (i) final diagnosis; and (ii) complete name, license number and signature of the Physician.

Attending Physician or from Medical Records of the hospital or clinic.

2. One (1) original and/or one (1) **Certified True Copy of Social** Case Study Report or Case Summary.

Registered Social Worker, whether from public or private practice, from any of the following:

- Department of Social Welfare and Development;
- · Local Social Welfare and Development Office;
- Non-Government Organization; or
- Medical Social Service.

If the amount of assistance being requested exceeds PhP10,000.00, the following shall be required as additional requirements

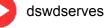










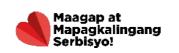






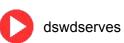
1. One (1) original and/or	Service Provider
photocopy of the Quotation of	
Laboratory)	
	Registered Social Worker, whether from
	public or private practice, from any of the
2. One (1) original copy of Social	following:
Case Study Report or Case Summary.	 Department of Social Welfare and
Carrinary.	Development;
	Local Social Welfare and
	Development Office;
	Non-Government Organization; or
	Medical Social Service.
MEDICAL ASSIS	TANCE FOR LABORATORY
1. One (1) original and/or Certified	
	Attending Physician or from Medical
Clinical Abstract or Discharge	Records of the hospital or clinic.
Summary or Alagang issued within three (3) months and with the	
following information: (i) final	
diagnosis; and (ii) complete name,	
license number and signature of	
the Physician	
2. One (1) original and one (1)	
photocopy of laboratory requests or	Attending Physician from a hospital or
laboratory protocol or Doctor's	clinic
Order with name,	
license number, and signature of	
the Physician	
	Registered Social Worker, whether from
	public or private practice, from any of the
3. One (1) original and/or one (1)	following:
Certified True Copy of Social Case Study Report or Case Summary.	Department of Social Welfare and
July 1 toport of July July 1	Development;
	· Local Social Welfare and
	Development Office;
	 Non-Government Organization; or
	Medical Social Service.
If the amount of assistance being red	quested exceeds PhP10,000.00, the
following shall be required as additio	nal requirements
1. One (1) original and/or	Service Provider
photocopy of the Quotation of	
Laboratory	
	Registered Social Worker in public or
2. One (1) original and/or one (1)	private practice.
Certified True Copy of Social Case	• DSWD
Study Report or Case Summary. (1	• LSWDO
Original or Photocopy)	• NGO
	Medical Social Service















ELINEDAL ASSISTAN	CE FOR FUNERAL BILL
1. One (1) original and/or one (1)	City or Municipal Hall (Civil
Certified True Copy of Death	Registry Office), Hospital, Funeral
Certificate or Certification from the	Parlor, Tribal Chieftain or Imam
Tribal Chieftain	
1. One (1) original copy of	Authorized staff of the Funeral Parlor
Promissory Note or Certificate of	or Memorial Chapel
Balance or	
Statement of Account	
2. One (1) original and/or Photocopy	City or Municipal Hall
of Funeral Contract	
EDUCATIONA	L ASSISTANCE
1. One (1) original and/or	School Registrar where the beneficiary
photocopy of Validated School ID	is enrolled
and Valid I. D	Cabaal Dagiatuan an Canaanna d Office
1. One (1) original and/or	School Registrar or Concerned Office
photocopy of any of the	where the beneficiary is enrolled
following:	
 Enrolment Assessment Form; or 	
 Certificate of Enrolment; or 	
 Registration; or 	
Statement of Account	
FOOD AS	SSISTANCE
1 One (1) original and/or photocopy	 Barangay Hall where the client is
1. One (1) original and/or photocopy of Barangay Certificate or Residency	producting regioning
or Certificate of Indigency or	
Certificate that the client is in need	
of assistance may be required or	 Hospital where the beneficiary is
medical document as proof that the	currently admitted
beneficiary is admitted	
CASH RELIE	F ASSISTANCE
Donanding on the singuing to accomp	Bureau of Fire or PNP
Depending on the circumstances:	Overes on Markers Malfers
a. For Fire Victims: One (1)	Overseas Workers Welfare
original and/or photocopyof	Administration or Department of
Police Reportor Bureau of Fire	Migrant Workers or Barangay
Protection Report from the Bureau	
of Fire;	Local Social Welfare and
	Development Office or other social
	welfare agencies















- b. For Distressed OFs: One (1) original and/or photocopy of Passport, Travel Document/s, certification from OWWA or the Barangay;
- c. For Rescued Client: One (1) original and/or photocopy of Certification from a social worker or Case manager from rescued clients.
- d. For victims of Online Sexual Exploitation: One (1) original and/or photocopy of 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 One (1) original and/or photocopy of the Medical Certificate or the Travel Authority issued by the Philippine National Police will suffice and be accepted to prove his or her identity.

 Local Social Welfare and Development Office or other social welfare agencies

- Police Station Police Blotter
- Hospital or Clinic Medical Certificate signed by the Registered Physician

For all other incidents:

One (1) original and/or photocopy of any of the following: 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 or regulating
 agencies, as may be applicable such as but not limited to Police Report or
 Blotter, Spot report from the AFP or
 PNP, Joint AFP-PNP

- Barangay Hall where the client is presently residing
- Police Station
- Armed Forcesof the Philippines or Philippine National Police
- Office of the Civil Registry
- Certificate from the Local Disaster
 Risk Management Office; or
- Local Government Unit
- Hospital or Clinic signed by Licensed Physician



certification

Intelligence



(JAPIC) certificate, Certification of

death, Disaster Assistance Family

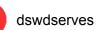
Access Card (DAFAC); Medico- legal

Committee













PROVISION OF ASSISTANCE TO PEOPLE LIVING WITH HIV (PLHIV)

CLIENT STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure a queuing number	None	5 minutes	Emma F. Patalinghug, OIC- Division Chief PSD
2. Present self and documents for assessment	None	40 minutes	Emma F. Patalinghug, OIC- Division Chief PSD
3. Fill-out necessary fields in the prescribed forms	None	20 minutes	Emma F. Patalinghug, OIC- Division Chief PSD
4. Submit accomplished forms and required documents. If necessary, attend interview for further clarification.	None	80 minutes	Emma F. Patalinghug, OIC- Division Chief PSD
5. Receive assistance	None	15 minutes	Emma F. Patalinghug, OIC- Division Chief PSD
6. Accomplish Client Satisfaction Measurement Survey	None	20 minutes	Emma F. Patalinghug, OIC- Division Chief PSD















PROVISION OF ASSISTANCE TO PEOPLE LIVING WITH HIV (PLHIV)

V. PROCESSING TIME

Total Processing Time for the Provision of Assistance:

180 minutes or three (3) hours for Outright Cash

One (1) day or 24 hours for a Guarantee Letter

VI. FEEDBACKS AND COMPLAINTS MECHANISM

Contact Information of Office: PSD- Community and Special Concerns

Sector

Mobile Number: 0919-392-5446

Email Address: efpatalinghug@dswd.gov.ph





#DSWDMayMalasaki





