

CASE MANAGEMENT IN CENTER AND RESIDENTIAL CARE FACILITY

I. OFFICE OR DIVISION

PROTECTIVE SERVICES DIVISION – REGIONAL HAVEN FOR WOMEN

II. SERVICE CLASSIFICATION

HIGHLY TECHNICAL

III. SCHEDULE OF AVAILABILITY OF SERVICE

MONDAYS TO SUNDAYS (24 HOUR SERVICE)

IV. WHO MAY AVAIL OF THE SERVICE

WOMEN 18-59 YEARS OLD WHO ARE:

- 1. VICTIMS/SURVIVOR OF VIOLENCE (PHYSICALLY, ECONOMICALLY, PSYCHOLOGICAL/VERBAL ABUSE)
- 2. VICTIMS OF SEXUAL ABUSE (INCEST, RAPE, HARASSMENT, ACTS OF LASCIVIOUSNESS)
- 3. SEXUAL EXPLOITATION (TRAFFICKING IN PERSON, PROSTITUTION, CYBER PORNOGRAPHY, ILLEGAL RECRUITMENT)
- 4. ABANDONED AND NEGLECTED

WHAT ARE THE REQUIREMENTS?	WHERE TO SECURE
1. REFERRAL LETTER (1 ORIGINAL OR PHOTOCOPY)	REFERRING PARTY / LOCAL SOCIAL WELFARE DEVELOPMENT OFFICE
2. CASE STUDY/CASE SUMMARY (1 ORIGINAL OR PHOTOCOPY)	REFERRING SOCIAL WORKER / PARTY
3. MEDICAL FINDINGS/MEDICAL CERTIFICATE WITH LABORATORY RESULTS (URINALYSIS, CBC CHEST X-RAY, PREGNANCY TEST - IF APPLICABLE) (1 ORIGINAL OR PHOTOCOPY)	ATTENDING PHYSICIAN / CLINICS, RURAL HEALTH UNIT/CENTER, CITY/MUNICIPAL HEALTH OFFICE
4. SCHOOL RECORDS, IF AVAILABLE (1 PHOTOCOPY)	SCHOOL LAST ATTENDED
5. LEGAL DOCUMENTS, IF AVAILABLE AND WITH LEGAL CASE (1 PHOTOCOPY)	VICENTE SOTTO MEMORIAL MEDICAL CENTER (PINK CENTER) / ACCREDITED CLINICS, LAWYER MANAGING THE CASE, PHILIPPINE NATIONAL POLICE (WOMEN AND CHILDREN PROTECTION DESK), LOCAL OR REGIONAL TRIAL COURT











V. HOW TO AVAIL OF THE SERVICE			
CLIENT STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. GO TO THE CENTER WITH THE REFERRING PARTY (REFERRAL OR CLIENT OUTREACH) AND SUBMIT THE REQUIRED DOCUMENTS	NONE	30 MINUTES	ANAVYL REYES SOCIAL
2. SIGN THE INFORMED CONSENT	NONE	4 HOURS (UPON CLIENT'S ARRIVAL IN THE FACILITY)	ANAVYL REYES SOCIAL WELFARE OFFICER II
3. ATTENDS THE PRE- ADMISSION CONFERENCE AT THE CENTER	NONE	2 HOURS	ANANISA F. AVISO CENTER HEAD ANAVYL REYES SOCIAL WELFARE OFFICER II
4. ATTENDS THE ADMISSION CONFERENCE AT THE CENTER AND SIGNS THE CONTRACT	NONE		ANANISA F. AVISO CENTER HEAD ANAVYL REYES SOCIAL WELFARE OFFICER II ROXANNE SALDUA NURSE I KAYE C. ANOR PSYCHOMETRICI AN CECILLE ALEGARBES HOUSEPARENT II
5. TURN-OVER ALL BELONGINGS / ITEMS BROUGHT IN THE CENTER AND SIGN THE INVENTORY OF BELONGING FORM	NONE	1 HOUR	CECILLE ALEGARBES HOUSE PARENT











CLIENT STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
6. SUBMITS FOR INITIAL MEDICAL EXAMINATION	NONE	45 MINUTES (WITHIN 24 HOURS AFTER CLIENT'S ADMISSION)	ROXANNE SALDUA NURSE I
7. FOLLOW THE HEALTH AND SAFETY PROTOCOL IN THE CENTER AND SUBMIT FOR ISOLATION IF ADVISED.	NONE	10 DAYS (WEARING OF WELL-FITTED FACE MASK 5 DAYS (ISOLATION FOR CLIENT WITH MILD AND ASYMPTOMA- TIC COVID-19 CASE OR THOSE WITH ACUTE RESPIRATORY SYMPTOMS) 10 DAYS (ISOLATION FOR CLIENT WITH MODERATE TO SEVERE AND CONFIRMED COVID-19 CASE OR IMMUNOCOM- PROMISED)	
8. FAMILIARIZE FACILITIES IN THE CENTER AS WELL AS ITS RULES AND REGULATIONS	NONE	1 HOUR (WITHIN 24 HOURS AFTER QUARANTINE, FOR CLIENTS WHO UNDERWENT ISOLATION)	











V. HOW TO AVAIL OF THE SERVICE FEES TO PROCESSING PERSON			
CLIENT STEPS	BE PAID	TIME	RESPONSIBLE
9. PROVIDES RELEVANT INFORMATION TO THE MEMBERS OF THE HELPING TEAM	NONE	2 HOURS (WITHIN 24 HOURS AFTER QUARANTINE, FOR CLIENTS WHO UNDERWENT ISOLATION)	ANAVYL REYES SOCIAL WELFARE OFFICER II
			ANANISA F. AVISO CENTER HEAD ROXANNE SALDUA NURSE I
10. INVOLVES IN THE FORMULATION OF THE INTERVENTION PLAN (CONFORMS AND SIGNS THE INTERVENTION PLAN)	NONE NS THE A	15 DAYS (AFTER ADMISSION)	KAYE C. ANOR PSYCHOMETRI CIAN CECILLE
· · · · · · · · · · · · · · · · · · ·			ALEGARBES HOUSEPARENT II ANAVYL REYES SOCIAL WELFARE OFFICER II
		2 HOURS (FIRST CASE	ANANISA F. AVISO CENTER HEAD ANAVYL REYES SOCIAL
11. ATTENDS THE CASE CONFERENCE	NONE	CONFERENCE WITHIN ONE MONTH AFTER ADMISSION AND MAY ALSO	OFFICER II ROXANNE SALDUA
		BE CONDUCTED AS NEEDS ARISES)	KAYE C. ANOR PSYCHOMETRI CIAN
			CECILLE ALEGARBES HOUSEPARENT











V. HOW TO AVAIL OF THE SER CLIENT STEPS	FEES TO	PROCESSING	PERSON
CLICINI SICPS	BE PAID	TIME	RESPONSIBLE
12. PARTICIPATES IN THE IMPLEMENTATION OF THE INTERVENTION PLAN (PERFORMS AGREED TASKS)		180 DAYS (MINIMUM OF SIX MONTHS WITH EXCEPTION TO EARLY REINTEGRATION OR SIX MONTHS BEYOND DEPENDING ON THE COPING OF CLIENT / RESIDENT AND OTHER CIRCUMSTANCES OF THE CASE AND THE ASSESSMENT OF THE SOCIAL WORKER)	CENTER HEAD ANAVYL REYES SOCIAL WELFARE OFFICER II ROXANNE SALDUA NURSE I KAYE C. ANOR PSYCHOMETRI CIAN CECILLE
13. PARTICIPATES IN THE EVALUATION OF THE INTERVENTION PLAN	NONE		ANANISA F. AVISO CENTER HEAD ANAVYL REYES SOCIAL WELFARE OFFICER II ROXANNE SALDUA NURSE I KAYE C. ANOR PSYCHOMETRICI AN CECILLE ALEGARBES HOUSEPARENT II











V. HOW TO AVAIL OF THE SE CLIENT STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
14. ATTEND THE PRE- DISCHARGE CONFERENCE	NONE	2 HOURS (WITHIN 6 MONTH OF THE IMPLEMENTATION OF THE INTERVENTION PLAN)	ANANISA F. AVISO CENTER HEAD ANAVYL REYES SOCIAL WELFARE OFFICER II ROXANNE
15. SUBMITS TO GENERAL MEDICAL EXAMINATION	NONE	45 MINUTES (WITHIN ONE WEEK PRIOR TO DISCHARGE)	ROXANNE SALDUA NURSE I
16. ATTENDS TO DISCHARGE CONFERENCE AND TURN-OVER	NONE	2 HOURS	ANANISA F. AVISO CENTER HEAD ANAVYL REYES SOCIAL WELFARE OFFICER II ROXANNE SALDUA NURSE I KAYE C. ANOR PSYCHOMETRI CIAN CECILLE ALEGARBES HOUSEPARENT II

VI. PROCESSING TIME

180 DAYS















VII. FEEDBACKS AND COMPLAINTS MECHANISM

VII. FEEDBACKS AND	COMPLAINTS MECHANISM
	The clients can send feedback by filling out a Client Feedback Form and dropping in the designated boxes (suggestion box) at the guard's house and admin office.
How to send feedback	Clients can also send feedback directly to the Regional Director through her email address, smslucero@dswd.gov.ph or through e-mail add: haven.fo7@dswd.gov.ph and contact nos: 266-0486, 0939 784 4007
	A designated staff checks and opens the suggestion box weekly. Feedback reports are consolidated and forwarded to the center head. It shall be thoroughly assessed and presented to the concerned staff or residents for clarification and discussion.
	Feedbacks sent through other platforms are consolidated and processed. It will be forwarded to the center head for appropriate action. Written complaints can be made by filling out a complaint form and dropping it in the suggestion box at the guard's bouse and admin office.
How to file a complaint	the center head or through e-mail ad: haven.fo7@dswd.gov.ph and contact nos: 266-0486, 0939 784 4007
·	Written complaints dropped in suggestion boxes are consolidated and forwarded to the center head by the designated staff. The center head will assess and validate the report and discuss with the concerned staff for discussion and resolution. Complaints sent through other platforms are also
	responded to with the same process.
	ARTA: complaints@arta.gov.ph: 8478-5093 / 8478-5099
Contact information of	PACe: pace@op.gov.ph : 8888
	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)







