

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

I. OFFICE OR DIVISION

PROTECTIVE SERVICES DIVISION – COMMUNITY AND SPECIAL
CONCERNS SECTOR

II. SCHEDULE OF AVAILABILITY OF SERVICE

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

III. WHO MAY AVAIL OF THE SERVICE

People Living with HIV and their affected families

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<div>One (1) valid identification card of the client or person to be interviewed:<ul style="list-style-type: none">● 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\</div>	<div><ul style="list-style-type: none">● 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</div>

<ul style="list-style-type: none">• Postal ID• Philippine Passport• NBI Clearance• 4Ps ID• PWD ID• Solo Parent ID• City or 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 extreme justifiable circumstances, a Barangay Certification certifying the identity of the client may be presented in lieu of an ID Card	<ul style="list-style-type: none">• 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	Referring Agency
Informed Consent	
Form 2: Referral for Service	HIV Treatment Hub;
Medical Certificate or Clinical Abstract	Designated HIV Treatment Facility

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CLIENT STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure a queuing number	None	5 minutes	<i>Emma F. Patalinghug, OIC Division Chief PSD</i>
2. Present self and documents for assessment and review	None	40 minutes	<i>Emma F. Patalinghug, OIC-Division Chief PSD</i>
3. Fill-out necessary fields in the prescribed forms	None	20 minutes	<i>Emma F. Patalinghug, OIC-Division Chief PSD</i>
4. Submit the accomplished forms	None	80 minutes	<i>Emma F. Patalinghug, OIC-Division Chief PSD</i>
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	<i>Emma F. Patalinghug, OIC-Division Chief PSD</i>
6. Accomplish Client Satisfaction Survey from	None	20 minutes	<i>Emma F. Patalinghug, OIC-Division Chief PSD</i>

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 DIVISION

PROTECTIVE SERVICES DIVISION – COMMUNITY AND SPECIAL CONCERNS SECTOR

II. SCHEDULE OF AVAILABILITY OF SERVICE

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

III. WHO MAY AVAIL OF THE SERVICE

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	<ul style="list-style-type: none">Philippine Statistics Authority
UMID ID, SSS or GSIS ID	<ul style="list-style-type: none">Social Security System or Government Service Insurance System
PhilHealth ID	<ul style="list-style-type: none">PhilHealth
Driver’s License	<ul style="list-style-type: none">Land Transportation Office

• PRC ID	Professional Regulation Commission
• OWWA ID	Overseas Workers Welfare Administration
• DOLE ID	Department of Labor and Employment
• PAG-IBIG ID	Pag-IBIG Fund
• Voter's ID or Voter's Certification	Commission on Election
• Postal ID	Post Office
• Philippine Passport	Department of Foreign Affairs
• NBI Clearance	National Bureau of Investigation
• 4Ps ID	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 applicable)	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)	<ul style="list-style-type: none">• 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

2. One (1) original and one (1) photocopy of prescription issued within three (3) months and with the following information: (i) date of issuance; and (ii) complete name, license number and signature of the 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: <ul style="list-style-type: none">• 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: <ul style="list-style-type: none">• 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 photocopy of the Quotation of Laboratory)	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: <ul style="list-style-type: none">• 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 one (1) photocopy of laboratory requests or laboratory protocol or Doctor's Order with name, license number, and signature of the Physician	Attending Physician from a hospital or clinic
3. 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: <ul style="list-style-type: none">• 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 photocopy of the Quotation of Laboratory	Service Provider
2. One (1) original and/or one (1) Certified True Copy of Social Case Study Report or Case Summary. (1 Original or Photocopy)	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	
1. One (1) original and/or one (1) Certified True Copy of Death Certificate or Certification from the Tribal Chieftain	City or Municipal Hall (Civil Registry Office), Hospital, Funeral Parlor, Tribal Chieftain or Imam
1. One (1) original copy of Promissory Note or Certificate of Balance or Statement of Account	Authorized staff of the Funeral Parlor or Memorial Chapel
2. One (1) original and/or Photocopy of Funeral Contract	City or Municipal Hall
EDUCATIONAL ASSISTANCE	
1. One (1) original and/or photocopy of Validated School ID and Valid I. D	School Registrar where the beneficiary is enrolled
1. One (1) original and/or photocopy of any of the following: <ul style="list-style-type: none">• Enrolment Assessment Form; or• Certificate of Enrolment; or• Registration; or• Statement of Account	School Registrar or Concerned Office where the beneficiary is enrolled
FOOD ASSISTANCE	
1. One (1) original and/or photocopy of 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	<ul style="list-style-type: none">• Barangay Hall where the client is presently residing• Hospital where the beneficiary is currently admitted
CASH RELIEF ASSISTANCE	
Depending on the circumstances: a. For Fire Victims: One (1) original and/or photocopy of Police Report or Bureau of Fire Protection Report from the Bureau of Fire;	<ul style="list-style-type: none">• Bureau of Fire or PNP• Overseas Workers Welfare Administration or Department of Migrant Workers or Barangay• Local Social Welfare and Development Office or other social welfare agencies

<p>b. For Distressed OFs: One (1) original and/or photocopy of Passport, Travel Document/s, certification from OWWA or the Barangay;</p> <p>c. For Rescued Client: One (1) original and/or photocopy of Certification from a social worker or Case manager from rescued clients.</p> <p>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</p> <p>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.</p>	<ul style="list-style-type: none">• 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
<p>For all other incidents:</p> <p>1. 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 Intelligence Committee (JAPIC) certificate, Certification of death, Disaster Assistance Family Access Card (DAFAC); Medico-legal certification</p>	<ul style="list-style-type: none">• Barangay Hall where the client is presently residing• Police Station• Armed Forces of 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

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

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Total Processing Time for the Provision of Assistance:

180 minutes or three (3) hours for Outright Cash

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