





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







#DSWDMayMalasakit

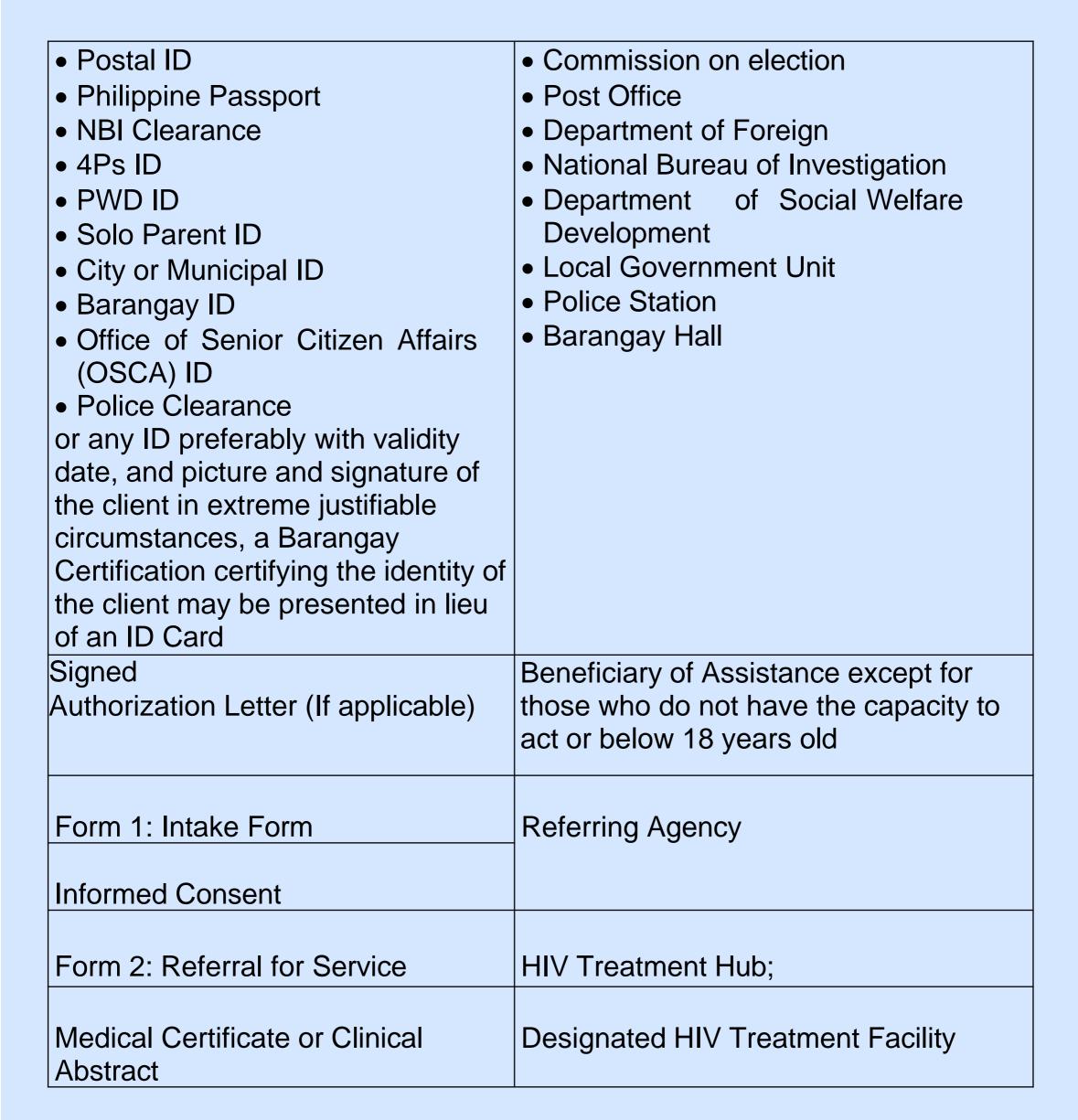




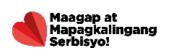
























PEOPLE LIVING WITH HIV (PLHIV) REFERRAL FOR CARE AND SUPPORT SERVICES

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

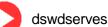


















PROVISION OF ASSISTANCE TO PEOPLE LIVING WITH HIV (PLHIV)

I. OFFICE OR DIVISION

PROTECTIVE SERVICES DIVISION – COMMUNITY AND SPECIAL CONCERNS SECTOR

II. SCHEDULE OF AVAILABILITY OF SERVICE

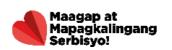
MONDAY- FRIDAY (8:00 AM-5:00 PM)

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	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



















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

















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

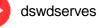
















2. One (1) original and one (1)
photocopy of prescription issued
within three (3) months and with
the following information: (i) date
of issuance; and (ii) complete
name, license number and
signature of the Physician.

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:

- 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

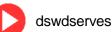
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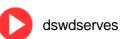
1. One (1) original and/or	Service Provider	
photocopy of the Quotation of		
Laboratory)		
2. One (1) original copy of Social Case Study Report or Case Summary.	 Registered Social Worker, whether from public or private practice, from any of the following: Department of Social Welfare and Development; Local Social Welfare and Development Office; 	
	 Non-Government Organization; or 	
	Medical Social Service.	
MEDICAL ACCION		
	ANCE 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		
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: • 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	
·	Registered Social Worker in public or	
2. One (1) original and/or one (1) Certified True Copy of Social Case Study Report or Case Summary. (1 Original or Photocopy)	 private practice. DSWD LSWDO NGO Medical Social Service 	
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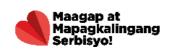






FUNEDAL ACCICTAN	CE EOD ELINEDAL DILL				
FUNERAL ASSISTANCE FOR FUNERAL BILL 1. One (1) priginal and (2) one (1) City one Municipal Hall (City)					
1. One (1) original and/or one (1)	City or Municipal Hall (Civil				
Certificate or Cartification from the	Registry Office), Hospital, Funeral				
Certificate or Certification from the	Parlor, Tribal Chieftain or Imam				
Tribal Chieftain	And have been also to ff of the a Free and Danier				
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	City on Manaisinal Hall				
2. One (1) original and/or Photocopy	City or Municipal Hall				
of Funeral Contract	A COLOTANIOE				
	AL ASSISTANCE				
1. One (1) original and/or	School Registrar where the beneficiary				
photocopy of Validated School ID	is enrolled				
and Valid I. D					
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				
	 Barangay Hall where the client is 				
1. One (1) original and/or	presently residing				
photocopy of Barangay Certificate or					
Residency or Certificate of Indigency					
or Certificate that the client is in	 Hospital where the beneficiary is 				
need of assistance may be required	currently admitted				
or medical document as proof that					
the beneficiary is admitted					
CASH RELIE	F ASSISTANCE				
	Bureau of Fire or PNP				
Depending on the circumstances:					
	Overseas Workers Welfare				
a. For Fire Victims: One (1)	Administration or Department of				
original and/or photocopyof	Migrant Workers or Barangay				
Police Report or Bureau of Fire					
Protection Report from the Bureau	Local Social Welfare and				
of Fire;	Development Office or other social				
	welfare agencies				

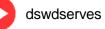


















- b. For Distressed OFs: One (1) original and/or photocopy of Passport, Travel Document/s, certification from OWWA or the Barangay;
- c. For Rescued Client: One (1) original and/or photocopy of Certification from a social worker or Case manager from rescued clients.
- d. For victims of Online Sexual 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 or regulating authorities 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); Medicolegal certification
- 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







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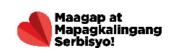




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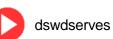
CLIENT STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure a queuing number	None	5 minutes	Emma F. Patalinghug, OIC- Division Chief PSD
2. Present self and documents for assessment	None	40 minutes	Emma F. Patalinghug, OIC- Division Chief PSD
3. Fill-out necessary fields in the prescribed 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

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