

CITIZEN'S CHARTER HANDBOOK

2022 5th Edition

f DSWD Field Office 1

fo1.dswd.gov.ph

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#DSWDMayMalasakit

DSWD FIELD OFFICE 1 CITIZEN'S CHARTER HANDBOOK

2022 5th Edition



AGENCY PROFILE

I. MANDATE:

The Department of Social Welfare and Development (DSWD) is a national agency mandated to provide assistance to local government units (LGUs), non-government organizations (NGOs), other national government agencies (NGAs), people's organizations (POs), and other members of civil society in effectively implementing programs, projects, and services that will alleviate poverty and empower disadvantaged individuals, families, and communities for an improved quality of life (Executive Order No.15 issued in 1998). It also implements statutory and specialized programs which are directly lodged with the Department and/or not yet devolved to the LGUs (Executive Order No. 221 issued in 2003).

II. VISION:

The Department of Social Welfare and Development envisions all Filipinos free from hunger and poverty, have equal access to opportunities, enabled by a fair, just, and peaceful society.

III. MISSION:

To lead in the formulation, implementation and coordination of social welfare and development policies and programs for and with the poor, vulnerable, and disadvantaged.

IV. SERVICE PLEDGE:

We are committed to provide quality, prompt, and courteous service from Mondays to Fridays, 8:00 AM to 5:00 PM, without noon breaks and thereby ensure that all applicants or requesting parties who are within the DSWD premises prior to the end of the official working hours and during lunch break shall be attended to. In view of this, we shall ensure availability of Officers-in-Charge of our frontline services at all times for consultation and advice.

Furthermore, we shall endeavour to complete transactions within the day and in the event that we are unable to do so, we shall inform you promptly of our actions taken so far and clearly explain the reason/s for such delay.

We shall appreciate any positive or negative feedback regarding our services, facilities, and personnel.

All these we pledge for the best interest of the clients/customers we serve.



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PROPERTY and SUPPLY SECTION

FRONTLINE SERVICES



1. Issuance of Gate Pass for Service Providers and Suppliers

Issued for properties that are to be used outside of DSWD premises, for properties to be brought outside of DSWD premises for repair or replacement by the supplier, for properties that are to be disposed through sale/transfer/other mode of disposition.

Office or Division:	Administrative Division – Property and Supply Section (PSS)					
Classification:	Simple					
Type of	G2C – Government to Citizen; G2G – Government to Government;					
Transaction:	G2B – Government to					
Who may avail:	DSWD Service Provide					
	REQUIREMENTS	, si s,	WHERE TO SECURE			
		1	Prepared by the concerned Office's			
 Three (3) original copies of duly accomplished Gate Pass 			Designated Property Custodian (DPC)			
			through the Property Records and			
			Equipment Monitoring Inventory System			
			(PREMIS)			
2. Property/ies to b	e brought outside the	2.	Prepared by DPC of concerned office			
DSWD Premises	3		without any prescribed format			
In the absence of t	he authorized signator	y se	ecure the following:			
1. Signed by the pe	ersonnel authorized to	1.	Records and Archives Management			
sign in behalf of	the authorized		Section (RAMS)			
signatory attache	signatory attached with one (1)					
photocopy of Sp	ecial Order for Order of					
Succession.						
		2.	Digital Signature of:			
Digitally signed ι	•		 Authorized Signatory 			
registered digital	signature		 Authorized representative with 			
			attached 1 photocopy of SO for			
			order of succession			
		3.	Procurement Section (PS)			
3. One (1) Photoco						
	(PO) or Purchase					
Request (PR)		4.	Accountable Personnel			
4. One (1) Photoco						
property is under	r warranty)	5.	Supplier or Representative			
5. One (1) Photoco	py of government					
issued ID and co	mpany ID of client or					
representative						
For Loaned proper	ties to be returned to s	supr	olier			



 Photocopy of pull-out slip indicating the name of person who will bring out the property or authorization letter Personal Property Item Pass Slop (PPIP) and/or Delivery Receipt or Acknowledgement Receipt. One (1) Photocopy of government issued ID and company ID of client or representative 		1. Issued	by the supplier/ co	ontractor
		 Security personnel upon entry of the property, from supplier to contractor Supplier or Representative 		
1. Submit the accomplished gate pass with attachments and present the property/items requested for validation	 1.1 Receive and review the accomplished gate pass and attachments vis-à-vis property presented. Not Duly Accomplished: Return the Gate Pass to requestor for proper accomplishment Duly Accomplished: Update PREMIS by scanning the barcode of the Gate Pass to record the time of receipt of request. 1.2 Endorse to the Head of the Property Office for approval. 	None	7 minutes	Property Staff
	1.3 Approval of Gate Pass1.4 Scan the Gate Pass barcode to record	None None	2 minutes 2 minutes	PSS Head Property Staff
	the time of approval 1.5 Forward the copy of the approved Gate Pass	None	4 minutes	Property Staff



	 1.5.1 Original Copy – Security Guard 1.5.2 Duplicate Copy – Person to bring the equipment out of DSWD premises to present to Security Guard on Duty/ Property Officer 1.5.3 Triplicate Copy – Property Office 			
2. Present Property together with the duplicate copy of the approved Gate Pass to the Security Guard	 2.1 Review the presented property vis-à-vis the duplicate copy of the approved Gate Pass With Discrepancy: return the gate pass to the person who will take the property out of DSWD premises and instruct to secure new gate pass reflecting the correct details. Without Discrepancy: Security Guard on Duty shall sign the original and duplicate copy of gate pass, return signed duplicate copy to the client. 2.2 Scan the barcode of the Gate Pass to record the time when the property was brought outside the DSWD in PREMIS 	None	10 minutes 2 minutes	Security Guard on Duty Security Guard on Duty
 Return the property brought outside DSWD 	3.1 Review and validate the returned property vis-à-vis			



nromicoo	aigned duplicate	[
premises.	signed duplicate			
Present to	copy of gate pass.			
Security Guard	With Discrepancy:			
on Duty signed	go to property office			
duplicate copy of	and inquire on how			
Gate Passs and	to proceed.			
the property.	Without			
	Discrepancy: sign			
	the gate pass, both			
	original and			
	duplicate copy.			
	Indicate the date of			
	return.			
	3.2 Scan the barcode of	None	2 minutes	Security Guard
	the Gate Pass to			on Duty
	record the time of			
	return of equipment.			
	3.3 Surrender original	None	5 minutes	Property Staff
	copies of gate pass			
	for returned			
	property to Property			
	Office			
	3.4 Validate/ Update	None	10 minutes	Property Staff
	record of gate pass			
	in PREMIS			
	indicating the actual			
	date of return of the			
	property.			
	3.5 File Gate Pass for	None	10 minutes	Property Staff
	safekeeping and			, ,
	future reference.			
	TOTAL	None	1 Hour and 9	
			Minutes	

2. Issuance of Property Clearance for Separated Official and Employees

Property Clearance is issued to DSWD employees who are retired/ transferred to another government agency/ detail separation from the service, promotion/ reassignment/ transfer from one organizational unit within the Department. Approved Property Clearance shall be issued immediately upon cancellation of property accountability.

Office or	Administrative Division – Property and Supply Section (PSS)
Division:	
Classification:	Simple
Type of	G2C – Government to Citizen
Transaction:	
Who may avail:	DSWD Employees who are:



		 Resigned Transferred to Non-renewal o Terminated Retired 		rnment Offices	
		REQUIREMENTS		WHERE TO SE	CURE
	•	perty Accountability	I		-
1.	· / •	copies of Clearance		nel Administration	Section with
	Form			bed format	
_			2. Client		
2.		equest for transfer/			
	resignation/ retire				
		perty Accountability	T		
1.	· / •	copies of Clearance		nel Administration	Section
	Form		(prescr	ibed format)	
~		C		s Designated Prop	
Ζ.	One (1) Original			through the Proper	-
	accomplished Fu		Equipri	nent Monitoring Sy	stem (PREIMIS)
		fer Slip (FETS) to			
	transfer/ turnover accountabilities.	of property	2 Doroon	and applying for pr	anarty, alaaranaa
	accountabilities.			nel applying for pr	
3.	Duly signed PAR	/ICS for transferred	with Sig	gnature of the new	end user.
0.	property account				
	C. In case of Lo				
1.			1. DSWD Commission on Audit		
••	accountability du				
	copy of COA dec	()			
2.	Request for repla	icement/	2. Property and Supply Section (PSS)		
	• •	f lost property: One		, , , , , , , , , , , , , , , , , , , ,	· · · · ·
	(1) photocopy of	request for			
	replacement app	-			
	Regional Directo	r (RD)			
C	LIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	Submit	1.1 Receive and	None	1 Hour and 30	Property Staff
١.	clearance form	review the		minutes	i iopeny Stan
	and/or duly	accomplished			
	approved	clearance form/			
	request for	approved request			
	transfer/	for transfer/			
	resignation/	resignation/			
	retirement	retirement with attachments			
			None	25 minutes	Property Staff



 1.1 Two (2) months before the effectivity of retirement; 1.2 Thirty (30) days of resignation or transfer 	 1.2 Review and validate recorded property accountability/ies on file using PREMIS and individual folder of personnel (if cancelled) No Accountability/ie s: record the effectivity of retirement/ resignation/ transfer/ detail of separation and date of issuance property clearance in PREMIS. Affix initial and forward to PSS Head for approval. With Accountability/ie s: Inform the former office of the applicant through a Memorandum of the remainding accountability/ies to process its cancellation and/or request submission of other requirements/ proof of cancelled Property Accountability 			
2. Submit documents and other requirements as proof of	 2.1 Receive and validate submitted documents and other requirement. Cancelled 	None	30 minutes	Property Staff
cancelled property accountability	Accountability: record date of effectivity of retirement/	None	5 minutes	Property Staff
				10



2.3	affix signature in the clearance form Scan the signed	None	10 minutes	Incoming/Outgoin
2.3		None	10 minutes	Incoming/Outgoin g Property Staff
	office concerned. Upload the	None	10 minutes	Property Staff
	nned signed	None	10 minutes	Property Staff
	arance in EMIS.			

FEEDBACK AND COMPLAINTS MECHANISM			
How to send feedback	Through client satisfaction measurement mechanism.		
How feedbacks are processed	Consolidate and analyze monthly, quarterly, semi-annually and annually to identify root cause analysis or other known quality management techniques and identify plans and actions that must be recommended for execution to resolve the issues and improve the situation.		



How to file a complaint	A complaint may be filed through any of the			
	established modalities"			
	-a telephone call (072-687-8000 loc. 11216)			
	-electronic mail (<u>psms.fo1@dswd.gov.ph</u>)			
	-posts, comments and chat messages via			
	DSWD FO1 Official Facebook Page: "DSWD			
	Field Office 1"			
	-personal appearance (walk-in clients)			
	-letter addressed to the Regional Director, Marie			
	Angela S. Gopalan			
	-Official website at fo1.dswd.gov.ph			
	-through 8888 Citizen's Complaint Center			
How complaints are processed	Complaints received through Official FB Page,			
	the Office of the Regional Director, Official			
	website and 8888 will be forwarded to Human			
	Resource Management and Development			
	Division for action and resolution.			
	The resolution of all complaint consists of:			
	1. Submission/Receipt of a complaint			
	2. Recording of complaint			
	3. Data Gathering and Investigation			
	4. Resolution			
	5. Final Feedback			
Contact Information of CCB,	Anti-Red Tape Authority (ARTA)			
PCC, ARTA	 (028) 478-5093 			
	 <u>complaints@arta.gov.ph</u> 			
	Presidential Complaint Center (PCC):			
	• Call/ text: 8888			
	• Web: <u>www.88888.gov.ph</u>			
	Contact Center ng Bayan (CCB):			
	• SMS: 0908-881-6565			
	• Call: 165 65			
	Php 5.00 + VAT per call anywhere in the			
	Philippines via PLDT landlines			
	Email: email@contactcenterngbayan.gov.ph			
	Web: https://contactcenterngbayan.gov.ph			
	Facebook:			
	https://facebook.com/civilservicegovph			

LIST OF OFFICES

Office	Address	Contact Information
DSWD Field Office 1	Quezon Avenue, City of San Fernando, La Union	(072) 687-8000 loc. 11216



REGIONAL OPERATIONS CENTER

FRONTLINE SERVICE



3. Handling 8888 Complaints and Grievances (Group: Program Wide and Division Wide)

To ensure the efficient and effective, concrete and specific response of the Agency to the concerns, complaints, and requests for assistance of the clients referred by 8888 Citizen's Complaint Hotline in compliance with the 72-Hour (working hours) directive of the President.

Office or Division:	Office of the Regional Director - Anti-Red Tape Unit			
Classification:	Simple			
Type of	G2C – Government to Citizen; G2G – Government to Government;			
Transaction:	G2B – Government to Business			
Who may avail:	DSWD Internal and	External Clie	ents	
CHECKLIST OF F	REQUIREMENTS WHERE TO SECURE			CURE
Grievance Ticket	1	8888 Citizens' Complaint Hotline		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
 1. File a complaint/request for assistance through the following channels: Call or text via 8888 Via <u>https://www.8888.go</u> v.ph 	 1.6 Record the ticket reference code and client information to 8888 database/ matrix. 1.7 Review and assess the concern of client 1.8 Endorse 8888 ticket to concern office/s for action. 	None	15 minutes	(Central Office) AOC Technical Staff
2. Receive and Record ticket reference code	 2.1 Receipt of referral letter with attached Grievance Ticket (Ticket Reference Number) from AOC. 2.2 Act on the concern. Prepare initial contact with the complainant/ client. 	None	10 minutes	(Field Office) Administrative Assistant III/ 8888 Focal Person (ARTU)
3. Receive the call and provide correct information.	3.1 If contact information is provided, directly contact and act	None	48 hours	Administrative Assistant III/ 8888 Focal Person (ARTU)



	on the concern of the client 3.2 If the client is anonymous, determine if the complaint/reques t is within FO's scope then cite the action provided to the concern of the client. 3.3 Provide signed official document with concrete and specific action to AOC and SMS. 3.4 Provide a copy of initial/specific action to Program Focal Person in the FO for processing of service or program requested. **/If concern requires program specific action, the concerned program focal person will conduct validation/assess ment.			
4. Comply eligibility requirements for specific required services or wait for complaint resolution.	 4.1 Receive the signed official document/ memorandum of responses. 4.2 Review and assess the eligibility of the complainant/ client for the requested service. 	None	40 hours	8888 Program Focal Person (ODSU)



	Total	None	48 Hours and 55 Minutes	
service/assistance requested or status of complaint resolution.	on concrete actions taken/services provided to 8888 Focal 5.2 Forward updates to AOC requesting closure of the complaint.	None	5 minutes	Focal Person (ODSU) Administrative Assistant III/ 8888 Focal Person
5. Receives	 4.3 Facilitate service provision if eligible; if not, inform clients or facilitate complaint resolution with concerned ODSU. 5.1 Provide update 	None	10 minutes	8888 Program

FEEDBACK	FEEDBACK AND COMPLAINTS MECHANISM				
How to send feedback	Through client satisfaction measurement mechanism.				
How feedbacks are processed	Consolidate and analyze monthly, quarterly, semi-annually and annually to identify root cause analysis or other known quality management techniques and identify plans and actions that must be recommended for execution to resolve the issues and improve the situation.				
How to file a complaint	A complaint may be filed through any of the established modalities" -a telephone call (072-687-8000 loc. 11243) -electronic mail (aoc.fo1@dswd.gov.ph) -posts, comments and chat messages via DSWD FO1 Official Facebook Page: "DSWD Field Office 1" -personal appearance (walk-in clients) -letter addressed to the Regional Director, Marie Angela S. Gopalan -Official website at www.fo1.dswd.gov.ph -through 8888 Citizen's Complaint Center				



How complaints are processed	Complaints received through Official FB Page, the Office of the Regional Director, Official website and 8888 will be forwarded to Human Resource Management and Development Division for action and resolution. The resolution of all complaint consists of: 6. Submission/Receipt of a complaint 7. Recording of complaint 8. Data Gathering and Investigation 9. Resolution 10. Final Feedback
Contact Information of CCB, PCC, ARTA	Anti-Red Tape Authority (ARTA) • (028) 478-5093 • <u>complaints@arta.gov.ph</u> Presidential Complaint Center (PCC): • Call/ text: 8888 • Web: <u>www.8888.gov.ph</u>
	 Contact Center ng Bayan (CCB): SMS: 0908-881-6565 Call: 165 65 Php 5.00 + VAT per call anywhere in the Philippines via PLDT landlines Email: email@contactcenterngbayan.gov.ph Web: https://contactcenterngbayan.gov.ph Facebook: https://facebook.com/civilservicegovph

LIST OF OFFICES

Office	Address	Contact Information
DSWD Field Office 1	Quezon Avenue, City of San Fernando, La Union	(072) 687-8000 loc. 11243



ACCOUNTING SECTION

FRONTLINE SERVICE



4. Processing of BIR Form 2322: Certificate of Donation

This covers the request of Donor's Certificate of Donation/Deed of Donation or any document showing proof of donation.

Office or	Finance Manageme	nt Division – A	Accounting Section	ו	
Division:					
Classification:	Complex				
Type of	G2C – Government to Citizen				
Transaction:					
Who may avail:	Donors of Cash and	In-Kind Dona	ations		
CHECKLIST OF	REQUIREMENTS	ENTS WHERE TO SECURE			
1. Electronic or hard form for Certifica	d copy of request	 1.1 Download and print the request form from the following: <u>https://www.dswd.gov.ph/about-us-</u> <u>2/citizens-charter</u> under General Administration and Support Services Group, Request form for Certification, or 1.2 DSWD Field Office 1 Accounting Section Schedule of Request Monday – Friday (9:00 am to 5:00 pm) *Note: Online requests beyond 5 pm will be responded/acknowledge the following working day. 			
Deed o b. Official donatio c. Acknow	l and Notarized of Donation; Receipt for cash ons; or wledgement receipt livery receipt of	2. Requesting Party/ Donor			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
 Fill up and submit the Request Form for Certificate of Donation and other supporting documents. Submission via email 	1.1 Receive and check the properly filled up Request Form and the supporting documents.	None	6 minutes	Accounting Staff	



at:accounting.fo1				
@dswd.gov.ph				
	1.2 Record the	None	11 minutes	Accounting Staf
	details of the	itene		, looodiniing oldi
	donation and			
	indicate the			
	schedule to			
	claim the			
	certificate. Inform			
	the client/donor			
	to return on the			
	scheduled date.			
	1.3 Review the	None	6 hours	Accounting Stat
	supporting			
	documents and			
	prepare the BIR			
	Form 2322:			
	Certificate of			
	Donation.	N	4 1	A = = = = = i = = = i = = = = i = = = = = i = = = = = = = = = = = = = = = = = = =
	1.4 Review the	None	4 hours	Accounting
	prepared BIR Form 2322.			Section Head
	Endorse to FMD			
	Chief.			
	1.5 Finance	None	4 hours	FMD Chief
	Management	None	- nouro	
	Division chief			
	affixes signature/			
	initials and			
	endorse to the			
	Office of the			
	Regional			
	Director.			
	1.6 Review and Sign	None	5 days	Regional Directo
	the prepared BIR			(RD)
	Form 2322:			
	Certificate of			
	Donation.			
	Endorse the			
	signed certificate			
	to Accounting			
. Present the	Section.	None	5 minutes	Accounting Stat
claim stub on or	2.1 Verify/ update the monitoring file.	NOUG	5 minutes	Accounting Stat
after the		ioning mo.		
schedule				
indicated.				
manualou.				



		2.2 Release/ Issue the Certificate to the requesting party	None	10 minutes	Accounting Staff
3.	Sign the logbook for acknowledgeme nt receipt and fill up the Client Satisfaction Measurement Form (CSMF)	3. Assist the client in accomplishing the logbook. Instruct the client to submit the filled-up CSMF.	None	5 minutes	Accounting Staff.
		Total	None	6 Days, 6 Hours and 42 minutes	

5. Processing of Requests for Accounting Certifications of Former DSWD Employees

This covers the processing of requests by DSWD separated employees for the certifications in the Accounting, e.g. Certifications of Remittances to Government Agencies for the mandatory deductions such as GSIS, HDMF, and PhilHealth

Office or	Finance and Manage	ment Division – Accounting Section			
Division:					
Classification:	Highly Technical				
Type of	G2C – Government to	o Citizen			
Transaction:					
Who may avail:	Former employees of	the DSWD or his/her authorized representative			
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE			
 Request Form fo Former DSWD E 2 Supporting Docu 	mployees	 1.1 Download and print the request form at <u>https://www.dswd.gov.ph/about-us-</u>2/citizens-charter/ under General Administration and Support Services Group, Request form for Accounting ertification of the Former DSWD Employee; or 1.2 Personally go to the office of Accounting Division to fill up and submit the request form Schedule of Request Monday – Friday 9:00 am to 5:00 pm *Note: Online requests beyond 5:00 pm will be responded/ acknowledge the following working day 			
2. Supporting Docu	ments				



	D employee must			
submit:				
-	equest form			
 Photocopy 	y of the former			
employee	government-issued			
ID				
		2.2 Applica	int	
2 2 Authorized re	presentative must			
submit:				
2.2.1 Filled-up	request form			
•	ition letter for the			
	tative; if claimed by			
-	ther than the former			
employee				
2.2.3 Photocop				
	e's government-			
	and the authorized			
represen				
Tepresen				
•	g of the certification:			
	o or printed email			
	dgement receipt must			
be presen				
	ion Card (ID) of the			
	ployee or authorized			
represent				
	tion letter for			
	ative, if claimed by			
•	her than the former			
	, together with the			
photocopy	/ of the latter's ID			DEDOON
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Fill-up the	1.1 Receive and	None	5 minutes	Accounting Staff
downloaded	check the			Ū
request form and	submitted request			
submit it through	form and			
email at	supporting			
accounting.fo1@	documents. Inform			
dswd.gov.ph	the client the			
together with the	schedule of			
scanned copy of	release of			
supporting	certificate.			
documents, or	• • • • • • • • •			
1.2 Fill up and sign	Accounting			
the request form	Certifications:			
at DSWD FO 1 –	1.1.1 Cost of			
	Service (COS)			
	worker:			



Accounting	Last Cost of			
Section.	Service			
	Processed			
	1.1.2 Permanent,			
	Casual, and			
	Contractual			
	employee:			
	Last Salary			
	Processed			
	 Pag-Ibig 			
	Contributions and			
	Remittances;			
	 Pag-Ibig Loan 			
	Amortization			
	Withheld and			
	Remittances;			
	GSIS Contribution			
	and Remittances;			
	GSIS Loan			
	Amortization			
	Withheld and			
	Remittances;			
	PhilHealth			
	Contributions and			
	Remittances			
	(maximum of 1			
	vear)			
	year)			
Note: Only req	year) uests with complete requ	irements wil	l be accepted an	d processed. All
	uests with complete requ			-
	uests with complete requ	shall be retu	rned to the client	
	uests with complete requ accomplete requirements s 1.2 Collect the data	shall be retu	rned to the client	-
	uests with complete requirements s 1.2 Collect the data from concerned	shall be retu	rned to the client	
	uests with complete requirements s 1.2 Collect the data from concerned Division/Section/Un	shall be retu	rned to the client	
	uests with complete requinations of the data from concerned Division/Section/Un it (Cash and HR-	shall be retu	rned to the client	
	uests with complete requirements s 1.2 Collect the data from concerned Division/Section/Un it (Cash and HR- PAS); prepare the	shall be retu	rned to the client	
	uests with complete requirements s 1.2 Collect the data from concerned Division/Section/Un it (Cash and HR- PAS); prepare the request for	shall be retu	rned to the client	
	uests with complete requirements of 1.2 Collect the data from concerned Division/Section/Un it (Cash and HR- PAS); prepare the request for Accounting	shall be retu	rned to the client	
	uests with complete requirements of 1.2 Collect the data from concerned Division/Section/Un it (Cash and HR- PAS); prepare the request for Accounting Certification of	shall be retu	rned to the client	
	uests with complete requirements of 1.2 Collect the data from concerned Division/Section/Un it (Cash and HR- PAS); prepare the request for Accounting	shall be retu	rned to the client	
	uests with complete requirements of 1.2 Collect the data from concerned Division/Section/Un it (Cash and HR- PAS); prepare the request for Accounting Certification of	shall be retu	rned to the client	
	uests with complete requirements of 1.2 Collect the data from concerned Division/Section/Un it (Cash and HR- PAS); prepare the request for Accounting Certification of former DSWD Employees	shall be retu None	rned to the client. 6 days	Accounting Staff
	1.2 Collect the data from concerned Division/Section/Un it (Cash and HR- PAS); prepare the request for Accounting Certification of former DSWD Employees 1.3 Review the	shall be retu	rned to the client	Accounting Staff
	uests with complete requirements of 1.2 Collect the data from concerned Division/Section/Un it (Cash and HR- PAS); prepare the request for Accounting Certification of former DSWD Employees 1.3 Review the prepared	shall be retu None	rned to the client. 6 days	Accounting Staff
	uests with complete requirements of 1.2 Collect the data from concerned Division/Section/Un it (Cash and HR- PAS); prepare the request for Accounting Certification of former DSWD Employees 1.3 Review the prepared certification and	shall be retu None	rned to the client. 6 days	Accounting Staff
	uests with complete requirements of 1.2 Collect the data from concerned Division/Section/Un it (Cash and HR- PAS); prepare the request for Accounting Certification of former DSWD Employees 1.3 Review the prepared	shall be retu None	rned to the client. 6 days	Accounting Staff
	uests with complete requirements of 1.2 Collect the data from concerned Division/Section/Un it (Cash and HR- PAS); prepare the request for Accounting Certification of former DSWD Employees 1.3 Review the prepared certification and affix the signature.	shall be retu None	rned to the client. 6 days 30 minutes	Accounting Staff Accounting Section Head
	uests with complete requirements of 1.2 Collect the data from concerned Division/Section/Un it (Cash and HR- PAS); prepare the request for Accounting Certification of former DSWD Employees 1.3 Review the prepared certification and affix the signature. 1.4 Update the status	shall be retu None	rned to the client. 6 days	Accounting Staff
	uests with complete requirements of 1.2 Collect the data from concerned Division/Section/Un it (Cash and HR- PAS); prepare the request for Accounting Certification of former DSWD Employees 1.3 Review the prepared certification and affix the signature. 1.4 Update the status of request for	shall be retu None	rned to the client. 6 days 30 minutes	Accounting Staff Accounting Section Head
	uests with complete requirements of 1.2 Collect the data from concerned Division/Section/Un it (Cash and HR- PAS); prepare the request for Accounting Certification of former DSWD Employees 1.3 Review the prepared certification and affix the signature. 1.4 Update the status	shall be retu None	rned to the client. 6 days 30 minutes	Accounting Staff Accounting Section Head



2.	Receipt of Certificate and fill up the release logbook.	2.	Issue and Release the signed Certification. Assist the client in signing the logbook.	None	5 minutes	Accounting Staff
3.	Fill up and submit the Client Satisfaction Measurement Form	3.	Instruct the client to submit the CSMF.	None	2 minutes	Accounting Staff
		•	Total	None	6 days and 57 minutes	

FEEDBACK	AND COMPLAINTS MECHANISM
How to send feedback	Through client satisfaction measurement mechanism.
How feedbacks are processed	Consolidate and analyze monthly, quarterly, semi-annually and annually to identify root cause analysis or other known quality management techniques and identify plans and actions that must be recommended for execution to resolve the issues and improve the situation.
How to file a complaint	A complaint may be filed through any of the established modalities" -a telephone call (072-687-8000 loc. 11200) -electronic mail (fmd.fo1@dswd.gov.ph) -posts, comments and chat messages via DSWD FO1 Official Facebook Page: "DSWD Field Office 1" -personal appearance (walk-in clients) -letter addressed to the Regional Director, Marie Angela S. Gopalan -Official website at www.fo1.dswd.gov.ph -through 8888 Citizen's Complaint Center
How complaints are processed	Complaints received through Official FB Page, the Office of the Regional Director, Official website and 8888 will be forwarded to Human Resource Management and Development Division for action and resolution. The resolution of all complaint consists of: 1. Submission/Receipt of a complaint 2. Recording of complaint 3. Data Gathering and Investigation 4. Resolution



	5. Final Feedback
Contact Information of CCB,	Anti-Red Tape Authority (ARTA)
PCC, ARTA	 (028) 478-5093
	 <u>complaints@arta.gov.ph</u>
	Presidential Complaint Center (PCC):
	• Call/ text: 8888
	• Web: <u>www.8888.gov.ph</u>
	Contact Center ng Bayan (CCB):
	 SMS: 0908-881-6565
	• Call: 165 65
	Php 5.00 + VAT per call anywhere in the
	Philippines via PLDT landlines
	Email: email@contactcenterngbayan.gov.ph
	Web: https://contactcenterngbayan.gov.ph
	Facebook:
	https://facebook.com/civilservicegovph

LIST OF OFFICES

Office	Address	Contact Information
DSWD Field Office 1	Quezon Avenue, City of San Fernando, La Union	(072) 687-8000 loc. 11200



PERSONNEL ADMINISTRATION SECTION

FRONTLINE SERIVE



6. Issuance of Completed Office Clearance Certificate from Money, Property, and Legal Accountabilities to Separated Officials and Employees.

The provision of the Clearance Certificate may be requested by separated officials, employees, and Contract of Service Workers (COSWs) if the Clearance Certificate initially issued to them was lost, damaged, etc., or the officials, employees, or COSWs were not able to secure the duly-accomplished Clearance Certificate at the time of their separation.

Classification: Simple Type of G2C – Government to Citizen; G2G – Government to Government Transaction: Separated Officials, Employees, and Contract of Service Workers (COSW) CHECKLIST OF REQUIREMENTS WHERE TO SECURE 1. Document Request Form (DRF) 1. Client 2. Request Letter 1. Client 3. Electronic mail (email)/ Online System Request 1. Client 3. Online 3.1 pas.fo1@dswd.gov.ph 3.2 Hrpas.pppp@gmail.com for Pantawid Pamilyang Pilipino Program (4Ps) 3.3 jlaldaya@dswd.gov.ph for Sustainable Livelihood Program (SLP) 3.4 dvlabsan@dswd.gov.ph for Kapit-Bisig Laban sa Kahirapan-Comprehensive and Integrated Delivery of Social Services (KALAHI-CIDSS) CLIENT STEPS AGENCY ACTIONS FEES TO BE PAID PROCESSING PERSON RESPONSIBLE 1. Submit Document Request Form 1.1 Receive or acknowledge None 10 minutes Administrative Aide III) (AAide III)	Office or Division:	Human Resource Management and Development Division – Personnel Administration Section (PAS)				
Type of Transaction: G2C – Government to Citizen; G2G – Government to Government Who may avail: Separated Officials, Employees, and Contract of Service Workers (COSW) CHECKLIST OF REQUIREMENTS WHERE TO SECURE 1. Document Request Form (DRF) 1. Client 2. Request Letter 3. Client 3. Electronic mail (email)/ Online System Request 1. Client 3. Uass fo1@dswd.gov.ph 3.1 pas.fo1@dswd.gov.ph 3.1 pas.fo1@dswd.gov.ph 3.3 jaldaya@dswd.gov.ph 3.2 Hrpas.pppp@dgmail.com for Pantawid Pamilyang Pilipino Program (4Ps) 3.3 jaldaya@dswd.gov.ph for Sustainable Livelihood Program (SLP) 3.4 dvlabsan@dswd.gov.ph for Sustainable Livelihood Program (SLP) 1. Submit Document Request Form (DRF), or email request for Personnel 1.1 Receive or acknowledge request for copy of Clearance Certificate from the client and forward application to authorized 201 Custodians. None 10 minutes Administrative Administrative purpose indicated in the DRF or 2 days 201 Custodians Administrative Officer IV (AO IV/)	Classification:					
Transaction: Who may avail: Separated Officials, Employees, and Contract of Service Workers (COSW) CHECKLIST OF REQUIREMENTS WHERE TO SECURE 1. Document Request Form (DRF) 1. Client 2. Request Letter 1. Client 3. Electronic mail (email)/ Online System Request 1. Das.fo1@dswd.gov.ph 3.2 Hrpas.popp@gmail.com for Pantawid Pamilyang Pilipino Program (4Ps) 3.3 jaldaya@dswd.gov.ph 3.3 jaldaya@dswd.gov.ph 3.4 dvlabsan@dswd.gov.ph 3.4 dvlabsan@dswd.gov.ph Stelectrons AGENCY AGENCY FEES TO PROCESSING PERSON Request form 1.1 Receive or acknowledge request for copy of Clearance (DRF), or email request to Of Clearance Personnel Administration Certificate from the client and forward application to authorized 201 Custodians. 1.2 Review request based on the purpose indicated in the DRF or None 1.2 Review request None 2 days 201 Custodians. Administrative Administrative Officer IV (AO IV/)						
CHECKLIST OF REQUIREMENTS WHERE TO SECURE 1. Document Request Form (DRF) 1. Client 2. Request Letter 3. Online 3. Electronic mail (email)/ Online System Request 3. Online 3. Electronic mail (email)/ Online System Request 3. Online 3. 2 Hrpas.ppp@gmail.com for Pantawid Pamilyang Pilipino Program (4Ps) 3.3 jaldaya@dswd.gov.ph 3.3 jaldaya@dswd.gov.ph 3.3 jaldaya@dswd.gov.ph for Sustainable Livelihood Program (SLP) 3.4 dvlabsan@dswd.gov.ph 3.4 dvlabsan@dswd.gov.ph for Kapit-Bisig Laban sa Kahirapan-Comprehensive and Integrated Delivery of Social Services (KALAHI-CIDSS) CLIENT STEPS AGENCY ACTIONS FEES TO BROCESSING PERSON RESPONSIBLE 1. Submit Document Request form (DRF), or email (DRF), or email the client and section, or send via email/online application to authorized 201 Custodians. None 10 minutes Administrative Aide III/ PAS/PPP/SLP/K C-NCDDP Personnel system request 1.2 Review request based on the purpose indicated in the DRF or None 2 days 201 Custodians Administrative Officer IV (AO IV/)						
 Document Request Form (DRF) Request Letter Electronic mail (email)/ Online System Request Electronic mail (email)/ Online System Request Dolline Data State State Data State State State Data State State State State Data State State State State State Data State State	Who may avail:					
 2. Request Letter 3. Electronic mail (email)/ Online System Request 2. Field Office 1 (walk-in client) 3. Online 3. 1 pas. fo1@dswd.gov.ph 3.2 <u>Hrpas.pppp@qmail.com</u> for Pantawid Pamilyang Pilipino Program (4Ps) 3.3 jialdaya@dswd.gov.ph for Sustainable Livelihood Program (SLP) 3.4 dvlabsan@dswd.gov.ph for Kapit-Bisig Laban sa Kahirapan-Comprehensive and Integrated Delivery of Social Services (KALAHI-CIDSS) CLIENT STEPS AGENCY ACTIONS FEES TO Request Form (DRF), or email request for copy request to Personnel Administration Administration dvia email/online system request 1.2 Review request based on the purpose indicated in the DRF or None None 2 days 201 Custodians Administrative Officer IV (AO IV/) 	CHECKLIST OF F	EQUIREMENTS		WHERE TO SEC	CURE	
CLIENT STEPSAGENCY ACTIONSFEES TO BE PAIDPROCESSING TIMEPERSON RESPONSIBLE1. Submit Document Request Form (DRF), or email request to Personnel Administration Section, or send via email/ online system request1.1 Receive or acknowledge request for copy of Clearance Certificate from the client and forward authorized 201 Custodians.None10 minutesAdministrative Administrative Certificate from the client and forward authorized 201 Custodians.1.2 Review request based on the purpose indicated in the DRF orNone2 days201 Custodians Administrative Officer IV (AO IV/)	 Request Letter Electronic mail (en 	. ,	 Client Field Office 1 (walk-in client) Online 1. <u>pas.fo1@dswd.gov.ph</u> 2. <u>Hrpas.pppp@gmail.com</u> for Pantawid Pamilyang Pilipino Program (4Ps) 3.3 <u>jlaldaya@dswd.gov.ph</u> for Sustainable Livelihood Program (SLP) 4.<u>dvlabsan@dswd.gov.ph</u> for Kapit-Bisig Laban sa Kahirapan-Comprehensive 			
Request Form (DRF), or email request to Personnelacknowledge request for copy of Clearance Certificate from the client and forward application to authorized 201 Custodians.Aide III (AAide III) PAS/PPPP/SLP/K C-NCDDP1.2 Review request based on the purpose indicated in the DRF orNone2 days201 Custodians Administrative Officer IV (AO IV/)	CLIENT STEPS	-	FEES TO	PROCESSING	PERSON	
based on the purpose indicated in the DRF or Difficer IV (AO IV/)			None	10 mains stars	Administrative	
	(DRF), or email request to Personnel Administration Section, or send via email/ online	request for copy of Clearance Certificate from the client and forward application to authorized 201		10 minutes	Aide III (AAide III) PAS/PPPP/SLP/K	



system request, review/ check the 201 File/ PER 16 to retrieve the Clearance Certificate on file 1.2.1 If there is only one (1) copy of the Clearance Certificate is on file, proceed to 1.3 1.2.2 If there is extra original copies of Clearance Certificate on file proceed to 1.4			AO II/ AA II/ AAide III/ AAide IV (PAS, PPPP, SLP, KC-NCDDP)
1.3 Forward the stamped Clearance Certificate for certification of True Copy	None	2 hours	AO IV/ SWO V (PAS Section Head/ HRMDD Chief/OIC-ARDA)
1.4 Inform the client that the certificate is ready for releasing via email/ SMS/ call and ask client on the preferred method of receiving the duly signed Clearance	None	10 minutes	AAide III (PAS), AAide IV (PPPP), AA II (SLP), AO IV (KC- NCDDP)
Certificate 1.4.1 Release through Courier Service: prepare transmittal letter with information on how to return the Client Satisfaction	None	1 hour and 30 minutes	201 Custodians



	For email/ pick-up	None	2 Days, 6	
	For Courier	None	2 Days, 7 Hours, and 50 Minutes	
	Total			
 Pick-up the signed Clearance Certificate and accomplish the CSMF and submit to the drop box If clearance will be pick up by a representative, provide an authorization letter 	 request client to accomplish the CSMF to be submitted via email or google form 1.4.3 Clearance for pick-up: proceed to Step 2. Release the certificate and request the client to affix signature in the receiving copy of Clearance Certificate Total For Courier 	None	5 minutes	AAide III (PAS), Aaide IV (PPPP), AA II (SLP), AO IV (KC-NCDDP)
	Measuremen t Form (CSMF). Documents will be forwarded to Records and Archives Management Section (RAMS) 1.4.2 Release via email: send scanned Clearance Certificate to the client and	None	5 minutes	



• **Note:** Processing time may be extended depending on the number of transactions being handled and the length of service of the client

7. Issuance of Service Records (SR) to Separated Officials, Employees

The SR is issued to separated officials and employee in the Department who have been cleared of money, property, and legal accountabilities. The SR provides and certifies their detailed government service including full name, date and palce of birth, positions, status of employment and equivalent periods and salaries.

Classification:	Simple			Human Resource Management and Development Division – Personnel Administration Section (PAS)			
ype of	G2C – Government to Citizen; G2G – Government to Government						
Fransaction:	G2C – Government	to Chizen, G	SZG – Governmen	t to Government			
	Separated Officials and Employees						
Who may avail:		and Employe					
		1 Oli	WHERE TO SEC	JUKE			
Document Reque	st Form (DRF)	1. Client					
2. Request Letter			ffice 1 (walk-in clie	ent)			
•	mail)/ Online System	3. Online					
Request			fo1@dswd.gov.ph				
			as.pppp@gmail.co				
			nilyang Pilipino Pro				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE			
. Submit Document Request Form (DRF), or email request to Personnel Administration Section, or send via email/ online system request	 1.1 Receive or acknowledge request for Service Record (SR) from the client and forward application to authorized personnel handling SR requests. 1.2 Review request based on the purpose indicated 	None	10 minutes 2 days and 4 hours	Administrative Aide III (AAide III) PAS/PPPP/SLP/K C-NCDDP SR Focal Persons: Administrative			
	in the DRF or email/ online system request, review/ check the 201 File/ PER 16 as reference,			Officer IV (AO IV/) AO II/ AA II/ AAide III/ AAide IV (PAS, PPPP, SLP, KC-NCDDP) 32			



draft/ prepare the SR, and forward to Authorized Certifying Authority			
1.3 Initial/ Sign the SR	None	2 hours	Authorized Certifying Authority: PAS Head, HRMDD Chief, OIC- Assistant Regional Director for Administration (ARDA)
1.4 Ensure that the SR has security feature to avoid data fraud or falsification of document	None	10 minutes	AAide III (PAS) and AAide IV (PPPP)
1.5 Inform the client that the certificate is ready for releasing via email/ SMS/ call and ask client on the preferred method of receiving the duly signed Clearance	None	10 minutes	AAide III (PAS), AO II (PPPP), AA II (PPPP0
Certificate 1.5.1 Release through Courier Service: prepare transmittal letter with information on how to return the Client Satisfaction Measuremen t Form (CSMF). Documents	None	1 hour and 30 minutes	AAide III (PAS) and AAide IV (PPPP)



	For email/ pick-up	None	2 Days, 6 Hours, 25	
	For Courier	None	2 Days, 7 Hours, and 50 Minutes	
	Total			
 Pick-up the signed Clearance Certificate and accomplish the CSMF and submit to the drop box If SR will be pick up by a representative, provide an authorization letter 	forwarded to Records and Archives Management Section (RAMS) 1.5.2 Release via email: send scanned SR to the client and request client to accomplish the CSMF to be submitted via email or google form 1.5.3 Clearance for pick-up: proceed to Step 2. 2. Release the certificate and request the client to affix signature in the receiving copy of SR.	None	5 minutes 5 minutes	AAide III (PAS), Aaide IV (PPPP)

• **Note:** Processing time may be extended depending on the number of transactions being handled and the length of service of the client



8. Issuance of Certificate of Employment (COE) to Separated Officials, Employees, and Contract of Service Workers

The SR is issued to separated officials and employee in the Department who have been cleared of money, property, and legal accountabilities. The SR provides and certifies their detailed government service including full name, date and palce of birth, positions, status of employment and equivalent periods and salaries.

Office or Division:	Human Resource Management and Development Division –				
	Personnel Administration Section (PAS)				
Classification:	Simple				
Type of	G2C – Government to Citizen; G2G – Government to Government				
Transaction:					
Who may avail:	Separated Officials, Employees, and Contract of Service Workers				
CHECKLIST OF F	(COSW) REQUIREMENTS		WHERE TO SE	CURE	
 Document Request Request Letter Electronic mail (en Request 	, , ,	 Client Field Office 1 (walk-in client) Online 1 pas.fo1@dswd.gov.ph 2 Hrpas.pppp@gmail.com 1 Pasi.ppp@gmail.com 2 Hrpas.pppp@gmail.com 3 pas.fo1@dswd.gov.ph 4 pas.pppp@gmail.com 4 pas.pppp@gmail.com 4 pas.pppp@gmail.com 5 pas.fo1@dswd.gov.ph <li< th=""></li<>			
	AGENCY	FEES TO	PROCESSING	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Submit Document Request Form (DRF), or email request to Personnel Administration Section, or send via email/ online system request	1.1 Receive or acknowledge request for COE from the client and forward application to authorized personnel handling COE requests	None	10 minutes	Administrative Aide III (AAide III), AAide IV, Administrative Assistant II (AA II), Administrative Officer IV (AO IV) PAS/PPPP/SLP/K C-NCDDP	
	1.2 Review request based on the purpose indicated in the DRF or email/ online system request, review/ check the	None	2 days and 4 hours	COE Focal Persons: AA II, AO IV (PAS, PPPP, SLP, KC-NCDDP)	
				35	



201 File/ PER 16 as reference, draft/ prepare the COE, and forward the COE to Authorized Certifying			
Authority 1.3 Initial/ Sign the COE	None	2 hours	Authorized Certifying Authority:
			PAS Section Head, HRMDD Chief, OIC- Assistant Regional Director for Administration (ARDA)
1.4 Ensure that the COE has security feature to avoid data fraud or falsification of document	None	10 minutes	AAide III, AAide IV, AA II, AO IV (PAS, SLP, PPPP, KC-NCDDP)
1.5 Inform the client that the certificate is ready for releasing via email/ SMS/ call and ask client on the preferred method of receiving the duly signed Clearance	None	10 minutes	AAide III (PAS), AAide IV (PPPP), AA II (SLP), AO IV (KC- NCDDP)
Certificate 1.5.1 Release through Courier Service: prepare transmittal letter with information on how to return the Client Satisfaction	None	1 hour and 30 minutes	COE Focal Persons AA II, AO IV (PAS, PPPP, KC- NCDDP)
I	I	1	36



	For email/ pick-up	None	2 Days, 6 Hours, 25	
	For Courier	None	2 Days, 7 Hours, and 50 Minutes	
	Total			
 Pick-up the COE and accomplish the CSMF and submit to the drop box If certificate will be pick up by a representative, provide an authorization letter 	Measuremen t Form (CSMF). Documents will be forwarded to Records and Archives Management Section (RAMS) 1.5.2 Release via email: send scanned COE to the client and request client to accomplish the CSMF to be submitted via email or google form 1.5.3 Clearance for pick-up: proceed to Step 2. 2. Release the certificate and request the client to affix signature in the receiving copy of COE	None	5 minutes	AAide III (PAS), Aaide IV (PPPP), AA II (SLP), AO IV (KC-NCDDP)

• **Note:** Processing time may be extended depending on the number of transactions being handled and the length of service of the client



9. Issuance of Certificate of Leave Without Pay (LWOP)/ No LWOP to Separated Officials, Employees

The Certificate of LWOP/ No LWOP (CLWOP/CNCLWOP) is issued to separated officials and employees who have been cleared of money, property, and legal accountabilities. The certificate certifies that they have/ do not have LWOP for a certain period.

Office or Division:	Human Resource Management and Development Division – Personnel Administration Section (PAS)			Division –
Classification:	Complex			
Type of	G2C – Government to Citizen; G2G – Government to Government			t to Covernment
Transaction:		to onizon, c		
Who may avail:	Separated Officials and Employees			
			WHERE TO SE	
CHECKLIST OF REQUIREMENTS1. Document Request Form (DRF)		1. Applica		GORL
2. Request Letter			ffice 1 (walk-in clie	ant)
3. Electronic mail (er	nail)/ Online System	3. Online		ant)
Request			fo1@dswd.gov.ph	
Request			is.pppp@gmail.co	
			nilyang Pilipino Pro	
	AGENCY	FEES TO		PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Submit Document Request Form (DRF), or email request to Personnel Administration Section, or send via email/ online system request	 1.1 Receive or acknowledge request for CLWOP/ CNLWOP from the client and forward application to the Focal Person 1.2 Check if the client 	None	5 minutes	Administrative Aide III (PAS) and AAide IV (PPPP)
	already has encoded ELARS 1.2.1 If None: encode in ELARS 1.2.2 If encoded: Proceed to Step 1.3 1.2.3 Encoded and Reviewed ELARS: proceed to Step 1.4 1.3 Review/ check		6 days, 4 hours and 35 minutes	Leave Focal Persons: AAide IV, AA II (PAS, PPPP)
	the ELARS visà- vis Leave card	None		
				.38



1.4 Reprint the corrected ELARS if errors are found			
1.5 Encode the needed details to the CLWOP/ CNCLWOP, print the issuance and attach necessary documents. Forward the CLWOP/ CNCLWOP to Authorized Certifying Authority	None		Leave Focal Persons: AAide IV, AA II (PAS, PPPP)
1.6 Place initial/ sign the CLWOP/CNCL WOP	None	2 hours	Authorized Certifying Authority: PAS Section Head, HRMDD Chief, OIC- Assistant Regiona Director for Admininstration (ARDA)
1.7 Inform the client that the certificate is ready for releasing via email/ SMS/ call and ask client on the preferred method of receiving the duly signed CLWOP/CNCL WOP	None	5 minutes	AAide III (PAS), AAide IV (PPPP),
WOP 1.7.1 Release through Courier Service: prepare transmittal letter with information on how to	None	1 hour and 5 minutes	Leave Focal Persons AA II, AO IV (PAS, PPPP)



	For email/ pick-up	None	6 Days, 6 Hours, 50 Minutes	
	For Courier	None	6 Days, 7 Hours, and 50 Minutes	
	Total			
 Pick-up the signed CLWOP/ CNCLWOP and accomplish the CSMF and submit to the drop box If certificate will be pick up by a representative, provide an authorization letter 	return the Client Satisfaction Measuremen t Form (CSMF). Documents will be forwarded to Records and Archives Management Section (RAMS) 1.7.2 Release via email: send scanned COE to the client and request client to accomplish the CSMF to be submitted via email or google form 1.7.3 Clearance for pick-up: proceed to Step 2. 2. Release the certificate and request the client to affix signature in the receiving copy of CLWOP/CNCLW OP	None	5 minutes	AAide III, AAide IV (PAS, PPPP) AAide III (PAS), Aaide IV (PPPP)



• **Note:** Processing Time may be shortened of there is already a reviewed ELARS, or may be extended depending on the number of ELARS being encoded/ reviewed at a given time, the time needed to review the ELARS, or length of service of the client.

FEEDBACK	AND COMPLAINTS MECHANISM
How to send feedback	Through client satisfaction measurement mechanism.
How feedbacks are processed	Consolidate and analyze monthly, quarterly, semi-annually and annually to identify root cause analysis or other known quality management techniques and identify plans and actions that must be recommended for execution to resolve the issues and improve the situation.
How to file a complaint	A complaint may be filed through any of the established modalities" -a telephone call (072-687-8000 loc. 11216) -electronic mail (<u>pas.fo1@dswd.gov.ph</u>) -posts, comments and chat messages via DSWD FO1 Official Facebook Page: "DSWD Field Office 1" -personal appearance (walk-in clients) -letter addressed to the Regional Director, Marie Angela S. Gopalan -Official website at <u>www.fo1.dswd.gov.ph</u> -through 8888 Citizen's Complaint Center
How complaints are processed	Complaints received through Official FB Page, the Office of the Regional Director, Official website and 8888 will be forwarded to Human Resource Management and Development Division for action and resolution. The resolution of all complaint consists of: 1. Submission/Receipt of a complaint 2. Recording of complaint 3. Data Gathering and Investigation 4. Resolution 5. Final Feedback
Contact Information of CCB, PCC, ARTA	 Anti-Red Tape Authority (ARTA) (028) 478-5093 complaints@arta.gov.ph Presidential Complaint Center (PCC): Call/ text: 8888 Web: www.88888.gov.ph



Contact Center ng Bayan (CCB):
 SMS: 0908-881-6565
• Call: 165 65
Php 5.00 + VAT per call anywhere in the
Philippines via PLDT landlines
Email: email@contactcenterngbayan.gov.ph
Web: https://contactcenterngbayan.gov.ph
Facebook:
https://facebook.com/civilservicegovph

LIST OF OFFICES

Office	Address	Contact Information
DSWD Field Office 1	Quezon Avenue, City of San Fernando, La Union	(072) 687-8000 loc. 11216



INTERNATIONAL SOCIAL SERVICE OFFICE

FRONTLINE SERIVE



10. Extension of Social Welfare Services to Distressed Filipinos and their Families in the Philippines

10.1 Social Welfare Services to Overseas Filipinos at Post

The Department deployed social workers as Social Welfare Attaches (SWAtts) in Philippine Embassies and Consulates to uphold and protect the rights and welfare of Overseas Filipinos (OFs) especially the distressed and undocumented. This is done through provision of Psychosocial, Material/Cash, and other support welfare services that are facilitated through the following:

- a. Actual visit of client to the Office of SWAtt in the Embassy/ Consulate;
- b. Reach out or actual visit of SWAtt to client in their homes/ shelter/ safe houses, detention centers, prisons, and hospital, et al; and
- c. Referral of SWAtt of distressed OFs by the Home Office, their families/ relatives, and concerned agencies/entities in the Philippines and at post

1.11	inppines and at post				
Office or Division:	International Social Services Office				
Classification:	Simple				
Type of	G2C – Government	to Citizen			
Transaction:					
Who may avail:	Distressed Overseas Filipinos Especially the Undocumented				
CHECKLIST OF F	EQUIREMENTS WHERE TO SECURE				
 Original and photo Travel Document/ ID 	copy of Passport/ Government Issued	1. Client /			
	appy of Madical	2. Hospita	1		
 Original and photo Records/Bills (whe A Photocopy of Binecessary) 	en necessary)	3. Client			
 A photocopy of Marriage Contract (when necessary) 		4. Client			
5. Original and photo		5. Client, Field Office, DSWD OSS, Partner			
letter (when applic	,	Agencies, and other concerned entities			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Initial Contact:	1.1 Conduct initial	None	2 minutes	SWAtt	
1.1 Request for Assistance	interview				
1.2 Disclose the nature/details of the problem					
	1.2 Fill up the General Intake Sheet with all the	None	3 minutes	SWatt	



		necessary information for case assessment 1.3 Conduct the Case Assessment 1.3.1 Problem Identification 1.3.2 Intervention Identification 1.3.3 Determine other office/unit/ag ency in the post that can appropriately help the client	None	5 minutes	SWAtt
		1.4 Provide Service needed by the client 1.4.1 Psychosocial, material, and other Welfare Services including case referral to concerned members of the country team, local agencies, DSWD OSS Team in NAIA (when needed), and concerned DSWD Field Offices	None	15 minutes	SWAtt
2.	Fill out and submit the Client Satisfaction Measurement Form (CSMF)	2.1 Receive the properly filled-out CSMF.	None	3 minutes	SWAtt
	()	2.2 Monitor/ follow- up the case (both formal and informal) with DSWD OSS/	None	15 minutes	SWAtt



Total	None	48 minutes	
documents			
filing of client's			
Close includes			
entity. Case			
the referring			
send feedback to			
2.3 Prepare and	None	5 minutes	SWAtt
Field Office			
Central Office/			

10.2 Social Welfare Services to Returned Overseas Filipinos at Philippine Airports

The social welfare services for returned distressed OFs are being implemented by the DSWD social workers deployed in NAIA terminals. They form the One-Stop Shop (OSS) DSWD NAIA Team that represents the Department to the Inter-Agency OSS in NAIA Terminals. The OSS DSWD NAIA Team's clientele in NAIA terminals includes returned minors below 18 years old and distressed adults who traveled alone or with their spouse/families/children who are not qualified for the services of other inter-agency OSS member agencies. They are either walk-in ROFs who proceeded to the team's desk in NAIA terminals or referred by SWAtts, DSWD Central Office, and partner agencies. Services provided to them include airport assistance, material assistance through the Assistance to Individuals in Crisis Situation (AICS), and escort services.

Office or Division:	One-Stop Shop DSWD NAIA Team - International Social Services				
	Office				
Classification:	Simple				
Type of	G2C – Government	to Citizen			
Transaction:					
Who may avail:	Distressed Overseas	s Filipinos Especially the Undocumented			
CHECKLIST OF R	EQUIREMENTS	WHERE TO SECURE			
1. A photocopy of Pa Doc./Govt.'s issues	•	1. Returned OF/Flight companion			
2. A photocopy of Me	edical Records	2. Returned OF/Flight companion			
 A photocopy of Bir applicable) 	th Certificate (When	3. Returned OF/Flight companion			
		4. Returned OF/Flight companion			
 A photocopy of Marriage Contract (When applicable) 		5. LGU/FO			
5. Original and a pho Letter (When appli		6. Parents/Returned OF/Flight Companion			
		7. Parents/Returned OF/Flight Companion			



 A photocopy of Parenting Capability Assessment (When applicable) Original and a photocopy of Parent's Affidavit of Consent (When applicable) Original and a photocopy of LGU Acceptance Certificate (When necessary) 		9. Returne	eturned OF/Flight ed OF ned Laboratory/Re	
9. Original Plane Tick	ket	11.Bureau	of Quarantine	
10. A photocopy of RT COVID vaccination applicable)		12. Referrir	ng entity/Client	
11. A photocopy of BC (\When applicable)				
12. A photocopy of Ca applicable)	se Referral (when			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
AT THE NAIA TERM	NALS – DSWD ONE	STOP-SHC	P OPERATION	
1. Initial Contact with DSWD OSS member.	 1.1 Receives/entertai n Returning Distressed OFs (ROFs) 1.2 Inform the ROF of airport protocol/ requirement for their eventual return to their hometowns; checks the completeness and appropriateness of ROF's documents, and listen to their concerns. 1.3 Provide packed meals. Provide immediate psychosocial services/ advice 		1 hour	DSWD OSS NAIA Team



	Total	None	2 hours and 4 minutes	
3. Fill out the Client Satisfaction Measurement Survey	 3.1 Receive the properly filled-up CSMF. 3.2 Case Monitoring/ Follow-up (Formal and Informal) and provide feedback to referring agencies/entities 	None	22 minutes	ISSO Focal Staff
	2.2 Provide needed psychosocial services and provide advice. Coordinate or refer client to concerned DSWD Offices for provision of the needed services/intervention s.	None	20 minutes	ISSO Focal Staff, ISSO FO Alternate Staff
 Fill-out and sign the Intake Form Request for Assistance Disclose the nature/ details of the problem 	more intense psychosocial services. 2.1 Review the filled out form. Ask questions to ensure integrity of entries.	None	15 minutes	DSWD OSS NAIA Team

10.3 Social Welfare Services to Returned Overseas Filipino and their Families and Relatives in the Philippines (Regional and Local Levels)

The ISSO, though the focus of its services is at the posts, is also concerned and working on facilitating the family and community reintegration of returned OFs through referral to concerned Field Offices that mobilized local entities specially the LGU for the same purpose. The Social Worker II (SWO II) on the region is focused on facilitating the delivery of needed social services to said clientele at the regional and local levels.

Office or Division:	Statutory Programs Division - International Social Services Office
Classification:	Simple



Type of Transaction:	G2C – Government to	o Citizen		
Who may avail:		eturned Distressed Undocumented Overseas Filipinos a elatives in the Philippines at the Regional and Local Lev		
CHECKLIST OF	REQUIREMENTS		WHERE TO SI	
1. A photocopy of Passport/Travel Doc./Govt.'s issues ID		1. Clier		
2. A photocopy of Me including Medical		2. Hosp	bital/ Clinic	
 Original/photocopy (When applicable) 			al Welfare Attache ernment Unit and o icies	
4. Barangay Indigend	cy Certificate	4. Bara	ngay	
5. Filled out intake ar Forms	nd Crisis Intervention	5. DSW	/D Field Office	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
 Obtain a queue number and proceed to the screening area 	 1.1 Conduct interview and screening of client 1.2 Conduct Case Assessment 1.2.1 Problem Identification 1.2.2 Intervention 	None	20 minutes 5 minutes	ISSO Focal/Alternate Staff ISSO Focal/Alternate Staff
	1.2.2 Intervention Identification 1.2.3 Identification of appropriate DSWD Office, partner agencies, and concerned entities that can be tapped for case referral			
	1.3 Provision of needed social service such as ISSAFP direct services: Psychosocial,	None	20 minutes	ISSO Focal/Alternate Staff
	· · · ·			49



2	Fill out the Client Satisfaction Measurement Survey	airport assistance, and referral to other agencies 2.1 Receive the properly filled-up CSMF.	None	30 minutes	ISSO Focal/Alternate Staff
		 2.2 Monitor and provide feedback to referring parties/ agencies *Note: When there is no need for further assistance: Case closure in case it was assessed that there is no need for further assistance/ intervention Encode details of the ROF to Field Office Profile of clients 	None	20 minutes	ISSO Focal/Alternate Stafff
		Total	None	1 hour and 35 minutes	

FEEDBACK AND COMPLAINTS MECHANISM				
How to send feedback	Through client satisfaction measurement mechanism.			
How feedbacks are processed	Consolidate and analyze monthly, quarterly, semi-annually and annually to identify root cause analysis or other known quality management techniques and identify plans and actions that must be recommended for execution to resolve the issues and improve the situation.			
How to file a complaint	A complaint may be filed through any of the established modalities" -a telephone call (072-687-8000 loc. 11245) -electronic mail (<u>isso.fo1@dswd.gov.ph</u>) -posts, comments and chat messages via DSWD FO1 Official Facebook Page: "DSWD Field Office 1" -personal appearance (walk-in clients)			



	1			
	-letter addressed to the Regional Director, Marie			
	Angela S. Gopalan			
	-Official website at <u>www.fo1.dswd.gov.ph</u>			
	-through 8888 Citizen's Complaint Center			
How complaints are processed	Complaints received through Official FB Page,			
	the Office of the Regional Director, Official			
	website and 8888 will be forwarded to Human			
	Resource Management and Development			
	Division for action and resolution.			
	The resolution of all complaint consists of:			
	6. Submission/Receipt of a complaint			
	7. Recording of complaint			
	8. Data Gathering and Investigation			
	9. Resolution			
	10. Final Feedback			
Contact Information of CCB,	Anti-Red Tape Authority (ARTA)			
PCC, ARTA	• (028) 478-5093			
	 <u>complaints@arta.gov.ph</u> 			
	Presidential Complaint Center (PCC):			
	• Call/ text: 8888			
	• Web: <u>www.88888.gov.ph</u>			
	Contact Center ng Bayan (CCB):			
	 SMS: 0908-881-6565 			
	• Call: 165 65			
	Php 5.00 + VAT per call anywhere in the			
	Philippines via PLDT landlines			
	Email: email@contactcenterngbayan.gov.ph			
	Web: https://contactcenterngbayan.gov.ph			
	Facebook:			
	https://facebook.com/civilservicegovph			

LIST OF OFFICES

Office	Address	Contact Information
DSWD Field Office 1	Quezon Avenue, City of San Fernando, La Union	(072) 687-8000 loc. 11245



NATIONAL HOUSEHOLD TARGETTING SECTION

FRONTLINE SERVICE



11. Data Sharing - List of Data Subjects

Generation of data sets with Personal Information (PI) and Sensitive Personal Information (SPI) with a Memorandum of Agreement (MOA).

	I National Havaahald T	argeting Cention (NULTC)			
Office or Division	National Household Targeting Section (NHTS)				
Classification:	Highly Technical				
Type of	Government to Government (G2G), Government to Citizen (G2C),				
Transaction:					
Who may avail:		ent Agencies (NGAs), Local Government			
		ment-Owned and Controlled Corporations			
	(GOCCs) Non-Governmental Organizations (NGOs), Civil Societ				
), the Academe, and Private Foundations for			
		g the data for social protection programs.			
CHECKLIST OF REC		WHERE TO SECURE			
 (DPO) Privacy Manual or a on the security mea indicates the data p and processes of th addressing breaches List of identified sta process, and safegy data including the d employed Hardware and Secu supporting images a Documentation of p measures in place Original Copy of the Governing Board at agency to enter into agreement with DS CSOs, and Private Valid Proof of Ident head and their desi for NGOs, CSOs, a Foundations) Valid documents into legitimacy of the org 	ecific data sets uired from the se) Sharing Agreement g the appointed and ta Protection Officer approved document/s isures in place which rotection procedures the office/agency in es ff who will access, uard the Listahanan lata processing to be urity Component with and specifications shysical security e Resolution of uthorizing head of o a data sharing WD (only for NGOs, Foundations) ities of the agency gnated DPO/s (only nd Private	Provided by the Requesting Party			



•	the Local Chief accompanied by a S authorizing the LO sharing agreement	Sanggunian resolution CE to enter a data with the DSWD al Director (RD) and			
	CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	Submit the letter of request with attached electronic copy of the data requirements (if available) to NHTS.	 1.1 Receive and record the request in the document transaction/ tracking system. 1.1.1 Advise the requesting party that they will receive an email or call after 2-3 working days on the approval of their request and the expected schedule of release of the results. 1.1.2 Forward the request to the Director for approval. 	None	15 minutes	Administrative Assistant III
		1.2 Input comments and decide if the request is for processing or not, then endorse it to the Policy and Plans Division (PPD) Chief.	None	6 hours	Regional Director (RD)



1.3 Input recommendation s a nd endorse it to the assigned Project	None	3 hours	PPD Chief
 Project Development Officer (PDO). 1.4 Inform the requesting party on the approval or disapproval of the data request based on the DSWD MC 15, s. 2021. If approved: the orientation will be scheduled including the preparation of the other documentary requirements not included in the submission of letter of request. If disapproved: Inform the requesting party of the disapproval highlighting the grounds for such denial 	None	2 hours	Project Development Officer (PDO)
through writing. End of process.			



2.	Attend the scheduled	2.1 Orient the requesting party	None	2 hours	NHTS designated personnel &
	Orientation	about the			Inspection Team
	Chemater	Listahanan, Data			
		Privacy Act of			
		2012, MC 12, s.			
		2021, and data			
		sharing			
		requirements.			
		2.2 Issuance of			
		Certificate of			
		Orientation on the			
		Data Privacy Act			
		(DPA) of 2012			
		2.3 Send to the			
		requesting party			
		via email the copy			
		of the law, IRR			
		and the issuances			
		of NPC together			
		with the issuance			
		of Certification on			
		the			
		Acknowledgement			
		Receipt of the said			
		law/policies.			
3.	Submit the signed	3.1 Review all	None	2 hours	NHTS ITO and
	Data Sharing	documentary			RFC
	Agreement (DSA)	requirements			
	and other	including DSA			
	documentary	submitted by the			
	requirements not	requesting party.			
	included in the	3.2 Make a schedule			
	submission of	with the			
	letter of request to	requesting party			
	NHTS.	on the conduct of			
		virtual/physical			
		inspection			
		=			
		meeting			
4.	Present the IT	4.1 Virtual/physical	None	1 day	NHTS Inspection
т.	facilities to the	Inspection of IT			Team
	NHTS Inspection	facilities of the			, cum
	Team.				
	. oum	requesting party.			
		4.2 Issuance of	None		
		Certifications	1		



4.3 Certifications and documentary requirements will be attached to the accomplished DSA-and for endorsement by the Regional Field Coordinator to the Regional DPO. None 1 day Regional Data Protection Offici (RDPO) 4.4 Assess the accomplished DSA, and documentary attachments. Once approved, endorse DSA to Regional Director. None 1 day Regional Data Protection Offici (RDPO) 4.5 Review and sign the DSA. Signed DSA will be endorsed to NHTS for data processing. None 3 days Regional Directo (RD) 4.6 Generate requested data. None 1 day ITO (NHTS) 4.7 Review the result of data generation. None 1 day ITO (NHTS)	(Physical and Technical Set-up Certification and Organizational Set-up Certification)			
Arrowson accomplished DSA, and Accomplished Protection Officient (RDPO) DSA, and documentary attachments. Once approved, endorse DSA to Regional Director. 4.5 Review and sign the DSA. Signed None 3 days Regional Director (RD) Josh will be endorsed to NHTS for data processing. None 1 day ITO (NHTS) 4.6 Generate requested data. None 1 day RFC (NHTS) Mone 1 day ITO (NHTS)	documentary requirements will be attached to the accomplished DSA-and for endorsement by the Regional Field Coordinator to the	None	2 hours	
4.5 Review and sign the DSA. Signed DSA will be endorsed to NHTS for data processing.(RD)4.6 Generate requested data.None1 day4.7 Review the result of data generation.None1 dayNone1 dayITO (NHTS)Image: None1 dayImage: None1 dayImage: None1 day1 dayImage: None1 day	accomplished DSA, and documentary attachments. Once approved, endorse DSA to	None	1 day	Regional Data Protection Officer (RDPO)
4.7 Review the result of data generation. None 1 day <i>RFC (NHTS)</i>	the DSA. Signed DSA will be endorsed to NHTS for data	None	3 days	Regional Director (RD)
4.7 Review the result of data generation. None 1 day ITO (NHTS)		None	1 day	ITO (NHTS)
None 1 day ITO (NHTS)	of data	None	1 day	RFC (NHTS)
4.8 Secure the data by adding	4.8 Secure the data	None	1 day	ITO (NHTS)



			58
release of results.			
documents upon			
Scan the	None	1 day	ITO (NHTS)
4.12 Track and			
Unit.			
Administrative			
forward to the			
Secure data and			
memo and DRF.			
4.11 Finalize the			
the DRF the DRF.			
4.10 Countersign			
requesting party.			
personnel of the			
authorized			
be released to the			
Password will only			
password- protected.			
encrypted and			
long as it is			
also be used as			
Google drive may also be used as			
party.			
by the requesting			
device is provided			
and the storage			
by the IT Head			
as it is approved			
may apply as long			
storage device			
electromechanical			
• Other			
or Hard Drive.			
(CD), USB stick,			
compact disc			
results in a			
reply, and burn			
Memorandum			
(DRF), draft the			
Release Form			
4.9 Prepare the Data			
protection to the file.			



	Call NHTS to retrieve the password upon receipt of the result.	5. Provide the password of the file to the requesting party thru phone upon inquiry and administer the Client Satisfactory Measurement Survey (CSMS) form per Committee on Anti-Red Tape (CART) guidelines.	None	10 minutes	ITO (NHTS)
proc requ and subr	essing depending irements, number	Total: ion on the actual data on the volume of data of names required, ty's compliance and imentary	None	10 days, 1 hour, and 35 minutes	

12. Data Sharing – Name Matching Request

Provision of data corresponding the individual/s name matching request to determine if a household is in the Listahan database and its poverty status.

Office or Division:	National Household T	National Household Targeting Section (NHTS)			
Classification:	Complex, Highly Technical				
Type of	Government to Gover	nment (G2G), Government to Business (G2B),			
Transaction:	Government to Citizen (G2C)				
Who may avail:	All National Government Agencies (NGAs), Local Government Units (LGUs), Government-Owned and Controlled Corporations (GOCCs) Non-Governmental Organizations (NGOs), Civil Society Organizations (CSOs), the Academe, and Private Foundations.				
CHECKLIST OF RE	QUIREMENTS	WHERE TO SECURE			
1. Letter of request (Indicate reason for name matching)		1. Provided by the Requesting Party			
	(Preferably in CSV ame to be matched following:				



 Name, Middle Name) Birth Date (YY) Philippine Sta Classification of City/Municipalit Valid Proof of Ider Information Cont Privacy Officer Officer (COP) Data Sharing Agre by the: (1) Head designated DPO of List of Personne process, and safe data, including processing Original Copy of Governing Board agency (NGOs, Foundations) For Local Government The letter of request the Local Chie accompanied b resolution authoriz 	troller (PIC), Data (DPO), Compliance eement (DSA) signed of Office as PIC, (2) r COP el who will access, guard the Listahanan the employed data f the Resolution of authorizing head of CSOs, and Private			
•	nal Director (RD) and E shall sign the DSA			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
 Provide the letter of request together with the electronic copy of the names for name matching 	1.1 Receive the request. Record in the eDTMS/ Data Tracking System and endorse to the Regional Director.	None	15 minutes	Administrative Assistant (AA)
	1.2 Provide instruction to facilitate/review the request and	None	2 hours	Regional Director (RD)



	 endorse to the Policy and Plans Division (PPD) Chief. 1.3 Provide recommendation s on the request and endorse to the Project Development Officer (PDO) to inform the client on the status of the request. 	None	1 hour	PPD Chief
	 1.4 Approve/Disappr ove the data request based on the DSWD MC 15, s.2021. Disapproved – Sign the letter of disapproval and endorse to the client. End of process. Approved – Notify and provide the DSA and documentary requirements to the client 	None	1 hour	RD NHTS-Regional Field Coordinator (RFC)
2. Provide the documentary requirements and the DSA signed by the Head of Office (HOO) as Personal Information Controller (PIC) and the designated Data	 2.1 Review all documentary requirements including the DSA submitted by the client Non-Compliant – Inform the client regarding the incomplete requirement via email. 	None	2 hours	NHTS-RFC



Privacy Officer	Compliant:			
(DPO) /	a. Sign the DSA			
Compliance	and endorse			
Officer for	to the DPO			
Privacy (COP)	and the			
, (° ° °)	Regional			
	Director for			
	signature b. Endorse the			
	signed DSA			
	to NHTS for			
	processing			
	2.2 Review the	None	1 hour	ITO II - NHTS
	compliance of			
	the electronic			
	copy of names			
	with the required		1 day	
	template/format:		(5,000 and	
	Non-Compliant –		below)	
	Inform the client		,	
	about the		3 days	
	findings via		(5,001 –	
	email.		50,000)	
	Compliant –			
	Process the		7 days	
			(50,001 –	
	request within		400,000)	
	the set deadline		400,000)	
	depending on		20 days	
	the volume or		20 days	
	number of		(400,001 –	
	names to be		1,000,000)	
	matched			
 Provide a 	2.4 Secure the data	None	3 hours	ITO – DMS /
storage device	by adding a			NHTS
that is approved	password to the			
by the ITO or	file			
request for a	2.5 Prepare the Data			
Google Drive link	Release Form			
5	(DRF)			
	2.6Draft the			
	response			
	memorandum			
	2.7 Save the results			
	in a compact			
	disc (CD),			
	Universal Serial			



	Bus (USB) stick, or hard drive 2.8 Sign the DRF 2.9 Endorse the finalized documents to PPD Chief 2.10 Sign the memorandum and endorse to AA for releasing	None	1 hour	NHTS – RFC / ITO RD
4. Receive the documents	 4.1 Track the documents in the EDTMS / any other tracking system 4.2 Scan a copy of the documents for record keeping 4.3 Release the document to the client 	None	10 minutes	AA
5. Fill-out the Satisfactory Measurement Survey (CSMS)	10 Provide the client the CSMS form per Committee on Anti-Red Tape (CART) guidelines.	None	10 minutes	ITO – NHTS
data processing dep of names required bu	TOTAL: ension on the actual ending on the number t shall not exceed forty ference in RA-IRR-	None	Minimum – 2 days, 3 hours, 45 minutes Maximum – 21 days, 3 hours and 45 minutes	



13. Data Sharing – Statistics/Raw Data Request

Generation of source data, unprocessed anonymized data or numerical processed data as requested by the client.

Office or Division:	National Household	Targeting S	ection (NHTS)	
Classification:	Complex			
Type of	Government to Gove	ernment (G2	G), Government t	o Business
Transaction:	(G2B), Government	to Citizen (C	62C)	
Who may avail:	All			
CHECKLIST OF REG	UIREMENTS	W	HERE TO SECU	RE
 Letter of Request data requested) 	(specify purpose and	Requesting	g Pary	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit a letter of	1.1 Receive and	None	15 minutes	Administrative
request for	record the			Assistant (AA)
Listahanan data	request in the			
addressed to the	Document			
Regional Director	Tracking			
	System (DTS).			
	Forward to the			
	Office of the			
	Regional			
	Director.			
	1.2 Review the merit of request based on MC 15 s. 2001. Upon approval of request endorse to Policy Plans Division (PPD).	None	2 hours	Regional Director (RD)
	1.3 Input comment/s then endorse to NHTS.	None	1 hour	PPD Chief
	1.4 Provide instruction base on the data requested and forward to Associate Statistician for	None	1 hour	RFC (NHTS)
				64



da	ta
	neration.
-	If the request
is:	in the requeet
	ot Clear
-	Vague
1.4.1	Data:
	Associate
	Statistician
	shall
	coordinate
	with data
	users to
	clarify the
	data
	requirement
1.4.2	Data is not
	available in
	the
	Listahanan
	Database:
	Associate
	Statistician
	shall
	provide
	recommend
	ations to the
	requesting
	party.
• Cl	ear:
Ge	enerate the
rec	uested data
fro	m the
Lis	tahanan
da	tabase (in
ex	cel or any
	mat
ava	ailable)
1.5 Dr	aft response
	-
let	
	emorandum
me	-
me to	emorandum
to rec	emorandum the
me to rec pa	emorandum the questing



slip. Submit to RFC.			
 1.6 Review the generated statistical/raw data. If data generated is: 1.6.1 Not Accurate: return the generated data to statistician for revision 1.6.2 Accurate: Submit to the PPD Chief for approval and data 	None	4 hours	RFC
and data release			
1.7 Countersign response letter/ memorandum. Endorse to the Regional Director.	None	1 hour	PPD Chief
 1.8 Review and approval of the facilitated data request for release. 1.8.1 Not approved: return request to NHTS for revision. 1.8.2 Approved: Sign the response letter/ memorandu m with the attached 	None	5 hours	RD



2.	Receive the data requested and fill- out the CSMS form	data request for release. 2.1 Record in DTS and facilitate the release of the approved request to the requesting party. 2.2 Administer Client Satisfaction Measurement	None	30 minutes	AA
		Form (CSMF) during the release of approved data request. 2.3 Update and close the transaction in the document tracking system.			
		TOTAL	None	3 days and 2 hours	

14. Walk-in Name Matching Data Request

Provision of data corresponding to the individual/s name matching request to determine if a household is in the Listahanan database and its poverty status.

Office or Division:	Targeting Section (NHTS)			
Classification:	Simple			
Type of Government to Citize		en (G2C)		
Transaction:				
Who may avail:	All walk-in clients			
CHECKLIST OF REQ	WHERE TO SECURE			
1. One (1) valid Identification Card/ Proof of Identity		1. Provided by client		
2. Walk-in Name Matching Form (1 Original Copy)		 National Household Targeting Section (NHTS) 		
CLIENT STEPS AGENCY ACTIONS		FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE



	Provide Valid ID/ oof of Identity	 Interview the client to evaluate the validity of the request as to its purpose: <i>1 Invalid:</i> Inform the client on the grounds for the denial of the request based on the DSWD MC 15 s. 2021 (End of Process) <i>2 Valid:</i> Provide the name matching form upon confirming validity of the request and proceed for processing 	None	15 minutes	NHTS
2.	Fill-out the name matching form	2. Process the request of Name Matchin	None	15 minutes	Statistician (NHTS)
-	Receive the Name matching result	3. Explain the result of Name Matching. Provide the Client Satisfaction Measurement form.	None	5 minutes	Statistician (NHTS)
4.	Fill-out the Client Satisfaction Measurement Form.	4. Receive the filled-up CSM Form or instruct the client to place it in the drop box.	None	5 minutes	NHTS
		Total	None	40 minutes	

FEEDBACK AND COMPLAINTS MECHANISM				
How to send feedback	Through client satisfaction measurement mechanism.			



How feedbacks are processed	Consolidate and analyze monthly, quarterly, semi-annually and annually to identify root cause analysis or other known quality		
	management techniques and identify plans and actions that must be recommended for		
	execution to resolve the issues and improve the		
	situation.		
How to file a complaint	A complaint may be filed through any of the established modalities"		
	-a telephone call (072-687-8000 loc. 11221)		
	-electronic mail (<u>nhts.fo1@dswd.gov.ph</u>)		
	-posts, comments and chat messages via DSWD FO1 Official Facebook Page: "DSWD Field Office 1"		
	-personal appearance (walk-in clients)		
	-letter addressed to the Regional Director, Marie Angela S. Gopalan		
	-Official website at <u>https://fo1.dswd.gov.ph</u>		
	-through 8888 Citizen's Complaint Center		
How complaints are processed	Complaints received through Official FB Page,		
	the Office of the Regional Director, Official		
	website and 8888 will be forwarded to Human		
	Resource Management and Development		
	Division for action and resolution.		
	The resolution of all complaint consists of: 1. Submission/Receipt of a complaint		
	2. Recording of complaint		
	3. Data Gathering and Investigation		
	4. Resolution		
	5. Final Feedback		
Contact Information of CCB,	Anti-Red Tape Authority (ARTA)		
PCC, ARTA	• (028) 478-5093		
	 <u>complaints@arta.gov.ph</u> 		
	Presidential Complaint Center (PCC):		
	• Call/ text: 8888		
	• Web: <u>www.8888.gov.ph</u>		
	Contact Center ng Bayan (CCB):		
	• SMS: 0908-881-6565		
	• Call: 165 65		
	Php 5.00 + VAT per call anywhere in the		
	Philippines via PLDT landlines		
	Email: email@contactcenterngbayan.gov.ph		
	Web: <u>https://contactcenterngbayan.gov.ph</u> Facebook:		
	https://facebook.com/civilservicegovph		



LIST OF OFFICES

Office	Address	Contact Information
DSWD Field Office 1	Quezon Avenue, City of San Fernando, La Union	(072) 687-8000 loc. 11221



PANTAWID PAMILYANG PILIPINO PROGRAM

FRONTLINE SERVICE



15. Request for 4Ps Data

This section describes the process of providing assistance to clients and various stakeholders (general public and other government organizations) both within and outside DSWD through the sharing of public data. However, access to data will be subject to the limitations set to safeguard privacy of the beneficiaries, data security and data mis-appropriation. Therefore, access to data shall be carefully considered and granted in accordance with the 4Ps data sharing protocol.

In processing the request, there is an expectation that all documentary requirements have been submitted by the requesting party. Otherwise, the stat of processing may take an extended period of time.

Office or Division:	Pantawid Pamilyang Pilipino Program			
Classification:	Simple			
Type of Transaction:	Government to Citize	en (G2C)		
Who may avail:	All			
CHECKLIST OF REQ	W	HERE TO SECU	RE	
1. Request letter addressed to the Regional Director indicating the purpose of the request		1. Requesting party		
. ,	lished Data Request		Website:	
Form			<u>s://pantawid.dswd</u>	
			<u>ter</u> , 4Ps Regiona	-
			agement Office (I	
	AGENCY	FEES TO	vincial Operations	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Submit letter of	1.1 Assess the	None	2 minutes	Guard on duty
request addressed to	completeness			
the Regional Director	of the request			
(RD) indicating the	Provincial			
purpose of the data	Operations Office			
being requested	(POO)			
together with the	1.1.1 If			
following required	Incomplete			
documents or	: required			
submission:	documents			
	or			
1.1 Accomplished	improperly			
Data Request	accomplish			
Form	ed form:			
1.2 Identified Data	return the			
Protection Officer	request to			
(DPO)	the			



requesting party for compliance			
or revision.			
1.1.2 If in order:			
forward the			
data			
request to			
the 4Ps			
RPMO.			
Regional			
Program			
Management			
Office (RPMO):			
review the request	t		
in terms of			
completeness			
1.1.1 If			
Incomplete	•		
: return the			
request to			
the POO.			
1.1.2 If in order:			
receive the			
completely			
filled out			
data			
request			
form and			
letter of			
request			
(with			
attachment	s		
as			
applicable).			
1.2 Encode data	None	30 minutes	RMEO
request to the			
data request			
monitoring tool			
1.3 Acknowledge	None	1 day	RPMO
and assess the	•		
data request			
1.3.1 If Request	None	1 day	RMEO
is for		-	
Primary			



	1.3.2 If Request is for Secondary Data: PMEU to determine based on the submitted documents			RMEO
	if the data being requested is public or classified .			
A. For Public Da		NISHS	0 h a uma	
	1.4 Forward the request to the appropriate focal person/unit for data generation	None	3 hours	RMEO
	and preparation. 1.4.1 If the data is in the periodic reports, IEC materials, and/or 4Ps website: provide the requesting party the resource site or	None	2 hours	RMEO
	provide the readily	None	1 day	RMEO



		available data/CSMF 1.4.2 If the data needs to be generated, data			
		generation shall be undertaken by PMEU. 1.5 PMEU to prepare	None	2 days	RMEO
		response or memo of endorsement for the approval of the Regional Director.			
		1.5.1 If Approved: provide the response and the requested data to the requesting	None	4 hours	RMEO
		party. 1.5.2 If Disapprove d: inform the requesting party of the lacking documents for completion.	None	1 day	RMEO
2.	Comply and submit the lacking documents	 2.1 Receive and assess the documents submitted. 2.2 Prepare and generate the requested data. 	None	0.5 day	RMEO
3.	Receive the requested data. Accomplish and	3.1 Provide the requested data:	None	0.5 day	RMEO



submit the CSMS	3.1.1 If the data is			
Form	in the			
FUIII				
	periodic			
	reports, IEC			
	materials,			
	and/or 4Ps			
	website:			
	refer the			
	requesting			
	party to the			
	resource			
	site.			
	3.1.2 Provide the			
	readily			
	available			
	data.			
	3.2 Provide the			
	CSMS Form.			
	Request to			
	submit the			
	accomplished			
	CSMS form.			
B. For Classified				
	1.3 Forward the	None	3 days	RPMO
	request to the		,	
	DSWD Field			
	Office for			
	Unice for			
	-			
	review and			
	review and evaluation of			
	review and evaluation of Division Chief,			
	review and evaluation of Division Chief, Regional DPO,			
	review and evaluation of Division Chief, Regional DPO, and approval of			
	review and evaluation of Division Chief, Regional DPO, and approval of the Assistant			
	review and evaluation of Division Chief, Regional DPO, and approval of the Assistant Regional			
	review and evaluation of Division Chief, Regional DPO, and approval of the Assistant Regional Director for			
	review and evaluation of Division Chief, Regional DPO, and approval of the Assistant Regional Director for Operations			
	review and evaluation of Division Chief, Regional DPO, and approval of the Assistant Regional Director for Operations (ARDO)	None	1 day	DMEO
	review and evaluation of Division Chief, Regional DPO, and approval of the Assistant Regional Director for Operations (ARDO) 1.3.1 If Approved:	None	1 day	RMEO
	review and evaluation of Division Chief, Regional DPO, and approval of the Assistant Regional Director for Operations (ARDO) 1.3.1 If Approved: inform	None	1 day	RMEO
	review and evaluation of Division Chief, Regional DPO, and approval of the Assistant Regional Director for Operations (ARDO) 1.3.1 If Approved: inform requesting	None	1 day	RMEO
	review and evaluation of Division Chief, Regional DPO, and approval of the Assistant Regional Director for Operations (ARDO) 1.3.1 If Approved: inform requesting party and to	None	1 day	RMEO
	review and evaluation of Division Chief, Regional DPO, and approval of the Assistant Regional Director for Operations (ARDO) 1.3.1 If Approved: inform requesting party and to accomplish	None	1 day	RMEO
	review and evaluation of Division Chief, Regional DPO, and approval of the Assistant Regional Director for Operations (ARDO) 1.3.1 If Approved: inform requesting party and to accomplish MOA			
	review and evaluation of Division Chief, Regional DPO, and approval of the Assistant Regional Director for Operations (ARDO) 1.3.1 If Approved: inform requesting party and to accomplish MOA 1.3.2 If	None	1 day 2 days	RMEO
	review and evaluation of Division Chief, Regional DPO, and approval of the Assistant Regional Director for Operations (ARDO) 1.3.1 If Approved: inform requesting party and to accomplish MOA			



		the requesting party of the lacking documents for completion prior to approval.			
2. Accomplish the Memorandum of Agreement (MOA) on data sharing	2.1 Prepare the MOA on data sharing between the requesting party and the DSWD FO 1- 4PS RPMO	None	1 day	RMEO	
		2.2 Forward the draft MOA to the Legal Unit for review.	None	0.5 day	RMEO
		2.3 Legal Unit to endorse the comments/inpu ts on the reviewed MOA (if any) to the RPMO.	None	1 day	Legal Unit
		2.4 Revise the MOA based on the comments/inpu ts form the Legal Unit (if any).	None	1 day	RMEO
		2.5 Prepare communication to the requesting party regarding the signing of MOA.	None	1 day	RMEO
3.	Submit signed MOA	3. Signing of MOA between the requesting	None	3 days	RD, ARDO, RPC



4. Receipt of requested data and accomplish and submit the Client Satisfaction Measurement Survey	party and the DSWD FO 1- 4Ps RPM 4.1 Provision of the data requested. Provide the requested data in the form of Encrypted Compact Disc (CD), attache to the Data Release Form. 4.2 Provide the CSM Form and request client	None	1 day	RMEO
TOTAL:	to accomplish and submit the CSM Form.			
Request for Public D	Request for Public Data: • Secondary Data		1.5 days, 9 hours and 30 minutes	
 Administrative Date Approved 		None	5 days, 5 hours and 30 minutes	
○ Disar	proved		7 days, 5 hours and 30 minutes	

16. Grievance Intake and Response

Intake and response refers to the recording of a grievance and providing the client an initial response which usually involves an explanation about how the grievance will be processed by the DSWD and other actors.

As a general rule, anyone may accept a grievance but only the City/Municipal Links (C/MLs) and Grievance Officers (GOs) may ascertain its validity and thereafter intake the grievance. To *"accept"* a grievance is to receive the transaction but to *"intake"* is to record the transaction on a grievance form after ascertaining its validity. Intake and response require technical know-how about



the Grievance Redress System (GRS), particularly on the procedures in resolving the specific types and subtypes of grievances.

Office or Division:	Pantawid Pamilyan	g Pilipino Pi	rogram		
Classification:	Simple	Simple			
Type of Transaction:	Government to Citi	zen (G2C)			
Who may avail:	All				
CHECKLIST OF REQU	IREMENTS	W	HERE TO SECU	RE	
 CHECKLIST OF REQU 1. 4Ps ID - 4Ps house 2. Valid Identification household benefit 3. Proof of grievance CLIENT STEPS 1. Log-in at the visitors' log book located at the office lobby and present the following: 1.14Ps ID for 4Ps household beneficiary. 1.2 Valid ID for non-4Ps household beneficiary 2. Proceed to the Grievance Desk for verification of identity. 3. Provide details about the grievance 	sehold beneficiary n Card – If non-4Ps ciary		ed by DSWD Fiel		
and supporting documents if available (depending on the type of grievance)	beneficiary: verify the client status thru the Pantawid Pamilya Information System (PPIS).				
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3.1.2. If non-		
4Ps		
household		
beneficiary or		
the subject of		
complaint is		
a non-4Ps		
household		
beneficiary:		
provide		
feedback to		
the client		
depending on		
the type of		
grievance		
reported and		
will be referred		
to the		
concerned		
office for		
appropriate		
action.		
3.2. Encode the		
transaction		
correctly and		
completely in		
the Grievance		
Module in the		
PPIS v3.		
3.3. Check if		
there are		
supporting		
documents		
provided.		
Assess all the		
data and		
information		
available and		
discuss the		
findings and		



I	next steps to		
	take.		
	3.3.1. If all		
	documents are		
	readily		
	available to		
	resolve the		
	grievance:		
	provide		
	resolution to		
	the grievance		
	and		
	immediately		
	relay feedback		
	to the client.		
	3.3.2. lf		
	documents are		
	not available		
	or other		
	information is		
	needed and		
	the grievance		
	cannot be		
	resolved		
	immediately:		
	explain to the		
	client the		
	process that		
	will be		
	undertaken in		
	processing the		
	grievance and		
	the client will		
	be contacted		
	through the		
	contact		
	information		
	provided in the		
	grievance		
	form.		
	3.4. Cut/Tear the		
	stub from the		



			1		
		grievance form,			
		hand over to the			
		client, and advise			
		to wait for			
		updates on the			
		status of			
		grievance			
4.	Accomplish the	4.1 Provide the	None	5 minutes	Officer-of-the-
	Client Satisfaction	CSMS form			Day/ Assigned
	Measurement	4.2 Analyze the			Focal Person
	Survey (CSMS)	data and			
	form.				
		include it in			
		the Client			
		Satisfaction			
		Measurement			
		Report.			
5	Proceed to the	5. Dismiss the	None	1 minute	Guard on Duty
•	office lobby and	client			
	logout from the				
		gracefully.			
	client's logbook.	Then proceed			
		to Agency			
		Action 7.2			
6	Wait for the	6.1.1 If the	None	1 day	Regional
	updates on the	grievance			Grievance
	status of grievance	was			Officer
	within three (3)	received at			
	days.				
	ucyci	the			
		Regional			
		Program			
		Managem			
		ent Office			
		(RPMO):			
		craft a			
		communic			
		ation letter			
		to endorse			
		the			
		grievance			
		to the			
		concerned			
		office			
		(Provincial/			



Operations Office			
(P/C/MOO) or Office/Bur eau/ Section/ Unit (OBSU) for appropriat	None	1 day	Provincial Grievance Officer
e action. 6.1.2 If the grievance was received at POO: craft			
a communic ation letter to endorse the grievance to the RPMO or C/MOO for appropriat e action.	None	23 hours	Grievance Monitor
6.1.3 If the grievance was received at the C/MOO: secure the necessary documents and submit to the POO for appropriat	None	30 minutes	Grievance Officer/ Monitor
e action. 6.2The responsible			



		grievance officer/ monitors from the RPMO, PC/MOO provide resolution in accordance to the existing GRS procedural guidelines.			
7	Received update/ feedback on the status of the grievance.	7.1 Provide feedback to the complainant and to the concerned office regarding the grievance resolution following the resolution indicator stipulated in the National Advisory Council (NAC) Resolution No. 4, Series	None	1 day	Regional Grievance Officer
		of 2020. 7.2 Update the status of the grievance in the Grievance Module in the PPIS v.3, reflecting the actions taken by the concerned office within three (3) working days.	None	5 minutes	Regional Grievance Officer



Total if grievance is resolved outright	None	33 minutes	
Total if grievance is referred to the concerned office for resolution and feedback is provided to the client	None	3 days	
TOTAL	None	3 days	

FEEDBACK	AND COMPLAINTS MECHANISM
How to send feedback	Through client satisfaction measurement mechanism.
How feedbacks are processed	Consolidate and analyze monthly, quarterly, semi-annually and annually to identify root cause analysis or other known quality management techniques and identify plans and actions that must be recommended for execution to resolve the issues and improve the situation.
How to file a complaint	A complaint may be filed through any of the established modalities" -a telephone call (072-619-4476) -electronic mail (<u>pantawid.fo1@dswd.gov.ph</u>) -posts, comments and chat messages via DSWD FO1 Official Facebook Page: "DSWD Field Office 1" -personal appearance (walk-in clients) -letter addressed to the Regional Director, Marie Angela S. Gopalan -Official website at <u>https://fo1.dswd.gov.ph</u> -through 8888 Citizen's Complaint Center
How complaints are processed	Complaints received through Official FB Page, the Office of the Regional Director, Official website and 8888 will be forwarded to Human Resource Management and Development Division for action and resolution. The resolution of all complaint consists of: 1. Submission/Receipt of a complaint 2. Recording of complaint 3. Data Gathering and Investigation 4. Resolution 5. Final Feedback
Contact Information of CCB, PCC, ARTA	 Anti-Red Tape Authority (ARTA) (028) 478-5093 complaints@arta.gov.ph Presidential Complaint Center (PCC): Call/ text: 8888



• Web: <u>www.88888.gov.ph</u>
Contact Center ng Bayan (CCB):
 SMS: 0908-881-6565
• Call: 165 65
Php 5.00 + VAT per call anywhere in the
Philippines via PLDT landlines
Email: email@contactcenterngbayan.gov.ph
Web: https://contactcenterngbayan.gov.ph
Facebook:
https://facebook.com/civilservicegovph

List of Offices

Office	Address	Contact Information
DSWD Field Office 1	Quezon Avenue, City of San	(072) 687-8000
	Fernando, La Union 2500	loc. 216
Pantawid Pamilya	3F Kenny Plaza Building,	(072) 619-4476
RPMO	Quezon Ave., Barangay II, City	
	of San Fernando, La Union	
Ilocos Norte	3F Jomel III Building, P. Acosta	(077) 774-2100
Provincial	St., Barangay 14, Laoag City,	
Operations Office	llocos Norte	
Ilocos Sur Provincial	3F Luisa Building, Salcedo St.	(077) 674-0137
Operations Office	Barangay III, Vigan City, Ilocos	
	Sur	
La Union Provincial	3F Kenny Plaza Building,	(072) 619-4477
Operations Office	Barangay II, City of San	
	Fernando, La Union	
Pangasinan	5 Nable Street, Barangay	(075) 529-2275
Provincial	Pantal, Dagupan City	
Operations Office		



POLICY DEVELOPMENT and PLANNING SECTION

FRONTLINE SERVICE



17. Approval for the conduct of research studies in DSWD Offices, Centers, and Institutions

Approval is issued to external researchers who intend to conduct research studies related to or involving the Department. The processing of requests to conduct research studies in DSWD Offices, Centers, and Institutions particularly applies to researchers who wish to acquire primary data through first-hand investigation, e.g., face-to-face interviews, survey questionnaires, focus group discussions, and case studies, among others, with the DSWD, including its clients/beneficiaries and ongoing programs, projects, and services, wherein their main subject of research study involves the DSWD as an organization. Requests to conduct such activities need to undergo research protocol. Research in which target respondents **involve more than one (1) region** shall seek the approval of the Director of the Policy Development and Planning Bureau (PDPB). Research requests must be submitted to the PDPB Director at least one (1) month before the projected start of data gathering activity.

On the other hand, research requests for the following need not go through the protocol and may be approved and provided by submitting a letter of request addressed to the head of the concerned office, bureau, service or unit:

- Observations and/or photo/video/audio shoots at DSWD premises, except those involving DSWD's clients or beneficiaries. If a photo, audio or video of a client or beneficiary is essential for the study, the researcher shall secure the consent of the Center Head/Client/Beneficiary.
- Briefing/interview/orientation sessions with key focal persons in the Central Office on general information about DSWD programs, policies and projects. The DSWD, however, discourages requests for "practice interviews" of DSWD personnel for the sole purpose of student's acquisition of interview skills, in consideration of the valuable time taken away from the personnel when accommodating student researchers.
- Conduct of surveys with DSWD employees about subject matters that do not directly concern the Department or not related to the DSWD's program operations.
- Studies conducted by consultants/researchers under the Technical Assistance Facility (TAF) grant portfolio. The researchers, however, shall adhere to the policies on undertaking research and evaluation studies as stipulated in the Guidelines for the Conduct of Research and Evaluation in the DSWD.

Office or	Policy Development and Planning Section – Research, Evaluation
Division:	and Governance Unit (REGU)
Classification:	Highly Technical
Type of	G2C – Government to Citizen; G2G – Government to Government
Transaction:	
Who may avail:	External researchers (e.g., students, academe, other government agencies including members of other branches of government, local and international organizations or research institutions, and other



		i) who intend to c	onduct research
studies related to or			
REQUIREMENTS		WHERE TO SEC	URE
	rch Protocol		
undergo Research P	rotocol		
		er	
t Form	2. PDPS – F	REGU	
	3. PDPS – F	REGU	
ents	4. Research	er	
AGENCY			PERSON
-		TIME	RESPONSIBLE
request letter addressed to the DSWD FO 1 Director and/or the research request documents and encode the details in the office's document tracking/monitori ng system 1.2 Furnish researcher with a receiving copy of the request letter, along with printed or digital leaflets/IEC materials detailing the process flow and requirements. If request is received through email, reply and acknowledge receipt with attached digital leaflets/IEC materials showing the	NOTIC		Administrative staff (PDPS)
	NOT undergo Research P undergo Research P t Form ents AGENCY ACTIONS 1.1 Receive the request letter addressed to the DSWD FO 1 Director and/or the research request documents and encode the details in the office's document tracking/monitori ng system 1.2 Furnish researcher with a receiving copy of the request letter, along with printed or digital leaflets/IEC materials detailing the process flow and requirements. If request is received through email, reply and acknowledge receipt with attached digital leaflets/IEC materials	NOT undergo Research Protocol 1. Research 2. PDPS – F 3. PDPS – F ents 4. Research FEES TO AGENCY AGENCY AGENCY ACTIONS BE PAID 1.1 Receive the request letter addressed to the DSWD FO 1 Director and/or the research request documents and encode the details in the office's document tracking/monitori ng system 1.2 Furnish researcher with a receiving copy of the request letter, along with printed or digital leaflets/IEC materials detailing the process flow and requirements. If request is received through email, reply and acknowledge receipt with attached digital leaflets/IEC materials showing the	NOT undergo Research Protocol 1. Researcher undergo Research Protocol 1. Researcher t Form 1. Researcher 2. PDPS – REGU 3. PDPS – REGU actions 4. Researcher AGENCY FEES TO ACTIONS PROCESSING TIME 1.1 Receive the request letter addressed to the DSWD FO 1 None 4 hours 1.2 Furnish request document tracking/monitori ng system None 4 hours 1.2 Furnish researcher with a receiving copy of the request letter, along with printed or digital leaflets/IEC materials detailing the process flow and requirements. If request is received through email, reply and acknowledge receipt with attached digital leaflets/IEC materials showing the Image: Comparison of the request letter, along with printed or digital leaflets/IEC



1.3 Endorse to the Division Chief (PPD) for assignment and further instructions (if any) to the concerned technical staff			
1.4 Review the request and assign to available technical staff	None	2 hours	Division Chief/ OIC PDPS Head
 1.5 Review the request as to the following: 1.5.1 Area/region of coverage (refer to MC 10, s. 2019 Section VII. Item 4) to ensure that it is sent to the correct office. Otherwise, endorse to the correct office. 1.5.2 Completeness of submitted requirements. If incomplete, assist the researcher in the completion of documentary requirements and provide orientation on the research protocol. Then go back to Step 1.1 and restart count of working hours/days 	None	2 hours	Planning Officer III (PO III) PDPS-REGU
1.6 If the request			



offi sha res pro app Rey Dird the <i>Re</i> <i>SM</i> <i>Re</i> 1.6.1	pe of the ce, assess if it all undergo earch tocol (i.e., proval of the gional ector) using <i>Checklist for</i> viewing search and <i>D Data</i> quests. For requests that need not go through the protocol (refer to MC 10, s.2019, Section VI, Item 1), endorse researcher to the concerned DSWD Offices/Bure aus/Sections/ Units (OBSUs) using the <i>Endorsement</i> of <i>Research</i> and <i>SWD</i> <i>Data</i> <i>Request</i> <i>Form</i> (either hard copy or soft copy via email) then request the researcher to fill up the <i>Client</i> <i>Satisfaction</i> <i>Measuremen</i> <i>t Survey</i> (either online or paper- based) and proceed to step 2.	None	4 days	Administrative Assistant (AA)/Planning Officer (PO)
1.6.2	For requests with	None	7 days	Planning Officer



complete documentary requirements that need to go through the protocol , proceed to the review of the research request in consultation with concerned OBSUs and Field Offices.			
1.7 Receive the comments/inputs and recommendation s from other offices. These shall be the basis for decision to approve/ disapprove the request.	None	1 day	Planning Officer
 1.8 To recommend Approval? 1.8.1 Yes Prepare a recommenda tion for approval using the Outline Memorandu m of Recommend ation on the Research Request for review and initial of the Division Chief. This shall include the consolidated recommenda tions from the 	None	1 day	Planning Officer PDPS Section Head PPD Chief
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concerned OBSUS/FOs. 1.8.2 No- Communicat e decision to the researcher and inform them of relevant revisions that are needed to be made. Two (2) days will be given to researchers to officially respond, through a letter, if they will continue or terminate their request. If pursuing request, ask the researcher to revision their request. If pursuing request based on DSWD'S comments, the revised request based on DSWD'S comments, the revised request based on DSWD'S comments, the revised request based on DSWD'S comments, the revised request based on DSWD'S comments, the revised request based on DSWD'S comments, the revised request the researcher to ill up the client <i>Satistaction Measuremen</i> <i>t Survey</i> (efther online or page- based) and proced to sige 2. 1. Preview and proced to				
OBSUS/FOs. 1.8.2 No- Communicat e decision to the researcher and inform them of relevant revisions that are needed to be made. Two (2) days will be given to researchers to officially respond, through a letter, if they will continue or terminate their request. If pursuing request, ask the researcher to re-submit the revised request based on DSWD's comments, theng back to step 1.6.2 and restart count of working hours/days. Otherwise, request the researcher to fill up the <i>Client</i> <i>Satisfaction</i> <i>Measuremen</i> <i>t Survey</i> (either online or paper- based) and proceed to step 2. 1.9 Review and approve/disappr	concerned			
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	ove based on recommendation			
	To approve? 1.9.1 Yes - Inform researcher and endorse to the concerned OBSUs/FOs. Coordinate with the concerned office where the research request was endorsed and assist the researcher in matters related to conduct of data- gathering activities, then request the researcher to fill up the <i>Client</i> <i>Satisfaction</i> <i>Measuremen</i> <i>t Survey</i> (either online or paper- based) and			Planning Officer
	proceed to step 2.			
Accomplish the Client Satisfaction Measurement Form (CSMF)	 Receive the accomplished CSMF. 	None	15 minutes	Administrative Assistant (PDPS)
	Total	None	Non-Protocol: 5 Days and 15 minutes	
			Protocol: 12 Days and 15 minutes	

2.



18. Obtaining Social Welfare and Development Data and Information

Social Welfare and Development (SWD) data and information are provided to external researchers upon their request, specifically for secondary data. Requests for secondary SWD data and information need not go through the DSWD Research Protocol (or DSWD Memorandum Circular No. 10 s. 2019) and may be approved and provided by submitting a letter of request addressed to the head of the concerned office, bureau, service or unit. Secondary SWD data refers to data that has already been consolidated and/or published by the DSWD and readily available as public document.

Office or	Policy Development	and Planning	Section – Resea	rch Evaluation			
Division:		and Governance Unit (REGU)					
Classification:	Simple						
Type of	G2C – Government	to Citizen; G2	G – Government	to Government			
Transaction:							
Who may avail:	Researchers such a	s students, ac	ademe, other gov	/ernment			
	agencies including n	nembers of ot	her branches of g	overnment, local			
	and international org	•					
	independent researc			nt and secondary			
	SWD data and statis	tics from the					
	REQUIREMENTS		WHERE TO SEC	CURE			
1. Request Letter		1. Research	er				
	AGENCY	FEES TO	PROCESSING	PERSON			
CLIENT STEPS	AGENCI	BE PAID	TIME	RESPONSIBLE			
1. Submit the	1.1 Receive the	None	10 minutes	Administrative			
required	request for			Assistant (PDPS)			
document	SWD Data from						
(Request Letter)	the researcher						
	1.1.1 Walk-in:						
	receive						
	request letter						
	and ask the						
	researcher to provide						
	details in the						
	logbook						
	1.1.2 Email:						
	Download						
	and print						
	request						
	1.2 Check the	None	10 minutes	Administrative			
	completeness			Assistant (PDPS)			
	of information in						
	the request						
	letter (i.e. name						
	of researcher, contact details,						
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 and other data being requested) If complete: acknowledge receipt of the request (for email0 or provide receiving copy (walk-in) 			
 1.3 Encode details to the tracking system or Electronic Data Tracking and Monitorign System (eDTMS) 1.3.1 Email: Request letter 1.3.2 Walk-in: Information provided in the Researcher's Logbook 	None	5 minutes	Administrative Assistant (PDPS)
1.4 Endorse request to the concerned Division	None	5 minutes	Administrative Assistant (PDPS)
1.5 Assign the request to concern Technical Staff	None	5 minutes	Division Chief / OIC Section Head
 1.6 Assess if the data/information being requested is available within the Division 1.6.1 Data is Available: prepare the data and letter response (utilizing the letter response 	None	10 minutes	Planning Officer (PDPS)



	template) which includes a request to accomplish the Client Satisfaction Measuremen t Survey.	
	Submit to Division Chief for review, approval, and signature.	
1.6.2	Data is Not Available within the Office: Endorse the request to the concerned office using the Endorsement of Research and SWD Data Requedt Form.	
1.6.3	Data/ Information not available in DSWD: Inform the researcher of other sources of data.	
	Prepare a letter response which includes a request to accomplish the Client Satisfaction	



	Measuremen t Form (CSMF). Submit the Division Chief for review, approval, and signature 1.7 Review, approve, and sign the letter response, prepared data (if available), and application form	None	20 minutes	Division Chief / OIC Section Head
	1.8 Send the signed letter response containing the CSMF link/code to the researcher together with the approved data and applicable form (if available)	None	10 minutes	Administrative Assistant (PDPS)
2. Accomplish the	2. Receive the	None	15 minutes	Administrative
CSMF	accomplished CSMF Total	None	Single Data: 1	Assistant (PDPS)
	TOTAL	140116	Multiple Data: 1 Day and 30 minutes Multiple Data: 1 Day, 5 Hours, and 30 minutes	
			No Data: 2 Hours	

FEEDBACK AND COMPLAINTS MECHANISM				
How to send feedback Through client satisfaction measurement mechanism.				
How feedbacks are processed	Consolidate and analyze monthly, quarterly, semi-annually and annually to identify root cause analysis or other known quality			



	management techniques and identify plans and actions that must be recommended for execution to resolve the issues and improve the situation.
How to file a complaint	A complaint may be filed through any of the established modalities"
	-a telephone call (072-687-800 loc. 11221)
	-electronic mail (planning.fo1@dswd.gov.ph)
	-posts, comments and chat messages via
	DSWD FO1 Official Facebook Page: "DSWD Field Office 1"
	-personal appearance (walk-in clients)
	-letter addressed to the Regional Director, Marie
	Angela S. Gopalan
	-Official website at <u>https://fo1.dswd.gov.ph</u>
	-through 8888 Citizen's Complaint Center
How complaints are processed	Complaints received through Official FB Page,
	the Office of the Regional Director, Official
	website and 8888 will be forwarded to Human
	Resource Management and Development
	Division for action and resolution.
	The resolution of all complaint consists of:
	1. Submission/Receipt of a complaint
	2. Recording of complaint
	3. Data Gathering and Investigation
	4. Resolution
	5. Final Feedback
Contact Information of CCB,	Anti-Red Tape Authority (ARTA)
PCC, ARTA	• (028) 478-5093
	 <u>complaints@arta.gov.ph</u>
	Presidential Complaint Center (PCC):
	• Call/ text: 8888
	 Web: <u>www.88888.gov.ph</u>
	Contact Center ng Bayan (CCB):
	• SMS: 0908-881-6565
	• Call: 165 65
	Php 5.00 + VAT per call anywhere in the
	Philippines via PLDT landlines
	Email: email@contactcenterngbayan.gov.ph
	Web: https://contactcenterngbayan.gov.ph
	Facebook:
	https://facebook.com/civilservicegovph



LIST OF OFFICES

Office	Address	Contact Information
DSWD Field Office 1	Quezon Avenue, City of San Fernando, La Union	(072) 687-8000 loc. 11221



TRAVEL CLEARANCE UNIT

FRONTLINE SERVICE



19. Securing Travel Clearance for Minors Travelling Abroad

Travel Clearance is a document issued by the Department of Social Welfare and Development for a minor who is below 18 years old, who wants to travel abroad alone, without any of his or her parent or legal guardian.

Of	fice or Division:	Statutory Programs	Divi	sion – Special Concerns Unit		
CI	assification:	Simple		· · · · · · · · · · · · · · · · · · ·		
-	pe of	G2C – Government	to C	Citizen; G2G – Government to Government		
	ansaction:					
W	ho may avail:	Eligible Solo Parents	\$ 			
Ea	CHECKLIST OF F		untr			
	Duly accomplished			DSWD Field Offices or download form at		
 LSWDO/SWAD Social Worker's assessment (when necessary) 		2.	Local Social Welfare and Development Office where the minor resides			
3.	PSA issued Birth Ce	ertificate of Minor	3.	https://www.dswd.gov.ph Local Social Welfare and Development Office where the minor resides Philippine Statistics Authority (PSA) PSA, Court handled the Legal Guardianship petition; Shariah Court or Religious Leader Law Office and Notarized at the place where the minor resides/ Philippine Embassy (if minors parent/s are abroad)		
4.	Tallaq or Fasakh Ce Shariah Court or an	f minor's parents/ d Legal Guardianship/ ertification from the y Muslim Brgy. or A issued CENOMAR	4.	PSA, Court handled the Legal Guardianship petition; Shariah Court or Religious Leader		
5.	5. Notarized Affidavit of Consent or Written Consent of both parents/ legal guardian/solo parent, whichever is applicable. Photocopy of valid passport and valid visa or valid ID issued abroad, if parents are working abroad.		5.	Law Office and Notarized at the place where the minor resides/ Philippine Embassy (if minors parent/s are abroad)		
6.	Two (2) original colo photos of the minor Background) taken months. No scanned	(in White, Red or Blue within the last 6	6.	Applicant		
7.	Affidavit of Support evidence to show fir sponsor e.g Certifica Latest Income Tax F Statement, etc)	ate of Employment,	7.	Applicant		
8.	Certified True Copy Certificate (for dece SECPA		8.	Applicant		
9.	Unaccompanied Mir the Airlines	nor Certificate from	9.	Airline Company where ticket is obtained		



10	. Waiver from the parents releasing DSWD from any liability/responsibility in case of	10	. Applicant
	untoward incident during the travel of the		
Fa	child.		or an Troubling ALONE
	r Succeeding Travel of Unaccompanied n Duly accomplished Application Form		DSWD Field Offices or download form at
2.	Notarized Affidavit or Written Consent of		<u>https://www.dswd.gov.ph</u> Law Office Notarized at the applicant's place of
	both parents, the Solo parent and the legal guardian, whichever is applicable, with copy of valid ID with signature		residence
3.	Original copy of the previous Travel Clearance issued.	3.	Applicant
4.	Two (2) colored passport size pictures of the minor (in white, red or blue background) taken within the last 6 months. No scanned pictures will be accepted.	4.	Any establishment that offers ID picture printing
5.	Unaccompanied Minor Certificate from the Airline	5.	Airline Company
	Waiver from the parents releasing DSWD from any liability in case of untoward incident during the travel of the child.		Applicant
			ns other than the Parents or Legal Guardian
1.	Duly accomplished Application Form		DSWD Field Offices or download form at <u>https://www.dswd.gov.ph</u>
Ζ.	Copy of the PSA issued birth certificate of the minor	2.	Philippine Statistics Authority (PSA)
3.	Notarized affidavit or written consent of both parents or solo parent or legal guardian, attached with valid identification card with specimen signature.	3.	Applicant
4.	Copy of Marriage Certificate of minors parents (SECPA), Solo Parent ID, for Solo Parents, Court Decree of Separation, Annulment or Divorce, for illegitimate minors, CENOMAR from PSA; in case of deceased parent/s, copy of the Death Certificate.	4.	PSA, Local Social Welfare and Development Office (for Solo Parents IDs); Family Court
5.	Two (2) colored passport size pictures of the minor (in white, red or blue background) taken within the last 6 months. No scanned pictures will be accepted.	5.	Applicant
	Photocopy of the passport of the traveling companion.	6.	Minor's Travelling Companion
Ad	companion. Iditional Requirements for Minors Under S	Spe	cial Circumstances:



1.	For Filipinos Migrating to Another Country: Visa Petition Approval	1. Applicant
2.	For Minors Studying Abroad: Acceptance or Certificate of Enrollment or Registration form the school where the minor is to be enrolled.	2. Applicant
3.	For Minors who will attend Conference, Study Tours, Competition, Student Exchange Program, Summer Camp, Pilgrimage, World Youth Day and Other Related Activities: 3.1 Certification from Sponsoring	2.1 Sponsoring Organization
	Organization	3.1 Sponsoring Organization
	3.2 Affidavit of Undertaking of Companion indicating safety measures undertaken by the Sports Agency	3.2 Sports Agency
	3.3 Signed invitation from the Sponsoring Agency/Organization aborad with itinerary of travel and list of participants and duration of the activity/travel	3.3 Sponsoring Organization
4.	Minors going Abroad for Medical	
	 Purposes: 4.1 Medical Abstract of the Minor 4.2 Recommendation from the Attending Physician that such medical procedure is not available in the 	4.1 Attending Physician4.2 Attending Physician
	country 4.3 Letter from the sponsor	4.3 Sponsor
5.	Minors going Abroad for Inter-Country	
	Adoption	5.1 Inter Country Adaption Poord (ICAP)
	5.1 Placement Authority issued by ICAB 5.2 Authority to Escort issued by ICAB	5.1 Inter-Country Adoption Board (ICAB)5.2 Inter-Country Adoption Board (ICAB)
6.	Minors under Foster Care 6.1 Notarized Affidavit of Undertaking by the Foster Parents	6.1 Foster Parent
	6.2 Notarized Affidavit of Consent from the Regional Director or Authorized Representative	6.2 DSWD Regional Director
	6.3 Photocopy of Foster Placement Authority	6.3 Applicant
	6.4 Photocopy of Foster Care License of the Family	6.4 Applicant
	6.5 DSWD Cerrtification of the CDCLAA Except those under Kinship Care	6.5 DSWD
	6.6 Return Ticket	6.6 Applicant
	Minors under Legal Guardianship: Certified True copy of the Court Order on	7. Court



Agency attesting to the parents employment			8.1 Applicant 8.2 Applicant			
9.	parent's last kno 9.2 Blotter Report fr Barangay Certifi Locality of the la the alleged miss 9.3 One(1) returned last known addr	dt Report from the the alleged missing own address o either local police or ication from the list known address of sing parent registered mail to the ess of the alleged	(LSWDO) 9.2 Local Po	blice or Barangay of t known address	Development Office	
	CLIENT STEPS	s known address AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.	Register	 1.1 Issue service sequence number. 1.2 Encode client's information in the online spreadsheet and issue the Client Satisfaction Survey Form (CSMS) 	None	5 minutes	Officer of the Day	
2	Submit Application and Documentary requirements	 2.1 Receive the submitted filled-up application form and documentary requirements 2.2 Asses the submitted documents. If Incomplete: Ask the client to comply the lacking documents If Complete: proceed to the next step 	None	5 minutes 5 minutes	Social Welfare Officer (SWO) SWO	
3.	Attend the interview	3.1 Conduct the interview and assessment	None	20 minutes	SWO	



	3.2 Recommends for the approval or disapproval of the application to the signing authority	Nees	10 minutes	014/0
	 3.3 Approval/Disapp roval of the application Approved: proceed to next step 	None	10 minutes	SWO
	• Disapproved: Conduct counselling and explain the reason for disapproval of application	None	10 minutes	SWO
	 3.4 Notify DFA, Bureau of Immigration, PMB, DSWD-CO If Exempted: prepare the certificate of Exemption for Approval of the Regional Director or the Authorized Signatory 			
4. Pay the fees at the Cashier	 4.1 Issue Order of Payment/ Billing Statement 4.1.1 Validity for 1 	300.00	3 minutes	Cashier
	year 4.1.2 Validity for 2 years 4.3 Issue Official	600.00		
	Receipt to the Applicant on the Received payment			
	4.4 Issue Claim Stub schedule of release (minimum of 1- day processing and maximum of			SWO/ Administrative Assistant (AA)



	Validity for 1 year Validity of 2 years	300.00 600.00	minutes	
	Total		1 Hour and 19	
and receipt of Travel Clearance Certificate. Submit the filled-up CSMF and signs logbook.	Travel Clearance Certificate to the Applicant/ Certificate of Exemption. Receive the filled up CSMF.			
5. Submit Claim Stub	Approve or Certification of Exemption for Exempted applicants 5. Release the	None	5 minutes	Authorized Approved Signatory SWO/ AA
	 4.4 Encode the applicant details to the Travel Clearance Certificate 4.5 Sign/approve the 	None None	10 minutes 5 minutes	SWO/ AA Regional Director/
	3 days processing)			

- **Note:** Social Workers may require additional document from the applicant as a basis of assessment whether or not the minor's travel will not constitute trafficking, exploitation and abuse.
- Processing time may vary per region but shall not exceed a maximum of three (3) days as indicated in AO 12, series of 2017

FEEDBACK AND COMPLAINTS MECHANISM					
How to send feedback	Through client satisfaction measurement mechanism.				
How feedbacks are processed	Consolidate and analyze monthly, quarterly, semi-annually and annually to identify root cause analysis or other known quality management techniques and identify plans and actions that must be recommended for execution to resolve the issues and improve the situation.				
How to file a complaint	A complaint may be filed through any of the established modalities" -a telephone call (072-687-800 loc. 11241) -electronic mail (<u>mta.fo1@dswd.gov.ph</u>)				



	-posts, comments and chat messages via DSWD FO1 Official Facebook Page: "DSWD Field Office 1"			
	-personal appearance (walk-in clients)			
	-letter addressed to the Regional Director, Marie			
	Angela S. Gopalan			
	-Official website at <u>https://fo1.dswd.gov.ph</u>			
	-through 8888 Citizen's Complaint Center			
How complaints are processed	Complaints received through Official FB Page, the Office of the Regional Director, Official website and 8888 will be forwarded to Human Resource Management and Development Division for action and resolution.			
	The resolution of all complaint consists of:			
	1. Submission/Receipt of a complaint			
	2. Recording of complaint			
	0. Data Gathering and Investigation			
	1. Resolution			
	2. Final Feedback			
Contact Information of CCB,	Anti-Red Tape Authority (ARTA)			
PCC, ARTA	 (028) 478-5093 			
	 <u>complaints@arta.gov.ph</u> 			
	Presidential Complaint Center (PCC):			
	Call/ text: 8888			
	 Web: <u>www.8888.gov.ph</u> 			
	Contact Center ng Bayan (CCB):			
	• SMS: 0908-881-6565			
	• Call: 165 65			
	Php 5.00 + VAT per call anywhere in the			
	Philippines via PLDT landlines			
	Email: <u>email@contactcenterngbayan.gov.ph</u>			
	Web: <u>https://contactcenterngbayan.gov.ph</u> Facebook:			
	https://facebook.com/civilservicegovph			

LIST OF OFFICES

Office	Address	Contact Information
DSWD Field Office 1	Quezon Avenue, City of San Fernando, La Union	(072) 687-8000 loc. 11241



SPECIAL CONCERNS UNIT

FRONTLINE SERVCE



20. Provision of Assistance to Solo Parent

This provides assistance such as Cash, Educational, Food, Medical, Transportation, Burial, and Livelihood to solo parents and their child/children under the RA 8972.

Any solo parent whose income in the place of domicile falls equal to or below the poverty threshold as set by the NSCB and subject to the assessment of the duly appointed or designated social worker in the area shall be eligible for assistance. Any solo parent whose income is above the poverty threshold shall enjoy the benefits mentioned in Sections 16-21 and Section 23 of the Implementing Rules and Regulations.

Office or Division:				
Classification:	Simple			
Type of	G2C – Government	to C	itizen; G2G – Government to Government	
Transaction:	Eligible Solo Parents			
CHECKLIST OF R			WHERE TO SECURE	
1. Solo Parent Identific	ation Card	1.	Applicant	
2. Valid Government IE)	2.	Government Agency issuing ID (SSS, GSIS, DFA, LTO, etc)	
3. Barangay Clearance	•	3.	Barangay	
 Additional Requirement A. For Educational Ass 1. Notice of Admission 2. Original or Certified Transcript of Record the last year attende 3. Social Case Study R *Note: A maximum of the per family shall be entire 	sistance from School True Copy of s, or Report Card of d school Report three (3) children	2.	School School City/Municipal Social Welfare and Development Officer	
 B. For Medical Assista Medical Abstract/ Medical Abstract/ Medical Abstract/ Medical Abstract/ Medical Abstract/ Medical Abstract Medical Abs	edical Certificate tory Request/ Report ce ued valid ID d Food Distribution t)	 2. 3. 4. 1. 2. 	Hospital Hospital/ Physician Barangay City/Municipal Social Welfare and Development Officer Government Agencies issuing ID (e.g. SSS, GSIS, NBI, DFA, etc.) Head of Residential Care Facility Barangay where the client is presently residing	



1.	 For Cash Assistance for other support services Any Government issued valid ID Depending on the circumstances: Police Report/ Fire Incident Report Passport/ Travel Document, Certification from OWWA Blotter and Social Worker's Certification for the victims of online sexual exploitation of children 		GSIS, N 2. Police S Philippin	BI, DFA, etc.) tation, Bureau of Fi	uing ID (e.g. SSS, re Protection (BFP), ulate, Social Worker
 1. 2. 3. 4. 5. 6. 	 E. For Burial Assistance 1. Registered Death Certificate/ Certification from the tribal chieftain 2. Funeral Contract 3. Transfer Permit 4. Embalming Certificate 5. Government issued valid ID (person to be interviewed) 6. Case Study Report/ Case Summary (to avail of services more than Php 5,000.00) 7. Brgy. Certificate of Residency/ Certificate of Indigency/ Certificate that client is in 		Tribal Cl 2. Funeral 3. City/Mur Tribal Cl 4. Funeral 5. Governr GSIS, N 6. Departm Welfare Case S Worker	hieftain parlor/ Memorial C hicipal Hall, hospita hieftain Parlor/ Memorial C nent Agencies iss BI, DFA, etc.) nent Social Wor and Development Summary issued	al, Funeral Parlor or hapel uing ID (e.g SSS, ker, Local Social Officer (LSWDO) or by Medical Social
(Need of Assistance	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	Submit application form for	1.1 Receive and direct the client	None	2 minutes	Administrative
	assistance of solo parent	to the Solo Parent Focal.			Aide



1.	3 Interview the client using the General Intake Sheet (GIS) and recommend assistance based on the assessment.	None	10 minutes	Solo Parent Focal
1.	4 Provide Psychosocial Intervention and/or refer to CIS/ SWADT/ SLP or referral to LGU.	None	30 minutes	Social Welfare Officer (SWO) (Community Based Service Section)
	 5 Prepare referral letter or endorsement letter .5.1 Referral Letter: Client is for referral to Local Government 	None	1 hour	Solo Parent Focal
1	Unit (LGU) .5.2 Endorsement letter: for provision of assistance to CIS/ SWADT/ SLP	None	10 minutes	Solo Parent Focal
	Total	None	1 hour and 55 minutes	

21. Auxiliary Social Services to Persons with Disabilities This applies in the process of provision of Auxiliary Social Services for persons with disabilities including the provision of Appropriate Technology and Assistive devices.

Office or Division:	Statutory Programs Division – Special Concerns Unit			
Classification:	Simple			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	Person with Disability or Family member seeking for assistance			
CHECKLIST OF F	T OF REQUIREMENTS WHERE TO SECURE			
 Provision of Assistive Medical Certificate (Assistive Device/s n Brgy. Certificate of I Social Case Study F 	Indicating the specific eeded) ndigency	 Attending Physician from Hospital or Clinic Barangay where the applicant resides 		



4	One (1) Whole body	picture or 2x2	3. Local G Service		U) or Medical Social
	Picture		4. Applica		
5. Request Letter		5. Applica	nt		
Pro	ovision of Medical A	ssistance			
1.	Medical Certificate/	Abstract	1. Attendi	ng Physician from H	ospital or Clinic
2.	Billing Statement		2. Hospita		
3.	Prescription (with Si	gnature, Name and	3. Attendi	ng Physician	
	License Number of	Physician)			
4.	One (1) Valid ID		4. Applica	nt	
	Brgy. Certificate of I			here the applicant re	
	Social Case Study F		6. Local G	Sovernment Unit/ Me	dical Social Service
	ovision of Education				
	Certificate of Enrollr		1. School		
	Valid School ID Car		2. School		
	Brgy. Certificate of I	• •		here the applicant r	
	Social Case Study F		4. Local G	Sovernment Unit/ Me	dical Social Service
	ovision of Burial As	sistance			
	Funeral Contract		1. Funera		
	Government Issued			vernment Agency is	
	Brgy. Certificate of I	0,		here the applicant r	
	Social Case Study F		4. Local G	Sovernment Unit/ Me	dical Social Service
	ovision of Livelihoo	d Assistance			
1.	Project Proposal				ogram (SLP)/ PWD
~			Focal Person		
	Brgy. Certificate of I		2. Brgy. where the applicant resides		
	Social Case Study F		3. Local Government Unit/ Medical Social Service		
4. Person with Disability ID		 Local Government Unit DSWD National Household Targeting Section 			
					d Tanaatina Caatian
	Certificate match as		5. DSWD	National Household	d Targeting Section
			5. DSWD		d Targeting Section
5.	Certificate match as		5. DSWD	National Householo) - Lisatahan	d Targeting Section PERSON
5.		poor	5. DSWD (NHTS)	National Househol) - Lisatahan	
5. (Certificate match as	poor AGENCY	5. DSWD (NHTS) FEES TO	National Householo) - Lisatahan PROCESSING	PERSON
5. (Certificate match as	AGENCY ACTIONS	5. DSWD (NHTS) FEES TO BE PAID	National Househole) - Lisatahan PROCESSING TIME	PERSON RESPONSIBLE
5. (Certificate match as CLIENT STEPS Submit the referral	AGENCY ACTIONS 1.1 Receive the	5. DSWD (NHTS) FEES TO BE PAID	National Househole) - Lisatahan PROCESSING TIME	PERSON RESPONSIBLE Person with
5. (Certificate match as CLIENT STEPS Submit the referral	AGENCY ACTIONS 1.1 Receive the referral letter.	5. DSWD (NHTS) FEES TO BE PAID None	National Househole) - Lisatahan PROCESSING TIME	PERSON RESPONSIBLE Person with
5. (Certificate match as CLIENT STEPS Submit the referral	AGENCY ACTIONS 1.1 Receive the referral letter. 1.2 Conduct	5. DSWD (NHTS) FEES TO BE PAID None	National Househole) - Lisatahan PROCESSING TIME	PERSON RESPONSIBLE Person with
5. (Certificate match as CLIENT STEPS Submit the referral	AGENCY ACTIONS 1.1 Receive the referral letter. 1.2 Conduct interview and	5. DSWD (NHTS) FEES TO BE PAID None	National Househole) - Lisatahan PROCESSING TIME	PERSON RESPONSIBLE Person with
5. (Certificate match as CLIENT STEPS Submit the referral	AGENCY ACTIONS 1.1 Receive the referral letter. 1.2 Conduct interview and assess on the	5. DSWD (NHTS) FEES TO BE PAID None	National Househole) - Lisatahan PROCESSING TIME	PERSON RESPONSIBLE Person with
5. (Certificate match as CLIENT STEPS Submit the referral	AGENCY ACTIONS 1.1 Receive the referral letter. 1.2 Conduct interview and assess on the needs of the	5. DSWD (NHTS) FEES TO BE PAID None	National Househole) - Lisatahan PROCESSING TIME	PERSON RESPONSIBLE Person with
5. (Certificate match as CLIENT STEPS Submit the referral	AGENCY ACTIONS 1.1 Receive the referral letter. 1.2 Conduct interview and assess on the needs of the Person with	5. DSWD (NHTS) FEES TO BE PAID None	National Househole) - Lisatahan PROCESSING TIME	PERSON RESPONSIBLE Person with
5. (Certificate match as CLIENT STEPS Submit the referral	AGENCY ACTIONS 1.1 Receive the referral letter. 1.2 Conduct interview and assess on the needs of the Person with Disability/ Family Member/ Guardian.	5. DSWD (NHTS) FEES TO BE PAID None	National Househole) - Lisatahan PROCESSING TIME	PERSON RESPONSIBLE Person with
5. (Certificate match as CLIENT STEPS Submit the referral	AGENCY ACTIONS 1.1 Receive the referral letter. 1.2 Conduct interview and assess on the needs of the Person with Disability/ Family Member/	5. DSWD (NHTS) FEES TO BE PAID None	National Househole) - Lisatahan PROCESSING TIME	PERSON RESPONSIBLE Person with
5. (Certificate match as CLIENT STEPS Submit the referral	AGENCY ACTIONS 1.1 Receive the referral letter. 1.2 Conduct interview and assess on the needs of the Person with Disability/ Family Member/ Guardian. 1.2.1 For Assistance to	5. DSWD (NHTS) FEES TO BE PAID None	National Househole) - Lisatahan PROCESSING TIME	PERSON RESPONSIBLE Person with
5. (Certificate match as CLIENT STEPS Submit the referral	AGENCY ACTIONS 1.1 Receive the referral letter. 1.2 Conduct interview and assess on the needs of the Person with Disability/ Family Member/ Guardian. 1.2.1 For Assistance to CIS or	5. DSWD (NHTS) FEES TO BE PAID None	National Househole) - Lisatahan PROCESSING TIME	PERSON RESPONSIBLE Person with
5. (Certificate match as CLIENT STEPS Submit the referral	AGENCY ACTIONS 1.1 Receive the referral letter. 1.2 Conduct interview and assess on the needs of the Person with Disability/ Family Member/ Guardian. 1.2.1 For Assistance to CIS or SWADT:	5. DSWD (NHTS) FEES TO BE PAID None	National Househole) - Lisatahan PROCESSING TIME	PERSON RESPONSIBLE Person with
5. (Certificate match as CLIENT STEPS Submit the referral	AGENCY ACTIONS 1.1 Receive the referral letter. 1.2 Conduct interview and assess on the needs of the Person with Disability/ Family Member/ Guardian. 1.2.1 For Assistance to CIS or SWADT: Prepare	5. DSWD (NHTS) FEES TO BE PAID None	National Househole) - Lisatahan PROCESSING TIME	PERSON RESPONSIBLE Person with
5. (Certificate match as CLIENT STEPS Submit the referral	AGENCY ACTIONS 1.1 Receive the referral letter. 1.2 Conduct interview and assess on the needs of the Person with Disability/ Family Member/ Guardian. 1.2.1 For Assistance to CIS or SWADT:	5. DSWD (NHTS) FEES TO BE PAID None	National Househole) - Lisatahan PROCESSING TIME	PERSON RESPONSIBLE Person with
5. (Certificate match as CLIENT STEPS Submit the referral	AGENCY ACTIONS 1.1 Receive the referral letter. 1.2 Conduct interview and assess on the needs of the Person with Disability/ Family Member/ Guardian. 1.2.1 For Assistance to CIS or SWADT: Prepare referral letter or	5. DSWD (NHTS) FEES TO BE PAID None	National Househole) - Lisatahan PROCESSING TIME	PERSON RESPONSIBLE Person with
5. (Certificate match as CLIENT STEPS Submit the referral	AGENCY ACTIONS 1.1 Receive the referral letter. 1.2 Conduct interview and assess on the needs of the Person with Disability/ Family Member/ Guardian. 1.2.1 For Assistance to CIS or SWADT: Prepare referral letter or endorsement.	5. DSWD (NHTS) FEES TO BE PAID None	National Househole) - Lisatahan PROCESSING TIME	PERSON RESPONSIBLE Person with
5. (Certificate match as CLIENT STEPS Submit the referral	AGENCY ACTIONS 1.1 Receive the referral letter. 1.2 Conduct interview and assess on the needs of the Person with Disability/ Family Member/ Guardian. 1.2.1 For Assistance to CIS or SWADT: Prepare referral letter or	5. DSWD (NHTS) FEES TO BE PAID None	National Househole) - Lisatahan PROCESSING TIME	PERSON RESPONSIBLE Person with



	provide a list			
	of			
	documentary requirements.			
2. Submit the documentary requirements for Assistive Devices	2.1 Receive the documents submitted and assess its	None	5 minutes	Social Welfare Officer (SWO)/ PWD Focal Person
	authenticity 2.1.1 Incomplete: Explain the need to complete the requirements . Person with Disability/ Family/ Guardian must comply with the necessary requirements based on the guidelines.	None	5 minutes	SWO/ PWD Focal Person
	2.1.2 Complete: Prepare the documents needed for release of assistive devices.	None		SWO/ PWD Focal Person
	 a. Device Available at FO: Prepare Gate Pass or Requisition Slip (RIS) for approval of Division Chief. b. Device Not 	None	40 minutes	SWO/ PWD Focal Person
	b. Device Not Available at FO: Prepare the General Intake Sheet, Certificate of Eligibility and Voucher to the service provider.	None	5 days	SWO/ PWD Focal Person
	2.2 Approve the Recommendatio n for the	None	3 days	Unit Head/ Division Chief/ Budget Officer



		Total	None	1 hour and 55 minutes	
	Receipt of assistance	2. Release of assistance to client	None	10 minutes	SWO/ PWD Focal Person
		1.4 Coordinate the release of assistance to concerned referring party. Inform the referring party on the status of assistance.	None	10 minutes	SWO/ PWD Focal Person
		1.3 Approval of the documents	None	2 days	Division Chief/ Regional Director
		1.2 Prepare the documents (i.e. Voucher, ORS) for approval.	None	5 days	Administrative Officer (AO)/ Administrative Assistant (AA) (Cash Section)
6	application for assistance	submitted application and checking the authenticity by referring party (e.g. LGU, NGO)	NONe	2 hours	300
	Group Applicatior	for Assistive Devices	s None		SWO
		Total	None	15 days 1 Hour and 30 minutes	
		distribution sheet. Request the client to fill up the distribution list.			
	Receipt of the Assistive Device.	3. Log the transaction in the	None	5 minutes	SWO/ PWD Focal Person
		2.3 Notify the client of the date of release of the assistive device.	None	5 minutes	Administrative Assistant (AA)
		provision of assistive device.			



22. PLHIV Referral for Care and Support Services

Of	fice or Division:	Statutory Programs	Divi	sion – Special Concerns Unit
	assification:	Simple		
	pe of		to (Citizen; G2G – Government to Government
_	ansaction:	020 00101111011		
	ho may avail:	Persons/People Livi	na v	with HIV
	CHECKLIST OF F			WHERE TO SECURE
	Referral Letter		1.	From National Government Agency (NGA), Local Government Unit (LGU), Treatment Hubs, and Non-Government Organizations (NGOs), or applicant
	ditional Requirement		r –	
-	r Medical Assistanc Medical Certificate/ Physician's Name, S number) within 3 mo Photocopy	Abstract (with Signature and License	1.	Hospital/ Clinic
2.	For Hospital Bill: Sta For Laboratory Request Request with name, License number of F within 3 months (orig	uest: Laboratory signature and	2.	Hospital/ Clinic
3.	3. Social Case Study Report		3.	Licensed Social Worker from DSWD, Local Social Welfare and Development Office (LSWDO), Medical Social Services, Treatment Hubs, and Primary HIV Care Facilities
4.	Brgy. Certificate (Or	iginal and Photocopy)	4.	Barangay where the applicant resides
5.	Valid government is	sued ID	5.	Government Agencies issuing ID Card (SSS, GSIS, TIN, LTO, COMELEC, etc.)
	r Educational Assis Enrollment Assessn Certificate of Enrolm	nent Form or	1.	Registrar, Authorized staff from school
2.	Validated School ID beneficiary	of the student/	2.	Registrar, Authorized staff from school
3.	Statement of Accou Students, when ava available for State L	ilable (this may not be	3.	Registrar, Authorized staff from school
4.	Government Issued	Valid ID	4.	Government Agencies issuing ID (e.g SSS, GSIS, TIN, LTO, COMELEC, etc.)
5.	Brgy. Certificate of F	Residency	5.	Brgy. the applicant is residing



(CLIENT STEPS	AGENCY ACTIONS		EES TO E PAID		ESSING Me	PERS RESPON	
3.	3. For all other incidents: Brgy. Certificate or Certificate of the Client is in Need of Assistance as well as other documents from legal authority's/ regulating agencies, as may be applicable.		3.	Baranga	Ŋ			
	without valid IDs Certificate of the issued by the Ph	Travel Authority ilippine National and be accepted to						
	2.4 Police Blotter an certification (for sexual exploitation	victims of online	2.4	Police S	tation			
	2.3 Certification from case manageme clients		2.3	3 Social W	/orker			
	2.2 Passport, Travel certification from	Document/s, OWWA/ Barangay	2.2	2 DFA, C (OWWA		Workers	Welfare	Service
2.	2.1 Police Report/ B		2.1		·		, re Protectic	n
Otl	her Support Service Valid Government Is	S	1.			ncies issu ELEC, etc.	iing IDs (e)	.g. SSS,
5. Brgy. Certificate of Residency For Transportation, Cash Assistance, and			5.	Brgy. wł	nere the a	pplicant re	esides	
4.	For transfer of Cada Report/ Case Summ services more than I	ary (to avail of	4.	Officer (LSWDO)		e and Deve Summary is W)	
3.	Valid Government Is	sued ID	3.			ncies Issi ELEC, etc.	uing ID (e.)	g. SSS,
	Note: Except for Mus People performing cl	slims and Indigenous Istomary practices						
2.	Original and 1 Photo Contract (for Funera Outstanding Balance	Bill Contract with	2.	Funeral	parlor/ Me	emorial Ch	napel	
-	r Burial Assistance Registered Death Co from the Tribal Chief	ertificate/ Certification tain	1.	City/ Mu Tribal Cl		all, Hospita	al, Funeral F	Parlor, or



	letter and other	1.1 Receipt and assess the	None	15 minutes	PLHIV Focal Person/ Alternate
		submitted			Focal Person
	supporting documents	documents			FUCALFEISUI
	needed.				
I	needed.	1.1.1 Referral by			
		other			
		agencies:			
		Check			
		documentary			
		requirements			
		for needed			
		Assistance,			
		review			
		Referral			
		Forms 1 to 4			
		and proceed			
		to Provision of			
		Assistance to			
		PLHIV.			
		1.1.2 Self-Referral:			
		conduct an			
		interview.			
2. I	Participate in the	2.1 Conduct	None	30 minutes	Social Welfare
	interview	interview and fill-			Officer (SWO)/
		out Form 1:			PLHIV Focal
		Intake Form and			Person
		ask client for			
		Informed			
		Consent.			
		2.1.1 Client needs	None	15 minutes	SWO/ PLHIV
		additional			Focal Person
		services:			
		DSWD as			
		referral			
		agency,			
		Consult the			
		directory and			
		5			
		identify the			
		appropriate			
		service			
		provider, fill out Form 3			
		and Form 4,			
		Coordinate			
		with Receiving			
		Agency.			
		2.1.2 Can be			
		covered by	None	15 minutes	SWO/ PLHIV
		DSWD			Focal Person
		program:			
		proceed to			
		Assistance to			
		PLHIV.			
		1	1	1	1



2.2 Conduct follow- up from the receiving agency: Coordinate with receiving agency, ask for Form 3 (from client or Receiving agency)	None	5 minutes	SWO/ PLHIV Focal Person
2.3 Complete and Update Case File and Referral Register.	None	10 minutes	SWO/ PLHIV Focal Person
Total	None	55 minutes	

23. Provision of Assistance to Persons Living with HIV (PLHIV)

As part of the DSWD's psychosocial care and support services for persons living with HIV (PLHIV) and their affected families and in accordance with Section 36 of RA 11166, the Department, through its Field Offices (FOs) provides economic assistance for education, livelihood, burial/funeral, transportation, medical, and food. These forms of assistance are meant for individuals and families of PLHIV in need of social welfare and development interventions.

The direct provision of this assistance aims to mitigate the impact of HIV and AIDS on affected individuals and their families, assuring their well-being and; contributing to the overall response of the national government to HIV and AIDS

Office or Division:	Statutory Program	ns Division – Special Concerns Unit
Classification:	Simple	
Type of Transaction:	G2C – Governme	nt to Citizen
Who may avail:	People Living with	HIV (PLHIV) and their affected families
CHECKLIST OF REC	UIREMENTS	WHERE TO SECURE
 Medical Assistance for Hospital Bill 1. Any valid Identification Card of the client/ person to be interviewed 2. Medical Certificate/ Medical Abstract (with Physician's Name, Signature and License Number) within 3 months – Original and One (1) photocopy 		 Government Agencies issuing ID card (SSS, GSIS, TIN, LTO, COMELEC, etc.) Attending Physician/ Medical Records of the designated Treatment Hubs/ Primary HIV Care Facilities
 Hospital Bill/ Statement of Account (outstanding balance) with name and signature (Original and One (1) photocopy) Social Case Study Report/ Case 		 Hospital Licensed Social Worker from DSWD, Local
Summary		Social Welfare and Development Office, Medical Social Services, Treatment Hubs, and Primary HIV Care Facilities 5. Barangay of residency



		1	
5.	Certificate of Indigency/ Barangay Certificate declaring the client's situation		
Ме	(Original and One (1) photocopy) dical Assistance for Medicine		
1.	Any valid Identification Card of the client/ person to be interviewed	1.	Government Agencies issuing ID card (SSS, GSIS, TIN, LTO, COMELEC, etc.)
2.	Medical Certificate/ Medical Abstract (with Physician's Name, Signature and License Number) within 3 months – Original and One (1) photocopy	2.	Attending Physician/ Medical Records of the designated Treatment Hubs/ Primary HIV Care Facilities
3.	Social Case Study Report/ Case Summary	3.	Licensed Social Worker from DSWD, Local Social Welfare and Development Office, Medical Social Services, Treatment Hubs, and Primary HIV Care Facilities
	Certificate of Indigency/ Barangay Certificate declaring the client's situation (Original and One (1) photocopy)	4.	Barangay of residency
	edical Assistance for Laboratory quests		
1.	Any valid Identification Card of the client/ person to be interviewed	1.	Government Agencies issuing ID card (SSS, GSIS, TIN, LTO, COMELEC, etc.)
2.	Medical Certificate/ Medical Abstract (with Physician's Name, Signature and License Number) within 3 months – Original and One (1) photocopy	2.	Attending Physician/ Medical Records of the designated Treatment Hubs/ Primary HIV Care Facilities
3.	Laboratory Requests with name, license number, and signature of the attending physician issued within three (3) months (Original and One (1) photocopy)	3.	Attending Physician of the designated Treatment Hubs/ Primary HIV Care Facilities
4.	Social Case Study Report/ Case Summary	4.	Licensed Social Worker from DSWD, Local Social Welfare and Development Office, Medical Social Services, Treatment Hubs, and Primary HIV Care Facilities
5.	Certificate of Indigency/ Barangay Certificate declaring the client's situation (Original and One (1) photocopy)	5.	Barangay of residency
1.	rial Assistance for Funeral Bill Registered Death Certificate/ Certification from the Tribal Chieftain	1.	City/ Municipal Hall, hospital, funeral parlor or Tribal Chieftain
Ori an	Funeral Contract with outstanding balance iginal and 1 photocopy (except for Muslims d Indigenous People performing customary actices)	2.	Funeral parlor/ Memorial Chapel
	Government Issued Valid ID (person to be nterviewed)	3.	Government agencies issuing ID (e.g. SSS, GSIS, Pag-ibig, COMELEC, NBI, DFA, etc.)



4. Barangay the client is presently residing
1. City/ Municipal Hall, hospital, funeral parlor or Tribal Chieftain
2. Funeral parlor/ Memorial Chapel
3. Government agencies issuing ID (e.g. SSS, GSIS, Pag-ibig, COMELEC, NBI, DFA, etc.)
4. Department Social Worker, Local Social Welfare and Development Officer or Case Summary issued by Medical Social Worker (MSW)
5. Barangay the client is presently residing
1. Registrar, Authorized staff from school
2. Registrar, Authorized staff from school
3. Registrar, Authorized staff from school
4. Government agencies issuing ID (e.g. SSS, GSIS, Pag-ibig, COMELEC, NBI, DFA, etc.)
5. Barangay the client is presently residing
1 Covernment exercise issuits ID (a.s. 000
 Government agencies issuing ID (e.g. SSS, GSIS, Pag-ibig, COMELEC, NBI, DFA, etc.) Barangay the client is presently residing
1. Government Agencies issuing IDs (e.g SSS, DFA, GSIS, NBI, COMELEC, etc.)



3.	 2.1 Police Report/ Bureau of Fire Protection Report from Bureau of Fire 2.2 Passport, Travel Document/s, certification from OWWA or Barangay 2.3 Certification from social worker or case management from rescued clients 2.4 Police Blotter and social worker's certification for the victims of online sexual exploitation of children 2.5 For Locally Stranded Individuals (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 integrity. 8. For all other incidents: 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 authority's/ regulating agencies, as may be applicable. 		2.2 DFA, C (OWWA 2.3 Social W	/orker	rs Welfare Service
	CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	Obtain a queue number and fill up the health declaration form.	 Provide queue number and instruct to fill up the health declaration form 1.1 If for informationa I Service: provide the necessary information and a copy of checklist of requirements If for submission of requirement s: proceed to next step 	None	5 minutes	Administrative Aide
2.	Submits documents	2.1 Review of submitted	None	10 minutes	PLHIV Focal/Alternate



		 initial interview. If Incomplete: provide a checklist. Place a check mark on compliant document and highlight the needed documents. Ask the client to return with completed documents. 2.2 Provide forms to be filled up. 			
3.	Fill-out the necessary fields in the forms provided	 3.1 Conduct further verification of submitted documents and probing interview. Verify submitted requirements for veracity, consistency, and authenticity. If one or more documents are found inauthentic or inconsistency: provide explanation to client and checklist. Identify which documents are inauthentic and inadequate. 	None	15 minutes	PLHIV Focal/Alternate Staff
		3.2 Recommend assistance to be provided. Facilitate	None	15 minutes	PLHIV Focal/Alternate Staff



	referral to other ODSUs 3.2.1 Assistance may be directly provided: Prepare Certificate of Eligibility Encode client's information to registry and accomplishme nt of Form Three Referral Feedback (referred by other agency) Ensure all required signatories and fields are accomplished. 3.2.2 For Referral to other ODSU: Facilitate referral with reference to respective Citizen's Charter Conduct follow-through to seek feedback on actions taken	None	Within the day: 1 hour	PLHIV Focal/Alternate Staff
	documents and disbursement of assistance.		Guarantee letter:	Staff
4	4 December (1	N a va a	3 working days	D 1101
 Accomplish and submit the Client Satisfaction Measurement Form (CSMF) 	4. Receive the properly filled up CSMF and submit to designated personnel for consolidation.	None	10 minutes	PLHIV Focal/Alternate Staff



Total	None	Within the day transaction: 1 hour and 45 minutes	
		Not Within the day: 3 days, 1 hour, and 15 minutes	

24. Provision of Assistance under the Recovery and Reintegration Program for Trafficked Persons (RRTP)

The RRPTP is a comprehensive program that ensures adequate recovery and reintegration services provided to trafficked persons. It utilizes a multi-sectoral approach and delivers a complete package of services that will enhance the psychosocial, social and economic needs of the clients. It also enhances the awareness, skills, and capabilities of the clients, the families and the communities where the trafficked persons will be eventually reintegrated. It also improves community-based systems and mechanisms that ensure the recovery of the victim-survivors and prevents other family and community members to become victims of trafficking.

0	Office or Division: Statutory Programs Division – Special Concerns Unit					
	assification:	Highly Technical				
	/pe of		to Citizen; G2G – Government to Government			
_	ansaction:					
W	ho may avail:	1. Victim-Survivor o	f trafficking			
			ctim-survivor of trafficking			
			es of human trafficking			
			h incidence of human trafficking			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE			
1.	 Case Management Travel Documents/ Passport Valid Identification Card 					
			1.1 Applicant			
			1.2 Applicant			
	1.3 Social Case Study Report		1.3 DSWD Field Office, LGU, and Referring agency			
	1.4 Referral Letter		1.4 Attache Office and Agencies			
2.		-				
	-	t/ Medical Certificate	2.1 Hopital's Records Section or Attending	g		
	(with Physician'		Physician			
	months) within three (3)				
		payment of hospital	2.2 Hospital or Attending Physician			
		ion (for medicines) or				
		ests (for procedures)				
		icate of Indigency and	2.3 Barangay where the clinet is present	v		
	Valid ID for the		residing	,		
3.	Educational Assis					
		ion and/or certificate	3.1 School			
	of enrolment					
	3.2 Statement of Ac	count for tertiary	3.2 School			
	education					
			405			



	alle in Oliente and Ol	ients Referred from C			
	CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	and Lodging				DEDAAN
		for the Client's Board	9.3 Board a	nd Lodging	
	9.1 Valid Identification Card 9.2 Social Case Study Report		9.2 DSWD F		
			9.1 Applicar	nt	
J.	and Transportation				
a	for protective custod Support for Victim-				
	and accredited resid				
	•	/registered, licensed			
		of trafficking may be	8.1 DSWD F	-ield Office	
8.	Provision of Tempo				
	recovery to reintegra				
	-	nout the process from			
		st vimtim-survivors of			
	highly needed to pro				
	rescur operation. So	0 0			
	7.1 Victim-Survivors	of trafficking during	7.1 DSWD F	Field Office	
	of Trafficking				
1.	Rescue Operation				
7	6.4 Social Case Stu Logitical Support D		0.4 D3WD F		
	6.3 Valid Identificati		6.3 Applicant 6.4 DSWD Field Office		
		f the said proposal.	62 Appliage	+	
		d by the social worker			
		or local dialect. They			
	Proyekto Form. They may write using				
	6.2 Project Proposa		6.2 Applican	t	
	employment.				
	determine the preparedness of the client to start their business. Re- assessment will be conducted to clients who will have a score of 74 and below or they may be considered to avail financial assistance for				
	for the livelihood	•			
		order to be eligible			
	6.1 Result of the Ha	lient score must be	6.1 DSWD F		
6.				iald Office	
_	5.2 Valid Identificati		5.2 Applicar	nt	
	they are hired.				
		nt which indicates that			
	5.1 Contract of Emp		5.1 Compan	y where the application	ant will work
5.	Financial Assistan	ce for Employment			
	4.2 Valid school IE		4.2 Applicar	nt	
	training school				
		V CHED accredited	4.1 001001		
4.	Skills Training 4.1 Official receipt	from the training	4.1 School		
	parent/guardian		3.3 Applica	int	
		and Valid ID of the			



	1	1	1	
1. Visit the DSWD	1.1 Conduct Intake			
Field Office	Interview or			
	Home visits			
	1.1.1 Walk In	None	1 hour	Social Welfare
	Clients			Officer II (SWO II)
	1.1.2 Referred	None	1 Day	RRPTP
	clients from			
	other			
	agencies			
	 If Not Qualified: 	None	1 Day	SWO II (RRPTP)
	refer to Crisis			
	Intervention			
	Section/			
	International			
	Social Services			
	Office	News	0.1.1	
	If Qualified:	None	2 Hours	SWO II (RRPTP)
	conduct interview			
	and assessment			
	1.2 Prepare	None	2 Hours	SWO II (RRPTP)
	documents and	None		3WU II (KKFTF)
	endorse for			
	review and			
	approval.			
	appiovai.			
	1.3 Review and	None	2 days	CBSS Head,
	approval of			Statutory
	submitted			Programs Division
	documents.			Chief (StPD Chief)
	If approved:			
	endorse for			
	document			
	processing and			
	release of			
	checks.			
2. Receipt of check	2.1 Release of			
	check			
	2.1.1 Release to	None	1 day	Staff on duty
	client if			(Cash Section)
	available to			
	receive in the			
	Field Office			
	2.1.2 Release	None	2 days	SWO II (RRPTP)
	check at the			
	client's			
	residence or			
	nearest			
	satellite			
	office			
Rescued Trafficking i				
1. Request for	1.1 Conduct Intake/	None	1 day	SWO II (RRPTP)
assistance in the	Assessment/			
1	Case summary	I	1	



rescue of trafficked client.	for admission to a residential facility for temporary shelter			
	1.2 Refer trafficked client to Center for protective custody and processing of assistance.	None	1 day	SWO II (RRPTP)
	 1.3 Provide rehabilitation and other interventions: Non-Cash 1.3.1 Psychosocial Counseling 1.3.2 Skills Training 1.3.3 Provision of temporary shelter 	None	3 months	Centers and Residential Care Facility Staff (CRCF)
	1.4 Request Parenting Capability Assessment Report (PCAR) to Municipal Social Welfare and Development Office (MSWDO) if client is minor.	None	3 days	SWO II (RRPTP)
	1.5 Conduct Case Conference with client's family for reintegration after the MSWDO conducted the Family Assessment/PC AR.	None	1 day	SWO II (RRPTP)
	1.6 Refer for aftercare services.	None	1 day	SWO II (RRPTP)



Case Documentation.			
Total Walk-in	None	17 Days and 6 Hours	
Rescued Trafficking in Persons	None	4 Months and 1 Day	

• Recovery and Reintegration program for Trafficked Persons (RRPTP) is covered by Memorandum Circular 20 Series of 2015.

FEEDBACK	AND COMPLAINTS MECHANISM
How to send feedback	Through client satisfaction measurement mechanism.
How feedbacks are processed	Consolidate and analyze monthly, quarterly, semi-annually and annually to identify root cause analysis or other known quality management techniques and identify plans and actions that must be recommended for execution to resolve the issues and improve the situation.
How to file a complaint	A complaint may be filed through any of the established modalities" -a telephone call (072-687-800 loc. 11245) -electronic mail (<u>scu.fo1@dswd.gov.ph</u>) -posts, comments and chat messages via DSWD FO1 Official Facebook Page: "DSWD Field Office 1" -personal appearance (walk-in clients) -letter addressed to the Regional Director, Marie Angela S. Gopalan -Official website at <u>https://fo1.dswd.gov.ph</u> -through 8888 Citizen's Complaint Center
How complaints are processed	Complaints received through Official FB Page, the Office of the Regional Director, Official website and 8888 will be forwarded to Human Resource Management and Development Division for action and resolution. The resolution of all complaint consists of: 3. Submission/Receipt of a complaint 4. Recording of complaint 3. Data Gathering and Investigation 4. Resolution 5. Final Feedback
Contact Information of CCB, PCC, ARTA	Anti-Red Tape Authority (ARTA) ● (028) 478-5093



• <u>complaints@arta.gov.ph</u>
Presidential Complaint Center (PCC):
• Call/ text: 8888
• Web: <u>www.8888.gov.ph</u>
Contact Center ng Bayan (CCB):
• SMS: 0908-881-6565
• Call: 165 65
Php 5.00 + VAT per call anywhere in the
Philippines via PLDT landlines
Email: email@contactcenterngbayan.gov.ph
Web: https://contactcenterngbayan.gov.ph
Facebook:
https://facebook.com/civilservicegovph

LIST OF OFFICES

Office	Address	Contact Information
DSWD Field Office 1	Quezon Avenue, City of San Fernando, La Union	(072) 687-8000 loc. 11245



CENTERS and RESIDENTIAL CARE FACILITIES



25. Case Management in Centers and Residential Care Facility

25.1 Regional Rehabilitation Center for Youth (RRCY)

The Regional Rehabilitation Center for Youth (RRCY) is a facility designed to provide intensive treatment in a residential setting for the rehabilitation of a Children-In-Conflict with the Law (CICL) whose sentence has been suspended.

It provides 24-hour care, treatment, and rehabilitation services under the guidance of trained staff where residents are cared for under a structured therapeutic and home environment that will enable them to improve their social functioning, with the end goal of their reintegration as productive members of their families and their communities.

Office or Division:	Statutory Programs Youth (RRCY)	s Division -	- Regional Rehabi	litation Center for	
Classification:	Highly Technical				
Type of Transaction:	G2C - Governmen	t to Citizens	5		
Who may avail:	Children-in-Conflic	t with the L	aw		
CHECKLIST OF RE		WHERE TO SE	CURE		
Admission Requirements					
1. Court Order			ctive Regional Trial	· · · ·	
2. Birth Certificate			ine Statistics Autho		
3. Medical Certificate			unicipal Rural Heal		
4. Comprehensive Social			Municipal Social	Welfare Office	
indicating the level of fu	unctioning of the	(C/MS\	VDO)		
child and family					
5. School Requirements	0. Contificate of	E 1 Loot C	chool Attended		
5.1 Form 137, Form 13 Good Moral Chara		5.1 Last 50	chool Allended		
5.2 Alternative Learnin		5.2 ALS Co	ordinator		
ALS Form (AF-5)	g Oystenn (ALO),	0.2 ALC 00	Solumator		
Additional Requirements	Under COVID-19 Si	tuation			
1. Negative RT-PCR (with			aboratory		
	tigen Test Result (within 24				
hours)					
2. Vaccination Card or Va		2. RHU/C		nation Sites or	
(indicating full vaccinat	ion details)		vaxcert.doh.gov.ph		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Pre-Admission Phase/					
Initial Contact					
1. Client through	1.1 The staff will	None	25 minutes	Social Welfare	
LSWDO will	discuss the list			Officer I/II (SWO I/	
coordinate with	of			SWOII)	
Center Staff on the	requirements,			Admitting Officer	
list of admission	review the			Social Services	
requirements, initial	requirements			Unit Head	
submission, and/or	and agree on			Nurse I	
schedule of transfer of CICL to the Center	the date of referral.				
		None	1 hour		
		TNOTIC			



		1		1
	1.2 Virtual pre- admission conference for cases with significant findings based on review of documents.			
Admission Conference 2 The client through the LSWDO submits all the admission requirements	2.1 Complete Requirement: Conduct of Admission Conference	None	10 minutes	SWO I/ SWO II
	2.2 Incomplete Requirements: letter addressed to the RTC & LGU will be prepared. For review and signature of the staff concerned staff.	None	30 minutes	SWO I/ SWO II
3 Participate during the admission conference - answer queries from	3.1 Physical Inspection/ Body Frisking	None	4. minutes	Security Guard
Rehabilitation Team Members and present all personal belongings for inspection and inventory	3.2 Conduct Interview and Orientation on the policies and Services of the Center.	None	45 minutes	SWO I/ SWO II Nurse I Houseparent I/II Psychometrician
	3.3 Conduct Initial Medical Assessment	None	1 hour	Nurse I
	3.4 Conduct Initial Psychological Observation.	None	1 hour	Psychometrician
	3.5 Conduct inventory of client's belongings and provide set of clothing, toiletries, and	None	50 minutes	Houseparent I/II



		the like to the client			
4	Comply with the health and safety protocols and perform daily activities based on the Residents Daily Activities.	 4. Orientation of protocols and assigned to the Isolation Room for 5 days for clients who are fully vaccinated and 14 days for partially, unvaccinated and symptomatic clients. 	None	10 minutes	Houseparent I/II Nurse I
	Bring all belongings and organize in his designated locker	5. Assign to respective dorm, introduce to the home living arrangement and activities	None	30 minutes	Houseparent I/II
	ervention Phase	ſ	1	I	-
As	ploration, sessment and anning				
5.	Cooperate during the interview assessment	6.1 Conduct in- depth interview and gather	None	2 hours	SWO I/II
		information from other sources			
		from other	None	2 hours	Psychologist III/ Administrative Officer (AO IV)/ Psychometrician/ AO II
		from other sources 6.2 Conduct initial psychological assessment through	None	2 hours 1 hour and 30 minutes	Administrative Officer (AO IV)/ Psychometrician/ AO II Medical Officer (MO) IV/ Nurse I/I
		from other sources 6.2 Conduct initial psychological assessment through interview 6.3 Conduct Medical Assessment (History and Physical		1 hour and 30	Administrative Officer (AO IV)/ Psychometrician/ AO II



	6.5 Assess the capability in doing home activities	None	45 minutes	SWO 1/ 11
	6.6 Prepare the Social Case Study Report and Intervention Plan	None	2 hours	
Implementation of Plan and Monitoring				
7. Attend and comply with the activities identified in the Rehabilitation Treatment Plan	7. Implements the Intervention Plan	None	9 months (depending on the progress of client may reach 2 years)	SWO I/II
8. Full attendance and participation to scheduled case conference	8. Monitor the progress of the client through Case Conference	None	9 months (depending on the progress of client may reach 2 years)	SWO I/II
	Re-assess and modifies the Intervention Plan			
Evaluation and				
Termination 9. Attend to Pre- discharge Conference	9.1 Conduct Case Evaluation	None	2 hours	StPD Rehabilitation Team
	9.2 Prepare Plan for Termination and Conducts Pre-discharge Conference	None	2 hours	roum
10. Prepare all belongings for inventory and journal entries	10. Prepares Termination, Transfer Summary, and other discharge documents	None	2 hours	StPD Rehabilitation Team
11. Undergo Medical Examination	11. Conducts General Medical Examination	None	20 minutes	Nurse I
12. Accomplish Client Satisfaction Measurement Form (CSMF)	12. Administers Satisfaction Survey to the Client	None	20 minutes	Psychometrician, AO II



13 Conducts	Nono	2 hours	SWO I/II
	NOTE	2 110015	3000 ///
14 1 Request	None	1 hour	SWO I/II
			•••••
14.2Evaluates	None	20 minutes	SWO I/II
After Care			
Service			
Report			
11.0 Dress and a	News	4 h a	
	None	1 nour	SWO I/II
	Nono	9 Months 2	
	NULLE	-	
*Depending on the progress of the child, intervention may vary.			
		WIIIULES	
		2 Years, 2 Days	
	After Care Service Report 14.3Prepares Closing Summary Total	Discharge Conference and Turn-over14.1 Request Progress/After Care Service ReportNone14.2 Evaluates After Care Service ReportNone14.3 Prepares Closing SummaryNone14.3 Prepares Closing SummaryNone	Discharge Conference and Turn-overNoneI hour14.1 Request Progress/After Care Service ReportNone1 hour14.2 Evaluates After Care Service ReportNone20 minutes14.2 Evaluates After Care Service ReportNone20 minutes14.3 Prepares Closing SummaryNone1 hourTotalNone9 Months, 2

Note: "Provision of Residential Care Services" covered under RA 9344

FEEDBACK	AND COMPLAINTS MECHANISM
How to send feedback	Through client satisfaction measurement mechanism.
How feedbacks are processed	Consolidate and analyze monthly, quarterly, semi-annually and annually to identify root cause analysis or other known quality management techniques and identify plans and actions that must be recommended for execution to resolve the issues and improve the situation.
How to file a complaint	A complaint may be filed through any of the established modalities" -a telephone call (072-687-800 loc. 11240) -electronic mail (<u>rrcy.fo1@dswd.gov.ph</u>) -posts, comments and chat messages via DSWD FO1 Official Facebook Page: "DSWD Field Office 1" -personal appearance (walk-in clients) -letter addressed to the Regional Director, Marie Angela S. Gopalan -Official website at <u>https://fo1.dswd.gov.ph</u>



	-through 8888 Citizen's Complaint Center
How complaints are processed	 -through 8888 Citizen's Complaint Center Complaints received through Official FB Page, the Office of the Regional Director, Official website and 8888 will be forwarded to Human Resource Management and Development Division for action and resolution. The resolution of all complaint consists of: Submission/Receipt of a complaint Recording of complaint
	 Data Gathering and Investigation Resolution Final Feedback
Contact Information of CCB, PCC, ARTA	Anti-Red Tape Authority (ARTA) • (028) 478-5093 • complaints@arta.gov.ph Presidential Complaint Center (PCC): • Call/ text: 8888 • Web: www.8888.gov.ph
	 Contact Center ng Bayan (CCB): SMS: 0908-881-6565 Call: 165 65 Php 5.00 + VAT per call anywhere in the Philippines via PLDT landlines Email: email@contactcenterngbayan.gov.ph Web: https://contactcenterngbayan.gov.ph Facebook: https://facebook.com/civilservicegovph

LIST OF OFFICES

Office	Address	Contact Information
Regional Rehabilitation Center for Youth	Urayong, Bauang, La Union	(072) 687-8000 loc. 11240



25.2 The Heaven for Women

The Haven for Women is a residential care facility catering to women survivors of abuse along with their dependents, eighteen (18) to fifty-nine (59) years old, who are in need of temporary protective custody and other services that will promote healing and recovery.

Case Management is a process where the referring parties and the Intervention Team of the RCF interacts with each other to put in order services towards the development and rehabilitation of the client.

Classification: Highly Technical Type of Transaction: G2C - Government to Citizens Who may avail: Women in Especially Difficult Circumstances (WEDC) ages 18- 59 years old CHECKLIST OF REQUIREMENTS WHERE TO SECURE Admission Requirements I. City/Municipal Social Welfare and 1. One (1) Original copy of Neferral Letter duly signed by the Head of Office of referring party 1. City/Municipal Social Welfare and 2. One (1) Droiginal copy of updated Social Case Study Report/ Case Summary duly signed by Social Worker and Head of Office 1. City/Municipal Social Welfare and Development Office, Non-Government Office 3. One (1) photocopy of Birth Certificate/ 4. Original copy of Medical Certificate 3. Philippine Statistics Authority 4. Hospital/ Rural Health Unit 5. Hospital/ Medical Laboratory 6. Philippine National Police 7. Court Documents (ff applicable) 7. Regional Trial Court 8. School 9. Psychological Evaluation/ Psychiatric Evaluation (if available) 9. Psychological/ Psychiatric Client 9. Psychological Evaluation/ Psychiatric Evaluation (if available) 1.1 Record receipt of referral documents None 5 minutes Administrative Aide (AAide) III (<i>HFW</i>) 1.2 Review and endorse documen	Off	ice or Division:	Statutory Program	s Division –	Heaven for Wom	ien	
Who may avail: Women in Especially Difficult Circumstances (WEDC) ages 18- 59 years old CHECKLIST OF REQUIREMENTS WHERE TO SECURE Admission Requirements I. One (1) Original copy of Referral Letter duly signed by the Head of Office of referring party I. City/Municipal Social Welfare and Development Office 2. One (1) Original copy of updated Social Case Study Report/ Case Summary duly signed by Social Worker and Head of Office I. City/Municipal Social Welfare and Development Office, Non-Government Office 3. One (1) photocopy of Birth Certificate/ 5. One (1) Original copy of Medical Certificate I. Hospital/ Rural Health Unit 5. One (1) Original copy of Negative RT-PCR Hospital/ Rural Health Unit 6. Police Blotter (if applicable) FEES School Records (Form 9 and 10) if applicable Philippine National Police 7. Regional Trial Court 8. School School Psychological/ Psychiatric Client 9. Psychological Evaluation / Psychiatric Evaluation (if available) I. 1 Record receipt documents PROCESSING TIME PERSON RESPONSIBLE Pre-Admission Phase/ Initial Contact 1.1 Record receipt documents None 2 minutes Administrative Aide (AAide) III (HFW) 1.2 Review and endorse documents to Social Service with instruction for appropriate action None 5 minutes HFW Head							
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proof of identity4. Original copy of Medical Certificate4. Hospital/ Rural Health Unit5. One (1) Original Copy of Negative RT-PCR5. Hospital/ Rural Health Unit6. Police Blotter (if applicable)6. Philippine National Police7. Court Documents (if applicable)7. Regional Trial Court8. School Records (Form 9 and 10) if applicable9. Psychological Evaluation/ Psychiatric Evaluation (if available)7. CLIENT STEPSAGENCY ACTIONSFEES TO BE PAIDPROCESSING TIMEPERSON RESPONSIBLEPre-Admission Phase/ Initial Contact1.1 Record receipt of referral documentsNone2 minutesAdministrative Aide (AAide) III (HFW)1.2 Review and endorse documents to Social Service with instruction for appropriate actionNone5 minutesHFW Head		 One (1) Original copy of updated Social Case Study Report/ Case Summary duly signed by Social Worker and Head of 					
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Evaluation (if available)AGENCY ACTIONSFEES TO BE PAIDPROCESSING TIMEPERSON RESPONSIBLEPre-Admission Phase/ Initial Contact1.1 Record receipt of referral documentsNone2 minutesAdministrative Aide (AAide) III (HFW)1.2 Review and endorse documents to Social Service with instruction for appropriate actionNone5 minutesHFW Head	5. 6. 7. 8.	 Original copy of Medical Certificate One (1) Original Copy of Negative RT-PCR Police Blotter (if applicable) Court Documents (if applicable) School Records (Form 9 and 10) if 		 Hospital/ Medical Laboratory Philippine National Police Regional Trial Court 			
CLIENT STEPSAGENCY ACTIONSTO BE PAIDPROCESSING TIMEPERSON RESPONSIBLEPre-Admission Phase/ Initial Contact1.1 Record receipt of referral documentsNone2 minutesAdministrative Aide (AAide) III (HFW)1.2 Review and endorse documents to Social Service with instruction for appropriate actionNone5 minutesHFW Head				9. Psycho	logical/ Psychiatric	Client	
Initial Contact1.1 Record receipt of referral documentsNone2 minutesAdministrative Aide (AAide) III (HFW)1.2 Review and endorse documents to Social Service with instruction for appropriate actionNone5 minutesHFW Head		CLIENT STEPS		TO BE			
1. Submit the referral documents1.1 Record receipt of referral documentsNone2 minutesAdministrative Aide (AAide) III (HFW)1.2 Review and endorse documents to Social Service with instruction for appropriate actionNone5 minutesHFW Head	Pre	-Admission Phase/					
documentsof referral documentsAide (AAide) III (HFW)1.2 Review and endorse documents to Social Service with instruction for appropriate actionNone5 minutesHFW Head							
endorse documents to Social Service with instruction for appropriate action			of referral	None	2 minutes	Aide (AAide) III	
None 5 minutes Social Worker			endorse documents to Social Service with instruction for appropriate	None	5 minutes	HFW Head	
				None	5 minutes	Social Worker	



	 1.3 Prepare letter to acknowledge the documents received and to invite the referring party for a pre- admission conference. 1.4 Review and/or sign acknowledgem ent letter cum invitation for 	None	5 minutes	HFW Head
	pre-admission 1.5 Send letter to the referring party	None	5 minutes	AAide III (HFW)
 Attend the pre- admission conference (based on the agreed schedule) 	 2.1 Accomplish Admission slip and conduct Admission Conference. Signs the Admission documents and conduct the interview. 2.2 Conducts inventory of belongings and provide additional basic necessities and responsibilitie 	None	40 minutes 44 minutes	SWO I/ SWO II SWO I/ SWO II Houseparent (HP, (HFW)
	s. 2.3 Assign room for the 14-day quarantine and introduce the client to the RCF's staff and co- residents.	None	20 minutes	HP (HFW)
	2.4 Provide Social	None	5 Minutes	
	Service			



2.5 Coordinate to LGU and/or Community	News	20 dava	
2.6 Conduct Home Visit	None	30 days	SWO (HFW)
2.7 Prepare and/or update Social Case	None	5 minutes	SWO (HFW)
Study Report 2.8 Coordinate with other Intervention Team	None	7 days	SWO (HFW)
Members			
2.9 Provide Homelife			
services 2.9.1 Supervise home manageme	None	7 days	HP (HFW)
nt 2.9.2 Observe/m onitor responses/		7 days	HP (HFW)
changes/eff ectiveness 2.9.3 Conduct of sessions and administer		1 hour	HP (HFW)
appropriate action based on the existing house rules and policy 2.9.4 Process the behavior		35 minutes	HP(HFW)
consequen ce through positive communica tion 2.9.5 Document results and apply other intervention s if		10 minutes	HP(HFW)
necessary 2.10Follow up and monitor	None	5 minutes	HP (HFW)



2.12.3 Discuss assessmen t/session/re ports during case/disch arge conference	None	30 minutes	Psychometrician (HFW)
(In needs to undergo further psychologic al evaluation/p sychiatric check-ups). Conduct Individual sessions a nd or group activities/se			
Interview a nd Psychologi cal Tests 2.12.2 Refer to Psychologi st/ Psychiatrist <i>(if needs to</i>	None	1 hour 45 minutes	Psychometrician (HFW)
2.12Provide Psychologica I Service 2.12.1 Conduct Psychologi cal	None	1 day	Psychometrician (HFW)
behavior and prepare necessary referral letter if applicable 2.11Document Incident /Concern in the logbook and refer/discuss client's concern	None	50 minutes	HP (HFW)



2.13.1 Prepare medical record and identify chief complaint, take vital signs and anthropom etrics. Record findings and take history of present illness.	None	3 hours	Nurse (HFW)
2.13.2 Conduct nursing intervention s. Refer client to the nearest hospital (if	None	35 minutes	Nurse (HFW)
needed) 2.13.3 Evaluate medical data and examine client. Record findings, discuss treatment plan and provide medical counselling	None	35 minutes	Medical Officer/ Nurse (HFW)
2.13.4 Issue prescription and/or referral note	None	5 minutes	Medical Officer/ HFW Physician
2.13.5 Carry out orders, administer prescribed medication s and update medical record	None	30 minutes	Nurse (HFW)



2.14 Educational Services 2.14.1 Evaluate	None	1 day	HFW Teacher
basic literacy capacity 2.14.2 Enrol to			
formal or regular school or refer to Alternative Learning System (ALS)	None	1 day	HFW Teacher
2.14.3 Enrol for special education if not eligible to formal/alter nate school 2.14.4 Conduct		1 day	HFW Teacher
functional literacy 2.14.5 Attend to	None	1 hour	HFW Teacher
school conference /meeting. Retrieve and distribute modules	None	1 hour and 30 minutes	HFW Teacher
2.15 Provide Practical and			
Development 2.15.1 Evaluate the present needs and capabilities	None	7 days	Manpower Development Officer
2.15.2 Make project proposal based on the assessmen t	None	10 minutes	Manpower Development Officer
2.15.3 Conduct of practical skills and developme nt and	None	1 day and 1 hour	Manpower Development Officer



	feedback during			
	conference			
	2.16 Provide Legal Services 2.16.1 Assist client in filing case and prepare,	None	8 hours	Social Worker (HFW)
	and escort to court hearings. 2.16.2 Provide feedback during conference	None	10 minutes	Social Worker (HFW)
2. Attend Case Conferences	4.1 Conduct Case Conferences	None	30 minutes	Intervention Team Members
	4.2 Request for family assessment in preparation for re-unification	None	5 minutes	Social Worker (HFW)
 Pre-Discharge Phase 5. Submit Parenting Capability Assessment Report (PCAR)/ Family 	5.1 Record and endorse to Residential Care Facility	None	2 minutes	AAide III (HFW)
Assessment Report (FAR)	5.2 Conduct initial interview and endorse to Social Service for appropriate action	None	2 minutes	HFW Head
	5.3 Prepare acknowledgem ent letter indicating schedule for discharge of client	None	5 minutes	Social Worker (HFW)
	5.4 Review and/or sign letter	None	3 minutes	HFW Head
	5.5 Transmit signed letter	None	5 minutes	AAide III (HFW)
Incomplete Requirement	Total ts	None	1 Month, 28 Days and 38 minutes	
Inaccurate or Inconsiste		None		



Accurate or Consistent	None	1 Hour and 35 Minutes 8 Days and 4
		Hours

*Note: "Provision of Residential Care Facilities" is covered under RA 5416.

FEEDBACK	AND COMPLAINTS MECHANISM
How to send feedback	Through client satisfaction measurement mechanism.
How feedbacks are processed	Consolidate and analyze monthly, quarterly, semi-annually and annually to identify root cause analysis or other known quality management techniques and identify plans and actions that must be recommended for execution to resolve the issues and improve the situation.
How to file a complaint	A complaint may be filed through any of the established modalities" -a telephone call (075-653-3284 loc. 11230) -electronic mail (<u>hfw.fo1@dswd.gov.ph</u>) -posts, comments and chat messages via DSWD FO1 Official Facebook Page: "DSWD Field Office 1" -personal appearance (walk-in clients) -letter addressed to the Regional Director, Marie Angela S. Gopalan -Official website at <u>https://fo1.dswd.gov.ph</u> -through 8888 Citizen's Complaint Center
How complaints are processed	Complaints received through Official FB Page, the Office of the Regional Director, Official website and 8888 will be forwarded to Human Resource Management and Development Division for action and resolution. The resolution of all complaint consists of: 1. Submission/Receipt of a complaint 2. Recording of complaint 3. Data Gathering and Investigation 4. Resolution 5. Final Feedback
Contact Information of CCB, PCC, ARTA	Anti-Red Tape Authority (ARTA) • (028) 478-5093 • <u>complaints@arta.gov.ph</u> Presidential Complaint Center (PCC): • Call/ text: 8888



 Web: <u>www.88888.gov.ph</u>
Contact Center ng Bayan (CCB):
• SMS: 0908-881-6565
• Call: 165 65
Php 5.00 + VAT per call anywhere in the
Philippines via PLDT landlines
Email: email@contactcenterngbayan.gov.ph
Web: https://contactcenterngbayan.gov.ph
Facebook:
https://facebook.com/civilservicegovph

Office	Address	Contact Information
DSWD Field Office 1	Quezon Avenue, City of San Fernando, La Union	(072) 687-8000 loc. 11216
Haven for Women	Russia St. Bonuan Binloc, Dagupan City, Pangasinan	(075) 653-3284 loc 11230 0950-478 8000



25.3 The Haven-Regional Center for Children (TH RCC)

The Haven- Regional Center for Children (Haven for Children) is a residential care facility designed to provide healing and empowerment to children in need of special protection and children-at-risk with provisions of programs, services, and intervention. The Haven hopes to equip them with intellectual, emotional and psycho-social skills to become productive individuals of worth, in preparation for reunification with their families and/or independent living.

or Div	Office vision:	Statutory Programs Division – The Haven Regional Center for Children (TH RCC)					
Class	ification:	Highly Technical					
,Type Trans	of saction:	G2C - Governmen G2G – Governmer					
Who avail:	CHECK	Client Category:	Male Children in Need of Special Protection (CNSP) ages 7to 14 years oldLIST OFWHERE TO SECURE				
1 On	ne (1) O	riginal Copy of	1	City/Municipal Social Welfare and			
Re the Pa 2. On Up Re sig He 3. On ap 4. On cer 5. On Re (if a 6. On cer 7. On	eferral Lette e Head of (inty ne (1) O odated Soc port/Case ned by Soc ad Office ne (1) Police ne (1) Police ne (1) Pho ecord Schoo applicable) ne (1) ph rtificate (if a	er duly signed by Office of Referring riginal Copy of cial Case Study Summary duly ocial Worker and e Blotter Report (if nal copy of medical tocopy of School ol forms 9 and 10	 2. 3. 4. 5. 6. 	City/Municipal Social Welfare and Development Office Local Police Station with jurisdiction over the locality/community where the child was reached out Any government accredited medical facility Private/public school where the child was formerly enrolled Philippine Statistics Authority/Local Civil Registrar Municipal Trial Court(MTC)/ Regional Trial Court (RTC)			
Addit	ional Requ	uirements in times	of	COVID- 19 pandemic			
Te	egative RP st Result	riginal Copy of TCR Test/Antigen	1. 2.				
2. CC	OVID 19 Va	ccination Card		Health Unit (RHU)			



CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Pre-Admission F	hase		I	1
1. Submit the referral documents	1.1 Record receipt of referral of documents.	None	2 Minutes	Admin Aide IV/ TH-RCC
	1.2 Review and endorse documents to Social Service with instruction for appropriate action.	None	5 Minutes	Center Head/ TH-RCC
	1.3 Prepare letter to acknowledge the documents received and invite the referring party for pre- admission conference.	None	5 Minutes	Social Worker/ TH-RCC
	1.4 Review and/or sign acknowledgement letter cum invitation for pre- admission.	None	5 Minutes	Center Head or Officer-in- Charge/ TH-RCC
	1.5 Send letter to the referring party.	None	3 Minutes	Admin Aide IV/ TH-RCC
2. Attends pre- admission conference (based on the agreed schedule)	2.1 Conduct of pre-admission with referring party, client's family and other center staff to assess client eligibility for admission. (Either face to face/virtual scheme).	None	1 hour	Rehabilitation Team/TH-RCC,
	2.1.1 If eligible schedule date of admission.	None	5 Minutes	Center Head/ TH-RCC
	2.1. 2. If ineligible, explain	None	10 Minutes	Center Head/ TH-RCC



	the grounds and provide alternative options for the referring party.			
	2.3 Prepare confirmation of agreements	None	10 Minutes	Social Worker/ TH-RCC
	2.4 Review and/or sign the confirmation agreements	None	5 Minutes	Center Head/ TH-RCC
	2.5 Send/ secure copy of confirmation agreements to the referring party	None	2 Minutes	Admin Aide IV/ TH-RCC
	Remarks: In some cases, like walk-in and emergency, pre-admission conference cannot be done, and therefore admission conference comes immediately once client is assessed to be eligible for services.			
Admission Phas			1	
3. Present the child for admission based on the	3.1 Facilitate the conduct Admission Conference.	None	1 Hour	Social Worker/ TH-RCC
agreed schedule.	3.2 Accomplish Admission Slip.	None	5 Minutes	Social Worker/ TH-RCC
	3.3 Contract Setting /	None	5 Minutes	Social Worker/ TH-RCC
	<i>Kasunduan.</i> 3.4 Orients client/resident about the facility	None	10 Minutes	Social Worker/ TH-RCC
	and on the existing house rules and policies of the facility			Social Worker/ TH-RCC



	3.5 Endorse client to respective services for initial assessment and admission protocols	None	3 Minutes	
	3.5.1 Conducts Inventory of client's belongings	None	10 Minutes	Houseparent/ TH-RCC
	3.5.2. Provides set of new basic and essential needs.	None	5 Minutes	Houseparent/ TH-RCC
	3.5.3. Conducts Initial Medical/ Examination	None	15 Minutes	Medical Officer or Nurse/ TH- RCC
	3.5.4. Conducts Initial Educational Assessment	None	15 Minutes	Teacher/ TH- RCC
	3.6 Endorse client to the Houseparent for room assignment .	None	10 Minutes	Houseparent/ TH-RCC
	Remarks: Safety and health protocols were still followed. 14 days			
	isolation for unvaccinated/ partially			
	vaccinated and 5 days isolation for fully vaccinated.			
Center-based Int				



Submit for interview	4.1 Conducts further interview with the client to	None	1 Hour	Social Worker / TH-RCC
	gather additional relevant information on problem			
	presented as basis for assessment and recommendation			
	4.2 Conducts initial psychological assessment of the client.	None	30 minutes	Psychometrician / TH-RCC
	4.3 Gathers additional information from the client, significant others and the worker's own observation on the client	None	During client's 2nd to 3rd week of in the facility	Social Worker / TH-RCC
	4.4 Prepare the Initial Social Case Study Report, and Intervention Plan with the client/resident.	None	Within 15 days after admission.	Social Worker / TH-RCC
	4.5 Present the case to Rehabilitation Team. Case Conference shall be conducted as the basis to for the formulation and implementation of the Intervention Plan.	None	1 Hour	Rehabilitation Team/ TH-RCC
	4.6 Review and update the intervention plan based on the result of the case conference, if necessary.	None	30 minutes	Social Worker/ TH-RCC



		-		
Provision of various services/ intervention of the Center.	5.1 Implements and facilitates provision of services to the client towards improvement of social functioning and rehabilitation goal	None	During the client's/resident's stay in the facility.	Rehabilitation Team/ TH-RCC
	5.2 Monitors the progress of the client in relation to achievement of goals. The Rehabilitation Team prepares Monthly Progress/ Observation Report of the client.	None	Monthly	Rehabilitation Team⁄ TH-RCC
	5.3 Attend Case Conferences	None	Quarterly	Rehabilitation Team/ TH-RCC
Evaluation and T	ermination			
6. Evaluates client's progress	6.1 Evaluate the progress of the clients/residents in relation to the helping goals set.	None	1 Hour	Rehabilitation Team/ TH-RCC
	6.2 Request of Parenting Capability Assessment Report (PCAR).	None	5 Minutes	Social Worker/ TH-RCC



7. Submit Parenting Capability Assessment	7.1 Record and endorse to Center Head	None	2 Minutes	Admin Aide IV/ TH-RCC
Report (PCAR)	7.2 Initial review and endorse to Social Service for appropriate action.	None	5 Minutes	Social Worker/TH-RCC
	7.3 Prepare acknowledgment letter indicating schedule for pre- discharge of client	None	5 Minutes	Social Worker/ TH-RCC
	7.4 Review and/or sign the letter	None	3 Minutes	Center Head/ TH-RCC
8. Attend pre- discharge conference with client's parent and the referring party/LSWDO based on the	8.1 Conducts pre- discharge conference either through virtual meeting or in person.	None	1 Hour	Rehabilitation Team/ TH-RCC
agreed schedule.	8.2 Prepare Aftercare Plan.	None	1 Hour	Rehabilitation Team/ TH-RCC
	Remarks: The results of case review and assessment of the Rehabilitation Team and referring party shall be the basis of the RCF to transfer client to other agency, placement to other form of alternative care or reunification to the family and community, if the family is assessed to be not yet ready for the reunification. Likewise, the receiving agency is hereby informed of the necessary			



	preparation for the transfer of the client and/or the LGU is requested to provide the necessary intervention.			
9. Attends discharged conference and turnover to the either to the LGU, family, SWA, placement to independent living, group home living arrangement, adoption or foster care.	9.1 Facilitates discharge conference for the turn-over of the client either to the LGU, family, SWA, placement to independent living, group home living arrangement, adoption or foster care.	None	2 hours	Rehabilitation Team/TH-RCC, Client, Family, concerned SWDAs, LGU SWDAs, LGU
	9.2 Administers Discharge Slip, Summary of Agreements Client Satisfaction Measurement Survey to the client to determine satisfaction of the resident on the programs and services of the CRCF, and other discharge documents.	None	10 Minutes	Worker/TH-RCC, Client
Post Center-base	ed Intervention	1		
10. Submit After Care Report	10.1 Follows-up the LGU for the submission of aftercare report.	None	5 Minutes	Social Worker/ TH-RCC



	10.2 After receipt of Progress Report and or detailed information /feedback directly from the client, the Social Worker recommends to the RCF the closing of the case or for referral to other agencies for other support services, and thus prepares the Closing Summary Report.	None	After 3 months	Social Worker/ TH-RCC
TOTAL Pro	cessing Time	None	6 Months for Center Based Phase	

• Note: "Provision of Residential Care Services" is covered under RA 5416

FEEDBACK	FEEDBACK AND COMPLAINTS MECHANISM						
How to send feedback	Through client satisfaction measurement mechanism.						
How feedbacks are processed	Consolidate and analyze monthly, quarterly, semi-annually and annually to identify root cause analysis or other known quality management techniques and identify plans and actions that must be recommended for execution to resolve the issues and improve the situation.						
How to file a complaint	A complaint may be filed through any of the established modalities" -a telephone call (075-653-9875 loc. 11238) -electronic mail (<u>th-rcc.fo1@dswd.gov.ph</u>) -posts, comments and chat messages via DSWD FO1 Official Facebook Page: "DSWD Field Office 1" -personal appearance (walk-in clients) -letter addressed to the Regional Director, Marie Angela S. Gopalan -Official website at <u>https://fo1.dswd.gov.ph</u>						



	through 0000 Citizan's Complaint Contar		
	-through 8888 Citizen's Complaint Center		
How complaints are processed	Complaints received through Official FB Page,		
	the Office of the Regional Director, Official		
	website and 8888 will be forwarded to Human		
	Resource Management and Development		
	Division for action and resolution.		
	The resolution of all complaint consists of:		
	Submission/Receipt of a complaint		
	7. Recording of complaint		
	8. Data Gathering and Investigation		
	9. Resolution		
	10. Final Feedback		
Contact Information of CCB,	Anti-Red Tape Authority (ARTA)		
PCC, ARTA	 (028) 478-5093 		
	 <u>complaints@arta.gov.ph</u> 		
	Presidential Complaint Center (PCC):		
	• Call/ text: 8888		
	 Web: <u>www.88888.gov.ph</u> 		
	Contact Center ng Bayan (CCB):		
	• SMS: 0908-881-6565		
	• Call: 165 65		
	Php 5.00 + VAT per call anywhere in the		
	Philippines via PLDT landlines		
	Email: email@contactcenterngbayan.gov.ph		
	Web: https://contactcenterngbayan.gov.ph		
	Facebook:		
	https://facebook.com/civilservicegovph		

Office	Address	Contact Information
DSWD Field Office 1	Quezon Avenue, City of San Fernando, La Union	(072) 687-8000 loc. 11216
The Haven-Regional Center for Children	Russia St. Bonuan Binloc, Dagupan City, Pangasinan	(075) 653-9875 loc 11230



25.4 Home for Girls

The Home for girls of the Department of Social Welfare and Development is primarily a residential care facility for girl children aged 7 to 18 years old who have been removed from their families/ relatives due to sexual abuse or exploitation and have been taken custody by the state.

Office or Division:	Statutory Programs Division – Home for Girls (HFG)					
Classification:	Highly Technical					
Type of	G2C – Government to Citizen					
Transaction:						
Who may avail:	Female children age	es 7 to 18 ye	ars old needing te	mporary custodial		
	care and protection	for their hea	· · ·			
CHECKLIST OF F	REQUIREMENTS		WHERE TO SE	-		
 Referral Letter Social Case Study 	v Report (SCSR)	Office (Govern 2. License governr	ocial Welfare and LSWDO) or Head ment Organizatior Social Worker fro ment/ non-governr	of Non- n om any		
 Copy of Original E Medical Records (Court Related Doc applicable) Police Blotter/ Rep School Records (F Certificate of Enro Rapid Test Result Vaccination card (Medical Certificate) cument (if oort Form 137/138, and Iment) (If unvaccinated)/	 4. Attendir 5. Departr 6. Philippin 7. School 	ne Statistics Authong Physician form ment of Justice/ Re ne National Police last attended	Hospital/ Clinic egional Trial Court		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
 Receipt of Referral/ Walk-in. Attend to pre- admission 	 1.1 Conduct the pre- admission conference and record referral letter in the incoming logbook 1.2 Assess the eligibility of client based on the submitted documentary requirements. 1.2.1 Eligible: Fill out Admission 	None	30 minutes 20 minutes	Social Welfare Officer (SWO)/ Admitting Officer SWO/ Admitting Officer		



	 1.2.2 Not Eligible: Refer the client to other institutions/ a written reply will be sent to the referring party. 1.3 Assign the case to a Social Worker 	None	2 minutes	Residential Care Facility Head (RCF Head)/ OIC- HFG
2. Attend to the Admission Conference	 2.4 Conduct of Admission Conference and Contract setting with the referring party, Photo documentation of the admission conference. 2.5 Endorse client to the Residential Care Facility's Services 	None	1 hour and 5 minutes	SWO/ Admitting Officer/ Intervention Team
3. Participate in the activities of RCF	3.1 Homelife Service Unit: Conducts inventory of client's personal belongings and provide orientation on basic policies, house rules, RCF's physical set-up, schedule of activities, provision of supplies (Clothing, Toiletries, Footwear, etc). Prepares the Care Plan. 3.2 Medical	None	1 hour 30 minutes	Houseparent (HP)
	Service Unit:			



	Conducts initial			
	Medical			
	Examination			
	(Physical/			
	Health			
	Assessment)			
	3.3 Psychological	None	1 day	RCF
	Service Unit:	i tono	1 ddy	Psychometrician
	Conducts initial			r eyenemetrelar
	Psychological			
	Assessment			
4. Attend to the	4.1 Conduct of in-	None	3 hours	SWO/ Interventior
interviews and		None	Shours	Team Members
	depth interview			
activities in the	and initial			(ITM)
intervention plan	intervention			
	team meeting			
	4.2 Prepare the	None	5 days	SWO/ ITM
	Intervention			
	Plan and SCSR			
	4.3 Provision of	None	1 day (6 months	SWO/ ITM
	basic needs:		to 1 year of	
	Homelife		client's stay at	
	Services, Social		RCF)	
	Services,			
	Medical			
	Services, Legal			
	and Paralegal			
	Services,			
	Capability and			
	Empowerment			
	Services, and			
	referral to			
	specialized			
	interventions.			
	4.4 Conduct	None	1 dov	SWO/ ITM
	-	None	1 day	3000/1110
	monthly and			
	quarterly review			
	and monitoring			
	of the client's			
	progress based			
	from the			
	intervention			
	plan, progress			
	tracking tools,			
	and Social			
	Functioning			
	Indicators (SFI)			
	4.5 Dialogue with	None	1 day	SWO/ ITM
	family		(Conducted	
	members,		within 3 months	
	referring party/		after admission	
		I		L



	LSWDO by		and as	
	conducting case		necessary)	
	conferences		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	and home visits.			
	*Note:			
	Intervention Team			
	Meetings are			
	conducted every 6			
	months.		15 minutes	
	4.6 Preparation of	None		SWO
	request for			
	Parenting			
	Capability			
	Assessment			
	Report (PCAR)			
	4.7 Determine the			
	parenting			
	capability based			
	on PCAR:			
	4.7.1 PCAR is	None	2 weeks	SWO, RCF
	POSITIVE:			Psychometrician
	Facilitate the			1 Sycholineiheidi
	client's social			
	preparation for			
	reintegration			014/0
	4.7.2 PCAR Is	None	1 month	SWO
	NEGATIVE:			
	a. Identify other			
	potential			
	relatives/			
	guardian			
	b. Provide			
	Alternative			
	Parental Care			
	c. Refer to other			
	institutions			
	that could			
	provide			
	continuous			
	service to the			
	client.			
5. Attend to	5.1 Conduct of pre-	None	1 hour	SWO/ ITM
discharge	discharge			
activities	conference with			
	the client's			
	family, referring			
	party, and/or			
	other partner			
	=			
	agency			



│	•			
5.2	Coordinate the	None	2 days	SWO
	discharge of			
	client to family			
	and referring			
	LGU. Prepare			
	the Discharge			
	Summary/			
	Transfer			
	Summary			
	Report			
5.3	Conduct of	None	1 hour 30	SWO / ITM
	General		minutes	
	Medical			
	Examination,			
	Inventory of			
	Client's			
	belongings and			
	preparation of			
	discharge			
	documents			
54	Conduct	None	1 hour	SWO
	Discharge			
	Conference and			
	preparation of			
	Contract for			
	After Care			
	Services.			
5.5	Turn-over of	None	30 minutes	SWO
	client to family/			
	guardian			
56	Request for	None	15 minutes	SWO
	Progress/ After		(within 3 months	
	Care Service		after the date of	
	Report to		discharge)	
	LSWDO.			
57	Prepare the	None	2 hours	SWO
5.7	Closing			
	Summary			
	Report for the			
	Closing/			
	Termination of			
	Case.			
<u> </u>	Total	None	1 yoar	
	TUIAI	NOTE	1 year	



Office	Address	Contact Information
DSWD Field Office 1	Quezon Avenue, City of San Fernando, La Union	(072) 687-8000 loc. 11216
Home for Girls	San Nicolas West, Agoo, La Union	(072) 888-2505 0917-308 9595



AREA I VOCATIONAL REHABILITATION CENTER

FRONTLINE SERVICE



26. Provision of Assistance to Clients of the Vocational Rehabilitation Centers

The Area I Vocational Rehabilitation Center is a training facility that provides comprehensive social and vocational training for a maximum of one (1) year to Person with Disabilities from Regions I, II, III, and CAR.

Office or Division:	Statutory Programs Center	s Division – /	Area I Vocationa	l Rehabilitation	
Classification:	Highly Technical				
Type of Transaction:	G2C - Governmen	t to Citizens			
Who may avail:	Persons with Disa	bilities (PWI	Ds) ages 16 yea	ars old and above	
-	from Regions I, II,				
	U			ally fit to undergo	
	training	<i>.</i>	,	, 0	
	- He/ She has a re	easonable q	ood chance for e	emplovment	
	after training and/or achieved rehabilitation goal.				
CHECKLIST OF RE			WHERE TO SE		
Admission Requirements					
1. Social Case Study Rep		1. City/Mun	nicipal Social	Welfare and	
referred by LGUs				WDO / City Social	
, , , , , , , , , ,				Office (CSWDO)	
			I	(<i>'</i>	
For Walk-in Clients					
1. Once (1) Photocopy of			e Statistics Autho	rity	
2. Barangay Clearance (Original Copy)		12. Baranga	у		
3. Chest X-Ray (Negative	,	13. Hospital			
			14. Hospital/RHU		
5. Pictures: 1x1 ID Picture	e & 1 Whole Body	15. Client			
Picture		10 Demonstra		1 1) / D	
6. COVID 19 Vaccination		16. Department of Health (DOH)/ Rural Health			
vaccinated, Negative R 7. PWD ID Card	I-PCR Result)	Unit (RHU)			
8. Psychological Evaluatio	n Poport (for clients	17. Client 18. Accredited Hospital/Institutions/Licensed			
with Intellectual Disabili		Psychologist and/or Psychiatrist			
Psychiatric Clearance t	• /	1 Sychold	Selection of a system	liatiist	
	AGENCY	FEES TO	PROCESSIN	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE	
1.Pre-admission	1.1. Review	None	15 minutes	Social Worker	
	documents	iterie			
-Present and submit	submitted				
admission requirements					
to the Social Adjustment	If not complete,				
Services or Training	1.1.1. Refer the		15 minutes	Social Worker	
Center Superintendent	client back to the		10 minutes	Social Worker	
(TCS II)	MSWDO/CSWDO				
	If complete:		1 hour	Social Worker	
	1.1.2. Conduct				
	Intake interview				
			5 minutes	Social Worker	
	1.2. Refer client for				
	Physical Exam				



	1.3. Conduct Medical evaluation/check-	30 minutes	
	up to determine the physical fitness of the client to undergo social and vocational training		Nurse/Medical Officer
1	<u>If physically fit</u> 1.3.1. Prepare result of physical assessment	30 minutes	Nurse/Medical Officer
	1.3.2 Refer back to Social Worker in charge with the result of physical assessment	5 minutes	Nurse/Medical Officer
· · · · ·	If not physically fit 1.3.3 The Social Worker in charge will refer back the client to the referring LGU/party.	15 minutes	Social Worker
1	1.4. Refer client for Initial Psychological Assessment	5 minutes	Social Worker
1	1.5. Conduct of Initial Psychological Assessment	3 hours	Psychometrician/A O II
I	1.6. Prepare Initial Psychological Assessment Report	1 hour	Psychometrician/A O II
	1.7. Refer back to the Social Worker	5 minutes	Psychometrician/A O II
l t	1.8 Refer client to Placement Service for Placement Assessment	45 minutes	Placement Officer
	1.9 Social Worker conducts home	4-5 days	Social Worker



	visits to gather collateral information as basis in the preparation of the Social Case Study Report **For clients from far flung provinces, cities, municipalities/area s, the Social Worker coordinates and requests assistance from the C/MSWDO for the conduct of the home visit ** The Social Worker prepares the Social Case Study Report			
2. Clients orientation on the centers programs and services (Admission Phase)	 Social Worker orients the client about the facility, the programs and services, exploratory courses, schedules, rules and regulations including accommodatio n of clients (if necessary) with client's conformity **The Social Worker accomplishes Admission Slip and other relevant documents for the client's admission in the center. 	None	1 hour	Social Worker
3. Participation to Rehabilitation Team Meeting (RTM)	3.1. The Social Worker will request 1∝	None	10 minutes	Social Worker



	Rehabilitation			
[]	Feam Meeting			
	3.2. 1ª RTM: Discussion on the	None	30 minutes	Rehabilitation Team, Client
c ti (client's exploratory raining courses 2-3 courses for 5			ream, Chem
r F a	days per course), result of the osychological assessment,			
s r c	discussion on the social rehabilitation courses and the			
	ntervention plan of different services			
Client will undergo 4 cploratory phase at W ast three courses (5 r ays/ course) E	Anerent services 4.1. The Social Norker will refer/ equest Exploratory Schedule to the Vocational Fraining Services	None	10 minutes	Social Worker
e E	4.2. Preparation and issuance of Exploratory Schedule	None	10 minutes	Vocational Training Services Coordinator
	4.3 Monitoring of client's exploratory bhase (Orient the client on the course description and requirements)	None	15 days (5 days per exploratory training course)	Rehabilitation Team
Participation to 5 ehabilitation Team V eeting F	5.1. The Social Norker will request 2 [™] Rehabilitation Feam	None	10 minutes	Social Worker
E fi s r c (r ii	5.2. 2 [™] RTM: Discussion and inalization of social rehabilitation goals of clients indicating rehabilitation ndicators, plans and social	None	30 minutes	Rehabilitation Team, Client
ii a	ndicators, plans			



	schedules within 2-3 months)			
6. Report to Social Rehabilitation Schedule	6.1. Refer client for Social Rehabilitation Schedule	None	10 minutes	Social Worker
	6.2. Preparation and issuance of Social Rehabilitation Schedule	None	10 minutes	Vocational Training Service Coordinator
	6.3. Monitor client's progress and adjustment in the different social rehabilitation subjects	None	1-2 months (depends on the evaluation)	Rehabilitation Team
	** Refer the client for Vocational Guidance Session	None	5 minutes	Social Worker
	**Conduct of Vocational Guidance Session	None	1 hour	Psychometricia
	** Preparation and issuance of Vocational Guidance Report	None	1 hour	Psychometricia
7. Evaluation Phase	7.1. Social Worker will request Evaluation Conference	None	10 minutes	Social Worker
	7.2. Conduct Evaluation Conference (to determine the client's readiness for Vocational Rehabilitation Training)	None	30 minutes	Rehabilitation Team
	If not capable to undergo Vocational Rehabilitation Training			
	7.2.1. End /Issuance of	None	10 minutes	Social Worker/Training



	certificate of Attendance			Center Superintendent II
	If capable to undergo Vocational Rehabilitation Training 7.2.2 Client will avail or undergo Vocational Training Phase 7.2.3. Preparation of Evaluation	None	30 minutes	, Social Worker
0 Denticia etiene te	Conference Report	Nerre	10 minutes	Os sist Mardas a
8. Participation to Rehabilitation Team Meeting	8.1. The Social Worker will request 3 ^{,,,} RTM	None	10 minutes	Social Worker
	8.2. Conduct of 3 rd RTM (Discussion and finalization of client's vocational training course and other needed requirements. Likewise, the team finalizes the vocational rehabilitation goals of client)	None	30 minutes	Rehabilitation Team
	8.2.1. Refer client for Permanent Schedule	None	10 minutes	Social Worker
	8.3. Preparation and issuance of permanent schedule	None	45 minutes	Vocational Training Services Coordinator
9. Attend the comprehensive training in his/her	9.1. Provides intensive training and monitor	None	6 months (until the 9 [⊪] month or depending	Rehabilitation Team
chosen vocational course for a maximum of six (6) months	progress of the client. 9.2. Prepare Monthly Progress	None	on the assessment of RTM)	Vocational Training Instructor/s, Socia Worker
	Notes/Progress Report	None	30 minutes	Psychometrician



	**The Psychometrician conducts vocational counseling sessions to the client for guidance (as needs arises/per referral of Social Worker and/or Vocational	None	15 minutes 15 minutes	Medical Officer/Center Nurse Placement Officer
	Instructor) **The Center Nurse/Medical Officer monitors health status of the client	None		
	**The Placement Officer will conduct Job Counseling			
10.Participation to Rehabilitation Team	10.1. Social Worker will	None	10 minutes	Social Worker
Meeting	request 4 th RTM 10.2. Conduct 4 th RTM (Assessment of Vocational Rehabilitation Training Program of the client)	None	30 minutes	Rehabilitation Team
	If the vocational rehabilitation training is successful: 10.2.1. The RTM will discuss and agree on plans and schedule for the on-the-job training of the client	None		
	If the client wants to take other options or proposals for further training/ employment/ END	None	30 minutes	Rehabilitation Team



	10.2.2. The RTM will assist the client on the matter. The Social Worker prepares referral letter to the concerned parties			
11. Participation to Rehabilitation Team Meeting	11.1. Social Worker will request for the 5 th RTM	None	10 minutes	Social Worker Rehabilitation
	11.2. Conduct of 5 th RTM (discussion on the on-the-job- training of client. The RTM finalizes the referral letter and MOA/MOU	None	30 minutes	Team (Social Worker, Vocational Training Services Social Worker, Vocational
	with employers 11.3. Preparation of referral letter	None	15 minutes	Training Services Coordinator Vocational Training
	11.4. Refer client for OJT	None	4 hours (depends on the location of OJT outlet)	Instructor/Social Worker/ Placement Office
12. The client undergoes On-The- Job Training (the client attends the OJT based on recommendation of the Rehabilitation Team)	12.1. The Social Worker prepares a monthly feedback report (client/s attending OJT are being monitored on matters such as attendance, behavior, work attitude and work habit) (To ensure the submis sion of evaluati on report)	None	2-3 months	Social Worker, Senior Manpowe Development Officer/Vocationa Training Instructor, Employer, Client
13. Participation to Rehabilitation Team Meeting	13.1. Social Worker will request 6ゥ RTM	None	10 minutes	Social Worker
-	13.2. Conduct of 6≞ Rehabilitation	None	30 minutes	Rehabilitation Team Meeting



	Team Meeting (The RTM to			
	discuss the result of the OJT based			
	on the employer's			
	final evaluation report)			
	*If OJT			
	assessment is positive/favorable,			
	the client will be			
	referred for job			
	placement			
14. Job Placement	<i>End of 1 Year</i> \ 14.1 The	<i>locational Tra</i> None	1 to 3 months	Social Worker,
14. JOD T lacement	Placement Officer	None	after	Placement Officer
	refers client to		completion of	
	employment		vocational	
	outlets depending		training	
	on the			
	rehabilitation goal either on open			
	employment, self-			
	employment or			
	sheltered			
45 Demonstrates the	employment	News	1 1 1 1	Dia a a ma a mt. Officia a m
15. Report to the center for Evaluation	15.1. Placement Officer submits an	None	1 day	Placement Officer, Employer, Client
	evaluation on the			Employer, Chem
	employment status			
	-The Rehabilitation			
	Team			
	recommends for the closure of the			
	case having			
	achieved the			
	vocational			
	rehabilitation			
	indicators			
	-Feedback Reports from			
	clients after			Social Worker
	undertaking the		30 minutes	
	vocational	None		
	rehabilitation			
	training program are elicited and			
	responded			
	15.2. The Social			
	Worker will			
	prepare an	1	1	1



	updated Social Case Study Report			
16. Placement Closure	16.1. The client and the employer are formally informed on the recommendation for the closure of the case	None	30 minutes	Placement Officer Employer, Client, RTM
17. Participation to Pre-discharge conference	 17.1The Social Worker request for the Pre-Discharge Conference 17.2. Conduct of Pre-Discharge Conference (the discharge/terminati on plan is formulated with the client and other stakeholders prior to actual termination) 	None	30 minutes	Rehabilitation Team. Family Members, Referring Party/LGU
18. Participation to Discharge Conference	18.1. The Social Worker request for the Discharge Conference	None	30 minutes	Social Worker
	18.2. Conduct of Discharge Conference (Finalization of Discharge Plan)	None		Rehabilitation Team, Referring Party/LGU, Client
19. Administer Client Satisfaction Survey (to determine if the client is satisfied with the programs and services provided, the client administers a satisfaction survey either online or personal fill-in form)	19.1 The Social Worker will assist the client in the administration of CSMF	None	10 minutes	Social Worker, Client
20. Client is subject for monitoring	20.1. Monitoring Visit/ Post Discharge -The Social Worker and Placement Officer conducts monitoring visit to client/s within 3 to	None	1 to 3 months	Social Worker, Placement Officer



	6 months after the discharge to determine status of clients in the family or community			
	20.2. Prepare Closing Summary	None	1 hour	Social Worker
Total Eligible to undergo train	ing	None	1 year	
After Care Services / Follow-Up		None	6 Month, 4 Hours, and 10 Minutes	
Incomplete Requirements		None	15 minutes	
Not Eligible to undergo t	raining	None	40 minutes	

• Note: "Name of Service" is covered under RA 1179, RA 2695 and AO 74

FEEDBACK	AND COMPLAINTS MECHANISM
How to send feedback	Through client satisfaction measurement mechanism.
How feedbacks are processed	Consolidate and analyze monthly, quarterly, semi-annually and annually to identify root cause analysis or other known quality management techniques and identify plans and actions that must be recommended for execution to resolve the issues and improve the situation.
How to file a complaint	A complaint may be filed through any of the established modalities" -a telephone call (075-653-4910) -electronic mail (avrc.fo1@dswd.gov.ph) -posts, comments and chat messages via DSWD FO1 Official Facebook Page: "DSWD Field Office 1" -personal appearance (walk-in clients) -letter addressed to the Regional Director, Marie Angela S. Gopalan -Official website at https://fo1.dswd.gov.ph -through 8888 Citizen's Complaint Center
How complaints are processed	Complaints received through Official FB Page, the Office of the Regional Director, Official website and 8888 will be forwarded to Human Resource Management and Development Division for action and resolution. The resolution of all complaint consists of: 1. Submission/Receipt of a complaint 1. Recording of complaint



	2. Data Gathering and Investigation	
	3. Resolution	
	4. Final Feedback	
Contact Information of CCB,	Anti-Red Tape Authority (ARTA)	
PCC, ARTA	 (028) 478-5093 	
	 <u>complaints@arta.gov.ph</u> 	
	Presidential Complaint Center (PCC):	
	• Call/ text: 8888	
	• Web: <u>www.88888.gov.ph</u>	
	Contact Center ng Bayan (CCB):	
	• SMS: 0908-881-6565	
	• Call: 165 65	
	Php 5.00 + VAT per call anywhere in the	
	Philippines via PLDT landlines	
	Email: email@contactcenterngbayan.gov.ph	
	Web: https://contactcenterngbayan.gov.ph	
	Facebook:	
	https://facebook.com/civilservicegovph	

Office	Address	Contact Information
DSWD Field Office 1	Quezon Avenue, City of San Fernando, La Union	(072) 687-8000 loc. 11239
Area 1 Vocational Rehabilitation Center	Russia St. Bonuan Binloc, Dagupan City, Pangasinan	(075) 653-4910



CRISIS INTERVENTION SECTION

FRONTLINE SERVICE



27. Implementation of Assistance to Individuals In-Crisis Situation (AICS) at Field Office

AICS is a social safety net or stop-gap measure to support the recovery of individuals and families identifies to be suffering from any unexpected life events or crisis through the provision of psychosocial intervention and/or direct financial/material assistance that will enable the clients to meet their basic needs such as foods, transportation, medical, educational, and burial assistance, among others.

Office or	Statutory Programs Division – Crisis Intervention Section				
Division:					
Classification:	Complex				
Type of	G2C - Government to Citizens				
Transaction:					
Who may avail:	Individuals and/or families who are indigent, vulnerable				
	disadvantaged or are otherwise in crisis situation based on the				
	assessment of the Social Worker.				
	REQUIREMENTS		WHERE TO SECURE		
Medical Assistance		r			
 Medical Certificate/0 date of issuance, co signature and licens attending physician months) 	mplete name, e number of the		Attending Physician from a hospital/clinic or from Medical Records Billing clerk of the hospital		
2. Hospital Bill/ Statement of Account (Outstanding Balance) with complete name and signature of the Billing Clerk					
3. Government issued interviewed)	valid ID (person to be	3.	Government agencies issuing and Identification card (e.g. SSS, GSIS, LTO, Pag-Ibig, COMELEC, NBI, DFA, etc)		
4. Case study report/ (of services more tha	Case summary (to avail in Php 5,000.00)	4.	Department Social Worker, Local Social Welfare and Development Officer or Case Summary issued by Medical Social Worker (MSW)		
5. Brgy. Certificate of I of Indigency or Certi Need of Assistance	Residency or Certificate ficate the client is in	5.	Barangay the client is presently residing		
	ofor Medicine/ Assist				
date of issuance, co	mplete name, signature per of the attending	1.	Attending Physician from a hospital/clinic or from Medical Records		
	e of issuance, complete d license number of the	2.	Attending Physician from hospital/ clinic		



3. Government Issued Valid ID (person to be interviewed)	3.	Government agencies issuing ID (e.g. SSS, GSIS, Pag-ibig, COMELEC, NBI, DFA, etc.)				
4. Case Study Report/ Case Summary (to avail of services more than Php 5,000.00)	4.	Department Social Worker, Local Social Welfare and Development Officer or Case Summary issued by Medical Social Worker (MSW)				
 Brgy. Certificate of Residency/ Certificate of Indigency/ Certificate that client is in Need of Assistance 		Barangay the client is presently residing				
Medical Assistance for Laboratory Requests						
1. Medical Certificate/Clinical Abstract with date of issuance, complete name, signature and license number of the attending physician (issued within 3 months)	1.	Attending Physician from a hospital/clinic or from Medical Records				
2. Laboratory Requests with date of issuance, complete name, signature and license number of the attending physician	2.	Attending Physician from hospital/ clinic				
3. Government Issued Valid ID (person to be interviewed)	3.	Government agencies issuing ID (e.g. SSS, GSIS, Pag-ibig, COMELEC, NBI, DFA, etc.)				
4. Case Study Report/ Case Summary (to avail of services more than Php 5,000.00)	4.	Department Social Worker, Local Social Welfare and Development Officer or Case Summary issued by Medical Social Worker (MSW)				
5. Brgy. Certificate of Residency/ Certificate of Indigency/ Certificate that client is in Need of Assistance.	5.	Barangay the client is presently residing				
Burial Assistance for Funeral Bill						
1. Registered Death Certificate/ Certification from the Tribal Chieftain	1.	City/ Municipal Hall, hospital, funeral parlor or Tribal Chieftain				
2. Funeral Contract	2.	Funeral parlor/ Memorial Chapel				
3. Government Issued Valid ID (person to be interviewed)	3.	Government agencies issuing ID (e.g. SSS, GSIS, Pag-ibig, COMELEC, NBI, DFA, etc.)				
4. Case Study Report/ Case Summary (to avail of services more than Php 5,000.00)	4.	Department Social Worker, Local Social Welfare and Development Officer or Case Summary issued by Medical Social Worker (MSW)				
5. Brgy. Certificate of Residency/ Certificate of Indigency/ Certificate that client is in Need of Assistance.		Barangay the client is presently residing				
Burial Assistance for Transfer of Cadave						
1. Registered Death Certificate/ Certification from the tribal chieftain	1.	City/ Municipal Hall, hospital, funeral parlor or Tribal Chieftain				
2. Funeral Contract	2.	Funeral parlor/ Memorial Chapel				



	
3. Transfer permit	3. City/ Municipal Hall, hospital, funeral parlor or
4. Embalming Certificate	Tribal Chieftain 4. Funeral parlor/ Memorial Chapel
5. Government Issued Valid ID (person to be interviewed)	5. Government agencies issuing ID (e.g. SSS, GSIS, Pag-ibig, COMELEC, NBI, DFA, etc.)
 Case Study Report/ Case Summary (to avail of services more than Php 5,000.00) 	 Department Social Worker, Local Social Welfare and Development Officer or Case Summary issued by Medical Social Worker (MSW)
 Brgy. Certificate of Residency/ Certificate of Indigency/ Certificate that client is in Need of Assistance. 	7. Barangay the client is presently residing
Educational Assistance	
1. Enrolment Assessment Form or Certificate of Enrolment or Registration	1. Registrar, Authorized staff from school
2. Validated School ID of the student/ beneficiary	2. Registrar, Authorized staff from school
 Statement of Account for College Students, when available. (This may not be available for State Universities) 	3. Registrar, Authorized staff from school
4. Government Issued Valid ID (person to be interviewed)	4. Government agencies issuing ID (e.g. SSS, GSIS, Pag-ibig, COMELEC, NBI, DFA, etc.)
5. Brgy. Certificate or Residency/ Certificate of Indigency/ Certificate the client is in Need of Assistance may be required	5. Barangay the client is presently residing
For Food Assistance	
1. Government Issued valid ID	1. Government agencies issuing ID (e.g. SSS, GSIS, Pag-ibig, COMELEC, NBI, DFA, etc.)
2. Project proposal and Food Distribution List1 (CRCF client)	2. Head of the Residential Facility
 Brgy. Certificate of Residency/ Certificate of Indigency/ Certificate of Client is in Need of Assistance 	3. Barangay the client is presently residing
For Cash Assistance for Other Support	Services
1. Any valid Government Issued I.D	 Government agencies issuing an identification card (SSS, Philhealth, LTO, PAG-IBIG, Comelec, NBI, DFA and among others)
 Depending on the circumstances: 2.1 Police Report or Bureau of Fire Protection (BFP) Report/ Certification for fire victims 	 Police Station, Barangay, Bureau of Fire (BFP), Philippine Embassy/ Consulate, Social Worker from welfare agencies



•			1	180	
 Submit the documents to Social Worker 	out the Health	None	30 Minutes	Agency) CIU/CIS Social Worker	
1. Get queue number and filling-out the	1. Issue queueing number and facilitate the filling-	BE PAID None	TIME 3 Minutes for new clients	RESPONSIBLE Field Office Guard on Duty (Outsourced	
CLIENT STEP		FEES TO	PROCESSING	PERSON	
documents from	n legal authorities/ cies, as may be applicable.				
Certificate of In	digency/ Certificate is in nce as well as other	J. Darange		entry residing	
	esult, if applicable	 Licensed COVID-19 laboratories/ facilities Barangay the client is presently residing 			
			among others)		
		1. Government agencies issuing an ID (SSS, Philhealth, LTO, PAG-IBIG, NBI, DFA and			
For Cash Assis 1. Any valid Gove	tance for Other Support		nent agencies iss	uing an ID (SSS	
agencies, as	may be applicable.				
	s well as other documents thorities/ regulating				
Indigency/ C	ertificate is in Need of				
	incidents – Barangay Residency/ Certificate of				
identity	oted to prove his/her				
Philippine Na	ational Police will suffice				
	IDs, the Medical Certificate Authority issued by the				
2.5 For Locally	Stranded Individuals (LSI)				
	of Children or violence en and children				
Certificate fo	r Victims of Online Sexual				
in need of as	s <i>istance</i> r and Social Worker				
2.3 Certification from the Social Worker or Case Manager for rescued clients or <i>is</i>					
the OF	-				
	rom OWWA or the any proof of repatriation by				
	avel Document/s,				



If the client is		
new, proceed to		
the next step or		
 If the client was 		
able to received		
assistance within		
the last 3 months		
for medical		
assistance and		
last 6 months for		
transportation		
assistance the		
client will be		
advised to return		
on the date		
prescribed		
otherwise a		
justifiable reason		
is warranted by		
the social worker,		
the client may be		
served		
2.1.1 Documents		
are		
Incomplete:		
the client will be		
asked to		
comply;		
otherwise, a		
justifiable		
reason is		
warranted by		
the Social		
Worker so that		
the client may		
be served		
2.1.2 Documents		
are complete:		
encode the		
client and		
beneficiary's		
information and		
family's		
composition in		
CrIMS		
2.2 Encode the client/	None	CIU/ CIS Social
beneficiary's		Worker
information and		
family's		
composition in		
Crisis Intervention		



Monitoring System (CrIMS)			
TOTAL	None	5 Days and 48 minutes	

28. Implementation of Assistance to Individuals in Crisis Situation in Social Welfare Assistance Desk Offices

The provision of counseling, referral for psychological and legal service, as well as financial assistance to disadvantaged and marginalized sectors is part of the social protection services of the Field Office 1. These protective services aim to help individuals and families to cope with the difficult situation they are presently experiencing, such as illness, death, loss of job or source of income.

Office or Division:	Statutory Programs Division – Crisis Intervention Section			
Classification:	Complex			
Type of	G2C - Government to Citizens			
Transaction:				
Who may avail:	Individuals and/or f	ami	lies who are indigent, vulnerable	
	disadvantaged or a	ire c	otherwise in crisis situation based on the	
	assessment of the	Soc	cial Worker.	
CHECKLIST OF RE			WHERE TO SECURE	
Medical Assistance for				
 Medical Certificate/Clin date of issuance, comp signature and license n attending physician (iss months) 	lete name, number of the		Attending Physician from a hospital/clinic or from Medical Records	
2. Hospital Bill (with name	and signature)	Ζ.	Billing clerk of the hospital	
2. HOSpital Dill (with hame	e and signature)	3	Barangay where the client is presently residing	
	 Barangay Certificate of Indigency/ Certificate of Residency 		Government agencies issuing ID (e.g. SSS,	
4. Any Government Issue	ed valid ID		LTO, Pag-ibig, GSIS, NBI, DFA, etc.)	
5. Social Case Study Rep	port (if required)	5.	Licensed Social Worker from any government/ non-government welfare agencies	
Medical Assistance for	or Medicine/ Assist	ive		
 Medical Certificate/C date of issuance, comp and license number physician (issued within 	lete name, signature of the attending	1.	Attending Physician from a hospital/clinic or from Medical Records	
2. Prescription with date on name, signature and lie attending physician	•	2.	Attending Physician from hospital/ clinic	
3. Government Issued Va interviewed)	alid ID (person to be	3.	Government agencies issuing ID (e.g. SSS, GSIS, Pag-ibig, COMELEC, NBI, DFA, etc.)	
4. Case Study Report/ avail of services more t		4.	Department Social Worker, Local Social Welfare and Development Officer or Case	
			182	



		Summary issued by Medical Social Worker (MSW)
5. Brgy. Certificate of Residency/ Certificate of Indigency/ Certificate that client is in Need of Assistance	5.	Barangay the client is presently residing
Medical Assistance for Laboratory Requ		
1. Medical Certificate/Clinical Abstract with date of issuance, complete name, signature and license number of the attending physician (issued within 3 months)	1.	Attending Physician from a hospital/clinic or from Medical Records
2. Laboratory Requests with date of issuance, complete name, signature and license number of the attending physician	2.	Attending Physician from hospital/ clinic
3. Case Study Report/ Case Summary (to avail of services more than Php 5,000.00)	3.	Department Social Worker, Local Social Welfare and Development Officer or Case Summary issued by Medical Social Worker (MSW)
4. Brgy. Certificate of Residency/ Certificate of Indigency/ Certificate that client is in Need of Assistance.		6. Barangay the client is presently residing
Burial Assistance for Funeral Bill		
1. Registered Death Certificate/ Certification from the tribal chieftain	1.	City/ Municipal Hall, hospital, funeral parlor or Tribal Chieftain
2. Funeral Contract	2.	Funeral parlor/ Memorial Chapel
3. Transfer permit		City/ Municipal Hall, hospital, funeral parlor or Tribal Chieftain
4. Embalming Certificate	4.	Funeral parlor/ Memorial Chapel
5. Government Issued Valid ID (person to be interviewed)	5.	Government agencies issuing ID (e.g. SSS, GSIS, Pag-ibig, COMELEC, NBI, DFA, etc.)
6. Case Study Report/ Case Summary (to avail of services more than Php 5,000.00)	6.	Department Social Worker, Local Social Welfare and Development Officer or Case Summary issued by Medical Social Worker (MSW)
7. Brgy. Certificate of Residency/ Certificate of Indigency/ Certificate that client is in Need of Assistance.		Barangay the client is presently residing
Burial Assistance for Transfer of Cadave		
1. Registered Death Certificate/ Certification from the tribal chieftain	1.	City/ Municipal Hall, hospital, funeral parlor or Tribal Chieftain
2. Funeral Contract	2.	Funeral parlor/ Memorial Chapel
3. Transfer permit	3.	City/ Municipal Hall, hospital, funeral parlor or Tribal Chieftain



4. Embalming Certificate	4. Funeral parlor/ Memorial Chapel	
5. Government Issued Valid ID (person to be interviewed)	5. Government agencies issuing ID (e.g. SS GSIS, Pag-ibig, COMELEC, NBI, DFA, etc.)	iS,
 Case Study Report/ Case Summary (to avail of services more than Php 5,000.00) 	 Department Social Worker, Local Soc Welfare and Development Officer or Ca Summary issued by Medical Social Work (MSW) 	se
7. Brgy. Certificate of Residency/ Certificate of Residency	7. Barangay the client is presently residing	
Educational Assistance		
1. Enrolment Assessment Form or Certificate of Enrolment or Registration	1. Registrar, Authorized staff from the schoo)
2. Valid School ID/ Valid ID of the Parent/Guardian	 Registrar, Authorized staff from the school Government agencies issuing an ID (e.g. SSS, GSIS, DFA, etc) 	л ,
3. Barangay Certificate of Indigency/ Certificate of Residency	 Barangay where the client is presently residing 	
4. Statement of Account for College Students	4. Registrar, Authorized staff from the schoo	b
For Food Assistance		
1. Government Issued valid ID	1. Government agencies issuing ID (e.g. SS GSIS, Pag-ibig, COMELEC, NBI, DFA, etc.)	S,
2. Project proposal and Food Distribution List1 (CRCF client)	2. Head of the Residential Facility	
 Brgy. Certificate of Residency/ Certificate of Indigency/ Certificate of Client is in Need of Assistance 	3. Barangay the client is presently residing	
For Cash Assistance for Other Support	Services	
1. Any valid Government Issued I.D	 Government agencies issuing an identification card (SSS, Philhealth, LTO, PAG-IBIG, Comelec, NBI, DFA and among others) 	'n
 Depending on the circumstances: Police Report or Bureau of Fire Protection (BFP) Report/ Certification for fire victims Passport/ Travel Document/s, certification from OWWA or the Barangay or any proof of repatriation by the OF Certification from the Social Worker or Case Manager for rescued clients or <i>is</i> <i>in need of assistance</i> Police Blotter and Social Worker Certificate for Victims of Online Sexual 	 Police Station, Barangay, Bureau of Fire (BFP), Philippine Embassy/ Consulate, Socia Worker from welfare agencies 	al



2	or the Travel Author Philippine National I and be accepted to identity 2.6 For all other incider Certificate of Reside Indigency/ Certificat Assistance as well a from legal authoritie agencies, as may be	children ed Individuals (LSI) e Medical Certificate rity issued by the Police will suffice prove his/her hts – Barangay ency/ Certificate of te is in Need of as other documents ts/ regulating e applicable.			
W	ithin the day transa CLIENT STEPS	ction AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	Get queue number and filling-out the Health Declaration Form	1. Issue queueing number and facilitate the filling-out the Health Declaration Form to client	None	3 Minutes for new clients	Field Office Guard on Duty (Outsourced Agency)
2.	Submit the documents to Social Worker	 2.1 Receive and review submitted documents 2.1.1 Complete: proceed for assessment 2.1.2 Incomplete : request to comply with the lacking requirement 2.2 Verify the client's information to the online Crisis Intervention Monitoring System (CrIMS) database to determine eligibility to receive assistance. 2.3 Encode/ 	None	30 Minutes	CIU/CIS Social Worker



client/ beneficiary's information and family's composition in CrIMS/ CIU Processing & Monitoring System (CPMS) 2.4 Conduct of thorough interview and assessment of client's socio- economic situation. 2.5 Accomplish the General Intake Sheet for concurrence of client. Prepare the recommendati on for approval. 2.6 Review the recommendati on, Assessment and attached documents 2.6.1 Approved: Release of Assistance 2.6.2 Disapprov ed: return to Social worker and give further	None	3 minutes	CIS Head
 instructions 2.7 Release of	None	2 minutes	CIS Head
assistance (Php 10,000.00 and below) 2.7.1 Print and photocopy of document 2.7.2 Advise the client to proceed to	None	5 minutes	CIS Head/ Disbursing Officer
 special	1	<u> </u>	186



	disbursing officer			
ΤΟΤΑ		None	43 Minutes	
Guarantee Letter Trar	nsactions		I	I
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
 Get queue number and filling-out the Health Declaration Form 	2 Issuance of queueing number and facilitating the filling-out of the Health Declaration Form to clients	None	3 minutes	Field/Satellite Office Guard on Duty (Outsourced Agency)
2. Submit the documents to Social Worker	 2.1 Receipt and review of documents submitted to determine if eligible to receive assistance. 2.1.1 Complete: proceed to the next step; 2.1.2 Incomplete : ask the client to comply with lacking 	None	30 minutes	Administrative Aide (AAide) CIS
	requirement 2.2 Verify the client's information to the online Crisis Intervention Monitoring System (CrIMS) database to determine the eligibility to received assistance. 2.3 Encode/ Update the client/ beneficiary's information and family's			Social Welfare Officer (SWO) CIS



composition in CrIMS/ CIU Processing & Monitoring System (CPMS). 2.4 Conduct thorough interview and assessment of client's socio- economic situation. 2.5 Accomplish the General Intake Sheet (GIS) for concurrence of client. Prepare recommendatio n for approval. 2.6 Review the assessment and the completeness of requirements submitted. 2.6.1 Approved: proceed to the next step. 2.6.2 Disapprov ed: return to Social Worker and give further instructions	None	3 minutes	CIS Head
 2.7 Prepare Guarantee letter and submit for approval 2.7.1 Approved: Release of Guarantee letter addressed to the Service Provider 2.7.2 Disapprov ed: return to Social Worker and 	None		Social Welfare Officer



	TOTAL	None	3 days and 43 minutes	
	ssistane			Officer (CIS)
S D	roceed to the pecial isbursing fficer Release of			CIS Disbursing
15 2.9 A	bove Php 50,001 dvise client to		13-20 days	DSWD Secretary or Designated OIC
	hp 75,001 to 50,000		8-12 days	Regional Director
	hp 50,001 to 5,000		4-7 days	Assistant Regional Director for Operations (ARDO)
	hp 20,001 to),000		3 days	Chief (Statutory Programs Division)
aj gu le • P	give further instruction eview and oproval of uarantee tter: hp 10,001 to 0,000		1 day	CIS Head

FEEDBACK AND COMPLAINTS MECHANISM		
How to send feedback	Through client satisfaction measurement mechanism.	
How feedbacks are processed	Consolidate and analyze monthly, quarterly, semi-annually and annually to identify root cause analysis or other known quality management techniques and identify plans and actions that must be recommended for execution to resolve the issues and improve the situation.	
How to file a complaint	A complaint may be filed through any of the established modalities" -a telephone call (072-687-800 loc. 11209) -electronic mail (<u>cispsp.fo1@dswd.gov.ph</u>) -posts, comments and chat messages via DSWD FO1 Official Facebook Page: "DSWD Field Office 1"	



	-personal appearance (walk-in clients) -letter addressed to the Regional Director, Marie Angela S. Gopalan -Official website at <u>https://fo1.dswd.gov.ph</u>
	-through 8888 Citizen's Complaint Center
How complaints are processed	Complaints received through Official FB Page, the Office of the Regional Director, Official website and 8888 will be forwarded to Human Resource Management and Development Division for action and resolution. The resolution of all complaint consists of: 7. Submission/Receipt of a complaint 8. Recording of complaint 9. Data Gathering and Investigation 10. Resolution 11. Final Feedback
Contact Information of CCB,	Anti-Red Tape Authority (ARTA)
PCC, ARTA	• (028) 478-5093
	 <u>complaints@arta.gov.ph</u>
	Presidential Complaint Center (PCC):
	• Call/ text: 8888
	• Web: <u>www.8888.gov.ph</u>
	Contact Center ng Bayan (CCB): • SMS: 0908-881-6565
	 Call: 165 65
	Php 5.00 + VAT per call anywhere in the
	Philippines via PLDT landlines
	Email: email@contactcenterngbayan.gov.ph
	Web: <u>https://contactcenterngbayan.gov.ph</u>
	Facebook:
	https://facebook.com/civilservicegovph



List of Offices				
Office	Address	Contact Information		
DSWD Field Office 1	Quezon Avenue, City of San	(072) 687-8000		
	Fernando, La Union 2500	loc. 11209		
Eastern Pangasinan	Gov. Robert B. Estrella	0977-6120632		
Satellite Office	Memorial Stadium Zone 4,			
	Rosales, Pangasinan and Sta.			
	Maria, Binalonan, Pangasinan			
Western	Russia St. Bonuan Binloc,	(075) 653-4910		
Pangasinan Satellite	Dagupan City, Pangasinan			
Office				
Central Pangasinan	Russia St. Bonuan Binloc,	(075) 653-4910		
Satellite Office	Dagupan City, Pangasinan			

List of Offices



SUPPLEMENTARY FEEDING PROGRAM MANAGEMENT OFFICE

FRONTLINE SERVICE



29. Implementation of the Supplementary Feeding Program

The enactment of the Republic Act 11037 or the Masustansyang Pagkain Para sa Batang Pilipino Act institutionalized the implementation of the Supplementary Feeding Program which is the provision of food on top of the regular meals to children ages 2-4 years old enrolled in Supervised Neighborhood Playgroup (SNP), 3-4 years old children enrolled in the Child Development Centers (CDC) and 5-year-old children not enrolled in DepEd but enrolled in the CDCs.

Office or Division:	Statutory Programs	Division – C	ommunity Based S	Services Section:
	Supplementary Fee	ding Prograr	n	
Classification:	Highly Technical			
Type of	G2G – Government to Government			
Transaction:				
Who may avail:	Local Government L	Jnits		
CHECKLIST OF F	REQUIREMENTS		WHERE TO SE	CURE
1. Duly signed Memory Agreement (MOA))	Mayor/0	overnment Unit (0 C/MSWDO)	
2. Original/ Certified Sangguniang Baya		Mayor)	overnment Unit (C	
3. Duly signed Project	ct Proposal		overnment Unit (C C/MSWDO)	Office of the
.	Report (Form 3.A) ficiaries (Form 2.A) Development	 C/MSW C/MSW Local G 	-	C/MSWDO)
Centers (Form 2.E	3)			
 These documentary represented to the DSW personnel. 				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Social Preparation f	or the Implementation	on of SFP (L	GU to Field Offic	;e)
 LGU to submit the required documents for the program inclusion of the target beneficiaries per Child 	1.1 Receive and check the completeness of the documents submitted	None	30 Minutes /LGU	Administrative Assistant II -AA II (Supplementary Feeding Program Management Office-SFPMO)
Development Centers (CDCs)/ Supervised Neighborhood Play (SNPs)	1.2 Log the submitted documents and forwarded to the technical staff for inclusion in the	None	15 Minutes	AA II (SFPMO)



	program beneficiaries target.			
	1.3 Consolidate all the submitted number of target beneficiaries and prepare mother proposal	None	3 days	SFP Focal Person / Social Welfare Office II -SWO II / Nutritionist Dietician II -ND II (SFPMO)
	1.4 Consolidate all the submitted master list of beneficiaries for reference in assessing the improvement of the children beneficiaries' nutritional status after feeding	None	5 days	Project Development Officer-PDO I (SFP Provincial Operation Office - POO)
	1.5 Review/verify masterlist of beneficiaries consolidated by the PDOs for accuracy of data and data banking.	None	7 days	ND I (SFPMO)
2. Comply with the necessary signatures/action needed for the processing of the documents	 2. Facilitate signing of the submitted Memorandum of Agreement (MOA) at the FO level and notarization 	None	5 days	AA II , SFP Focal Person (SFPMO), Division Chief - DC, and Regional Director-RD
3. Conduct price analysis of commodities	3. Conduct price analysis of the most common and available food items in the community.	None	1 day	ND II (SFPMO)
4. Creation of cycle menu	4.1 Solicit recommendation of LSWDOs/focal persons/CDWs/p arents on menu preference	None	2 days	PDOs I (SFP POO)



	4.2 In times of COVID-19 pandemic and other similar emergencies, virtual meetings with the LSWDOs with capacity on network connection /gadgets will be	None	1 day/Province	PDOs I (SFP POO and SFP Focal Person, NDI, ND II, and SWO II (SFPMO)
	 4.3 Prepare two- four-week cycle menu based on the price analysis conducted, budget and the agreed Menu preference of the focal persons per province following the 1/3 RENI requirements of the children beneficiaries and/or DOST- FNRI Pinggang Pinoy for Kids. 	None	1 day	ND II (SFPMO)
5. Finalization of the cycle menu	1.1 Approves the cycle menu as reference in preparation of Purchase Request.	None	1 day	SFP Focal Person (SFPMO)
	1.2 Prepares food specification and Food Distribution Plan per Child/CDC/LGU	None	2 days	ND II (SFPMO)
	1.3 Prepare Purchase Request (PR) and update the Project Procurement Management Plan (PPMP).	None	1 day	AA II (SFPMO)



	1.4 Proceed with	None	60 days	Bids and Awards
	the processing of the procurement of commodities.			Committee -BAC Secretariat and BAC Members
6. Implementation of the approved cycle menu	2. Distributes copy of the menu to the LGU SFP Focal Person for reference and implementation.	None	1 day	PDOs I (SFP POO)
7. Orientation to LGUs	 7. Conduct orientation on the program implementation/u pdates and reiterates necessary documents/repor ts for proper accomplishment, and signatories for submission to the Field Office. 	None	1 day/Province	SFP Focal, ND I, ND II, SWO II (SFPMO) and PDO I (SFP POO)
8. Preparation of schedule, Inspection and distribution of food commodities to	8.1 Prepare delivery schedule and coordinates with LGUs	None	3 days	PDO I (SFP POO)
LGUs per CDWs based on distribution plan	8.2 Consolidate delivery schedule per province and coordinate to the Supplier.	None	1 day	ND I (SFPMO)
	8.3 Inspects the commodities according to specification, quality and quantity delivered by suppliers and distributes the commodities to the Child Development Workers based for implementation of feeding to beneficiaries.	None	1 day for 1 or 2 LGUs depending on the number of beneficiaries	All SFPMO Staff and Authorized inspectors (Field Office and POOs)
		<u> </u>	1	196



	8.4 Accomplish the	None	30 minutes	All SFPMO Staff
	Suppliers			and Authorized
	Performance			inspectors (Field
	Evaluation Form			Office and POOs)
	and submit to			,
	the Procurement			
	Section.			
	8.5 Implementation			Child
	of Actual	None		
	Feeding to			Development
	Children-			Workers-CDWs
	Beneficiaries at			(LGUs)
	the CDCs /			
	SNPs c/o to			
	LGUs.			
9. Facilitation of	9.1 Submits Delivery	None		AA II (SFPMO)
-	,	None	2 days	AA II (SFFINO)
payment to suppliers	Receipts, Sales			
	Invoice,			
	Inspection and			
	Acceptance			
	Report to			
	Property and			
	Supply Section			
	for processing of			
	payments.			
	9.2 Review and	None	3 days	Property and
	facilitate			Supply Section -
	processing of all			PSS and Finance
	documents to			and Management
	support the			Division -FMD
	payments of			
	commodities.			
	commodities.			Concern
	commodities. 9.3 Prepares checks	None	4 days	Concern
	9.3 Prepares checks for approval and	None	4 days	Staff (Cash
	9.3 Prepares checks for approval and facilitate release	None	4 days	
	9.3 Prepares checks for approval and facilitate release of checks to	None	4 days	Staff (Cash
	commodities. 9.3 Prepares checks for approval and facilitate release of checks to suppliers.			Staff (Cash
	9.3 Prepares checks for approval and facilitate release of checks to	None None	4 Months, 17	Staff (Cash
	commodities. 9.3 Prepares checks for approval and facilitate release of checks to suppliers.		4 Months, 17 Days, 1 Hour,	Staff (Cash
Demublic Act No. 0404 0	commodities. 9.3 Prepares checks for approval and facilitate release of checks to suppliers. Total	None	4 Months, 17 Days, 1 Hour, and 15 minutes	Staff (Cash Section)
Republic Act No. 9184 or G Maximum Period allowed for	commodities. 9.3 Prepares checks for approval and facilitate release of checks to suppliers. Total	None form Act - Anne.	4 Months, 17 Days, 1 Hour, and 15 minutes x C (Recommended Ear	Staff (Cash Section)
Republic Act No. 9184 or G Maximum Period allowed for RA 11037, Section 4a – "1	commodities. 9.3 Prepares checks for approval and facilitate release of checks to suppliers. Total	None form Act - Anne. and Services; Al	4 Months, 17 Days, 1 Hour, and 15 minutes x C (Recommended Earn rticle 11, Section 37,38)	Staff (Cash Section) liest Possible Time and
Maximum Period allowed for RA 11037, Section 4a – "t less than one hundred twent	commodities. 9.3 Prepares checks for approval and facilitate release of checks to suppliers. Total Government Procurement Refine the Procurement of Goods and that the program shall included by (120) days in a year.	None orm Act - Anne. and Services; Ar e the provision o	4 Months, 17 Days, 1 Hour, and 15 minutes x C (Recommended Earn rticle 11, Section 37,38) of at least one (1) fortified	Staff (Cash Section) liest Possible Time and d meal for a period of not
Maximum Period allowed for RA 11037, Section 4a – "t less than one hundred twent RA 7160, 54a – "The veto sh	commodities. 9.3 Prepares checks for approval and facilitate release of checks to suppliers. Total Fovernment Procurement Refi- the Procurement of Goods a that the program shall include y (120) days in a year. hall be communicated by the	None form Act - Anne. and Services; Al the provision of local chief exec	4 Months, 17 Days, 1 Hour, and 15 minutes x C (Recommended Earn rticle 11, Section 37,38) of at least one (1) fortified cutive concerned to the s	Staff (Cash Section) liest Possible Time and d meal for a period of not anggunian within fifteen
Maximum Period allowed for RA 11037, Section 4a – "t less than one hundred twent RA 7160, 54a – "The veto sh (15) days in the case of a pro-	commodities. 9.3 Prepares checks for approval and facilitate release of checks to suppliers. Total Government Procurement Refe the Procurement of Goods a that the program shall include y (120) days in a year. hall be communicated by the ovince, and ten (10) days in t	None form Act - Anne. and Services; Al the provision of local chief exec	4 Months, 17 Days, 1 Hour, and 15 minutes x C (Recommended Earn rticle 11, Section 37,38) of at least one (1) fortified cutive concerned to the s	Staff (Cash Section) liest Possible Time and d meal for a period of not anggunian within fifteen
Maximum Period allowed for RA 11037, Section 4a – "t less than one hundred twent RA 7160, 54a – "The veto sh (15) days in the case of a pro- be deemed approved as if he	commodities. 9.3 Prepares checks for approval and facilitate release of checks to suppliers. Total Government Procurement Refe the Procurement of Goods a that the program shall include (120) days in a year. hall be communicated by the ovince, and ten (10) days in t e had signed it"	None form Act - Anne and Services; An the provision of local chief exec he case of a cit	4 Months, 17 Days, 1 Hour, and 15 minutes x C (Recommended Earn rticle 11, Section 37,38) of at least one (1) fortified sutive concerned to the s y or a municipality; other	Staff (Cash Section) liest Possible Time and d meal for a period of not anggunian within fifteen
Maximum Period allowed for RA 11037, Section 4a – "t less than one hundred twent RA 7160, 54a – "The veto sh (15) days in the case of a pro- be deemed approved as if he Monitoring and Evalua	commodities. 9.3 Prepares checks for approval and facilitate release of checks to suppliers. Total Sovernment Procurement Ref the Procurement of Goods a that the program shall include y (120) days in a year. hall be communicated by the ovince, and ten (10) days in the had signed it" ation (Field Office to L	None form Act - Anne. and Services; An the provision of local chief exec he case of a cit ocal Goverr	4 Months, 17 Days, 1 Hour, and 15 minutes x C (Recommended Earn rticle 11, Section 37,38) of at least one (1) fortified sutive concerned to the s y or a municipality; other	Staff (Cash Section) liest Possible Time and d meal for a period of not anggunian within fifteen wise the ordinance shall
Maximum Period allowed for RA 11037, Section 4a – "t less than one hundred twent RA 7160, 54a – "The veto sh (15) days in the case of a pro- be deemed approved as if he Monitoring and Evalua 1. Monitor SFP	commodities. 9.3 Prepares checks for approval and facilitate release of checks to suppliers. Total Sovernment Procurement Ref the Procurement of Goods a that the program shall include y (120) days in a year. hall be communicated by the ovince, and ten (10) days in t e had signed it" ation (Field Office to L 1.1 Prepare	None form Act - Anne and Services; An the provision of local chief exec he case of a cit	4 Months, 17 Days, 1 Hour, and 15 minutes x C (Recommended Earn rticle 11, Section 37,38) of at least one (1) fortified sutive concerned to the s y or a municipality; other	Staff (Cash Section) liest Possible Time and d meal for a period of not anggunian within fifteen
Maximum Period allowed for RA 11037, Section 4a – "t less than one hundred twent RA 7160, 54a – "The veto sh (15) days in the case of a pro- be deemed approved as if he Monitoring and Evalua 1. Monitor SFP implementation	commodities. 9.3 Prepares checks for approval and facilitate release of checks to suppliers. Total Government Procurement Refe the Procurement of Goods a that the program shall include y (120) days in a year. hall be communicated by the ovince, and ten (10) days in t e had signed it" ation (Field Office to L 1.1 Prepare monitoring plan	None form Act - Anne. and Services; An the provision of local chief exec he case of a cit ocal Goverr	4 Months, 17 Days, 1 Hour, and 15 minutes x C (Recommended Earn rticle 11, Section 37,38) of at least one (1) fortified sutive concerned to the s y or a municipality; other	Staff (Cash Section) liest Possible Time and d meal for a period of not anggunian within fifteen wise the ordinance shall
Maximum Period allowed for RA 11037, Section 4a – "t less than one hundred twent RA 7160, 54a – "The veto sh (15) days in the case of a pro- be deemed approved as if he Monitoring and Evalua 1. Monitor SFP implementation based on the	commodities. 9.3 Prepares checks for approval and facilitate release of checks to suppliers. Total Sovernment Procurement Ref the Procurement of Goods a that the program shall include y (120) days in a year. hall be communicated by the ovince, and ten (10) days in t e had signed it" ation (Field Office to L 1.1 Prepare	None form Act - Anne. and Services; An the provision of local chief exec he case of a cit ocal Goverr	4 Months, 17 Days, 1 Hour, and 15 minutes x C (Recommended Earn rticle 11, Section 37,38) of at least one (1) fortified sutive concerned to the s y or a municipality; other	Staff (Cash Section) liest Possible Time and d meal for a period of not anggunian within fifteen wise the ordinance shall
Maximum Period allowed for RA 11037, Section 4a – "t less than one hundred twent RA 7160, 54a – "The veto sh (15) days in the case of a pro- be deemed approved as if he Monitoring and Evalua 1. Monitor SFP implementation	commodities. 9.3 Prepares checks for approval and facilitate release of checks to suppliers. Total Government Procurement Refe the Procurement of Goods a that the program shall include y (120) days in a year. hall be communicated by the ovince, and ten (10) days in t e had signed it" ation (Field Office to L 1.1 Prepare monitoring plan	None form Act - Anne. and Services; An the provision of local chief exec he case of a cit ocal Goverr	4 Months, 17 Days, 1 Hour, and 15 minutes x C (Recommended Earn rticle 11, Section 37,38) of at least one (1) fortified sutive concerned to the s y or a municipality; other	Staff (Cash Section) liest Possible Time and d meal for a period of not anggunian within fifteen wise the ordinance shall



beneficiaries, and areas of implementation.	1.2 Prepare communication letter to LGUs on the schedule of	None	1 day	ND I or ND II (SFPMO)
	monitoring. 1.3 Approve the communication letter	None	3 days	SFP Focal Person, DC, and RD
	1.4 Scan and send the approved letters to PDOs for cascading to	None	3 hours	AA II (SFPMO)
	LGUs. 1.5 Forwarded the approved communication letter to LGUs.	None	1 hour	PDO 1 (SFP POO)
	1.6 Conduct actual monitoring to CDC to assess the feeding implementation and random house to house monitoring to SFP beneficiaries for validation and referral as	None	1 day/LGU	ND I/ND II/SWO I SFP Focal Persor (SFPMO) / PDO (SFP POO)
	needed. Note: FO staff may also conduct spot checks to assess and monitor the implementation (quality and quantity of received goods feeding implementation/weig hing, and nutritional status of			
Provide feedback, issues and concerns on the SFP implementation	2.1 Discusses the salient findings and recommendation s to the Local Chief Executive or LSWDOs	None	3 hours/LGU	ND I/ND II/SWO I SFP Focal Persor (SFPMO) / PDO (SFP POO)



	Total	None	13 Days, 7 Hours, and 15 minutes	
	of the Client Satisfactory Form either through online or hardcopy.			and SFP POO)
3. Accomplish Client Satisfactory Form	3. Coordinate with LGUs for the accomplishment	None	15 minutes	AA II and Technical Staff concern (SFPMO
	mation report. 2.4 Send the approve report to LGUs	None	10 minutes	AA II (SFPMO)
	monitoring report and confirmation report to LGU as needed. 2.3 Approve and review the monitoring/confir	None	7 days	(SFPMO) / PDO 1 (SFP POO) SFP Focal Person, DC, and RD
	during the Exit Conference. 2.2 Prepares	None	1 day/LGU	ND I/ND II/SWO II/ SFP Focal Person

FEEDBACK	AND COMPLAINTS MECHANISM
How to send feedback	Through client satisfaction measurement mechanism.
How feedbacks are processed	Consolidate and analyze monthly, quarterly, semi-annually and annually to identify root cause analysis or other known quality management techniques and identify plans and actions that must be recommended for execution to resolve the issues and improve the situation.
How to file a complaint	A complaint may be filed through any of the established modalities" -a telephone call (072-687-800 loc. 11228) -electronic mail (<u>sfp.fo1@dswd.gov.ph</u>) -posts, comments and chat messages via DSWD FO1 Official Facebook Page: "DSWD Field Office 1" -personal appearance (walk-in clients) -letter addressed to the Regional Director, Marie Angela S. Gopalan -Official website at <u>https://fo1.dswd.gov.ph</u>



	-through 8888 Citizen's Complaint Center		
How complaints are processed	Complaints received through Official FB Page,		
	the Office of the Regional Director, Official		
	website and 8888 will be forwarded to Human		
	Resource Management and Development		
	Division for action and resolution.		
	The resolution of all complaint consists of:		
	1. Submission/Receipt of a complaint		
	2. Recording of complaint		
	3. Data Gathering and Investigation		
	4. Resolution		
	5. Final Feedback		
Contact Information of CCB,	Anti-Red Tape Authority (ARTA)		
PCC, ARTA	• (028) 478-5093		
	 <u>complaints@arta.gov.ph</u> 		
	Presidential Complaint Center (PCC):		
	• Call/ text: 8888		
	• Web: <u>www.8888.gov.ph</u>		
	Contact Center ng Bayan (CCB):		
	• SMS: 0908-881-6565		
	• Call: 165 65		
	Php 5.00 + VAT per call anywhere in the		
	Philippines via PLDT landlines		
	Email: email@contactcenterngbayan.gov.ph		
	Web: https://contactcenterngbayan.gov.ph		
	Facebook:		
	https://facebook.com/civilservicegovph		

LIST OF OFFICES

Office	Address	Contact Information
DSWD Field Office 1	Quezon Avenue, City of San Fernando, La Union	(072) 687-8000 loc. 11228



ADOPTION RESOURCE and REFERRAL SECTION

FRONTLINE SERVICE



30. Issuance of Certification Declaring a Child Legally Available for Adoption (CDCLAA)

The Certification Declaring a Child Legally Available for Adoption (CDCLAA) is a document signed by the DSWD Secretary or his/her duly authorized representative, administratively declaring the child legally available for adoption.

Office or Division:	Statutory Programs Division – Adoption Resource and Referral				
	Section				
Classification:	Highly Technical				
Type of	G2G – Government to Government, G2C – Government to Citizen				
Transaction:					
Who may avail:	All Provincial/City/ Municipal Social Welfare and Development Office				
	(P/C/MSWDO); Child Caring Agency (CCA)/ Child Placing Agency				
		Residential Care Facilities (RCF)			
CHECKLIST OF F	REQUIREMENTS	WHERE TO SECURE			
For Abandoned, Neg	glected or				
Foundling Children					
1. Notarized Petition		1. Local Government Unit (LGU)			
2. Child Study Repor		2. DSWD Field Office/ CCAs/ CPAs/ LGUs			
3. Written Certificatio	n from Radio/	3. Local or National Radio or Television			
Television	w nublication	Station			
4. One (1) Newspape	-	 Newspaper Publication of General Circulation 			
5. One of the followin 5.1 Police Clearance/	•	5.1 Police Station of the LGU where the child			
5.1 Police Clearance/	Diottei	was found/abandoned			
5.2 Barangay Certifica	ation	5.2 Barangay where the child was			
		founded/abandoned			
5.3 Certified Copu of	Tracing Report	5.3 Philippine Red Cross (PRC)			
6. Returned Register	ed Mail	6. Philippine Postal Corporation/ Registry			
		Receipt of the mail courier			
7. Birth/ Foundling C	ertificate	7. Philippine Statistics Authority (PSA)			
8. Child's Profile		8. DSWD FO 1/ CCAs/ CPAs/ LGUs			
9. Recent Photograp	h	 DSWD FO 1/ CCAs/ CPAs/ LGUs/ Applicant/s 			
10. Photograph of the	Child upon	10. DSWD FO 1/ CCAs/ CPAs/ LGUs/			
Admission/Abando	-	Applicant/s			
11. Notice of Petition		11. Regional Director where the DSWD Field			
12. Certificate of Posti	ing	Office where the petition was filed			
	-	12. Local Social Welfare Office or Barangay,			
		Health Center, etc. who caused the posting			
		ordered by the DSWD Director			
For Surrendered Cas					
1. Letter of applicatio		1. CCAs/ CPAs/ LGUs			
issuance of a CDC		2. DSWD FO 1/ CCAs/ CPAs/ LGUs			
2. Child Study Report		3. To be executed by the child's birthparent's;			
3. Notarized Deed of	Voluntary	or in the absence of the birthparent/s per			



	CLIENT STEPS	ACTIONS		E PAID	TIME	RESPONSIBLE
For Cases of Involuntary Committed Children (IVC) that were filed in court 1. Certified True Copies (CTC) of all the documents previously submitted in court together with the Court Decision and Finality. AGENCY			Regiona filed EES TO	Il Trial Court wher	e the case was PERSON	
Fr	certificate is not th birthmother)					
8.	(fi the informant in	n the Birth orrect) sinterested Persons the child's birth	8.	Informar of the m	nt in the registered	l birth certificate
7.	child's maternal grandparent/s to establish the relationship of the child's birthmother and maternal grandparent/s) Affidavit of Discrepancy signed by the child's birthmother (if the signature of the birthmother in the birth certificate		7.	Minor's I	birthmother	
5.	Birth Certificate of the Chid's birthmother (if DVC was signed by the		6.	6. Philippine Statistics Authority		
5.	necessary) Medical Certificate/Bone and/or Dental Ageing Result (for foundling cases)		5.	. Health/ Medical Center or Facilities		
	of extra-marital aff Copy of Marriage Certificate of No-M	air) Certificate or	4.	Philippin	e Statistics Autho	rity (PSA)
3.	or diagnosed to be challenged)	ent/s is/are reported intellectually f child was born out	3.	Clinic Husband	d of the child's birt	hmother
	Death Certificate c deceased) Psychiatric/ Psych	ological Evaluation		Register	e Statistics Autho	,
	dditional Requiren	nents:				
	Photograph of the		6.	CCAs/ C	CPAs/ LGUs/ App CPAs/ LGUs/ Appl	licant/s
	relative/s Birth Certificate Recent Whole Boo	lv Photograph		Notary F	ll Trial Court with a Public ne Statistics Autho	-
		Voluntary c) and copy of the ID birthparent/s or			16 of the Family (ion parental autho	prity in signing the



. Secure and file	ses for Issuance of a	None	2 months	Social Welfare
complete	completeness of			Officer (ARRS)
requirements to	the submitted			
the Field Office or	documents.			
LGU	1.2 For Abandoned	None		
200	Clients: Facilitate	. tonio		
	police blotter,			
	publication, and			
	radio broadcast			
	of abandoned/			
	foundling cases			
	1.3 Facilitate signing	None		
	of DVC for			
	surrendered			
	cases			
	1.4 Assign a Social	None		
	Worker to			
	prepare a Social			
	Case Study			
	Report (SCSR)			
	1.5 Assess and	None	26 Days	Social Welfare
	prepare a			Officer
	comprehensive			
	child study report			
	of the minor for			
	issuance of a			
	CDCLAA			
	1.5.1 For	None		
	Abandoned/			
	Foundling			
	Children: File			
	a petition for			
	issuance of			
	Certification			
	with a			
	comprehensiv			
	e SCSR and			
	complete			
	documentary			
	requirements			
	1.5.2 For	None		
	Surrendered			
	children: File			
	an application			
	for Issuance of			
	a Certification	Name	4 4	De viewe (D')
	1.6 Approval and	None	4 days	Regional Directo
	endorsement of			
	application/petiti			



 Central Office	None	3 Months	
on for issuance of a CDCLAA to			

 Note: Per DSWD MC no. 13 and 16, s. of 2020 and Republic Act no. 9523 or the law requiring the Department of Social Welfare and Development to issue Certification Declaring a Child as Legally Available for Adoption (CDCLAA) as a pre-requisite for adoption proceedings. Additional documents may be required to support the report/case of the child if it is for the best interest of the child to be issued with CDCLAA.

31. Licensing for Foster Parents

Foster Care License is the document issued by the DSWD authorizing the foster parent/s to provide Foster Care.

Of	fice or Division:	Statutory Programs	Divi	ision – Adoption Resource and Referral		
		Section				
Cla	assification:	Highly Technical				
Ту	pe of	G2G – Government	to (Government, G2C – Government to Citizen		
Tra	ansaction:					
Wł	no may avail:			cipal Social Welfare and Development Office		
		• • •		aring Agency (CCA)/ Child Placing Agency		
			Resi	idential Care Facilities (RCF)		
	CHECKLIST OF F			WHERE TO SECURE		
Fo	ster Care Applica	nt's Dossier				
1	Application Form			DSWD Field Office, LGU		
	Foster Home Stud	y Report		DSWD Field Office, LGU		
3	Birth Certificate			Philippine Statistics Authority		
4	4 Medical Certificate (issued at least 6 months)		4.	Licensed Physician		
5	5 Income Tax Return or Certificate of Employment		5.	Bureau of Internal Revenue or Employment		
6			6.	National Bureau of Investigation (NBI) or Police Station where the Foster Family Applicant resides		
7	7 Barangay Certificate stating the applicant is a resident of the barangay, the length of his/her residence and he/she is of good moral character		7.	Barangay where the Foster Family Applicant resides		
8			8.	Character Reference (Possible Sources: Employer, Priest, Barangay Official)		
9	3x5 inch size photo family	o of applicant and	9.	Applicant		
10	Consent of each c above)	hild (10 years and	10	Applicant's children		
11	Marriage Contract	(if married)	11	. Philippine Statistics Authority (PSA)		
		•	•	205		



Philippines issued by the Bureau of Immigration or the Department of Foreign Affairs			of Immigration (Bl nent of Foreign Af	,
		2. Character Reference		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. File the application form with complete requirements at the Field Office (or LGU)	 1.1 Determine if the applicant/s is/are qualified for the program 1.1.1 If Not Qualified: Discuss with the client reason for disqualificati on 1.1.2 If Qualified: Assign social worker to commence the Home Study 	None	5 Days	Social Welfare Officer II/ III (SWO II/III) ARRS
	1.2 Assess and conduct a home study of the applicant	None	20 days	SWO II/III (ARRS)
	1.3 Prepare a comprehensiv e Home Study Report based on assessment.	None		SWO II/III (ARRS)
	1.4 Evaluate the Home Study Report and supporting documents to determine motivation, capacities, and potentials as basis for	None		SWO II/III (ARRS) Foster Care Focal Person



	 issuance of Foster Care License. 1.5 Review Home Study Report and recommend for approval. 1.6 Issue Foster Family Care 	None		ARRS Head, StPD Chief, Assist. Regional Director for Operations (ARDO), Regional Director (RD)
	License and Identification Card to the Foster Parents.			
2 Receive and affix	2.1 Affix signature	None		StPD Chief, RD
signature on license.	on the license. 2.2 Prepare the Foster Home Study Report for the Regional Matching Conference.	None		Matching Secretariat (ARRS)
	2.3 Deliberate the case of child/ren and foster parents for placement	None	1 Day	SWO (Regional Child Welfare Specialist Group)/ Foster Care Committee,
	2.4 Issue Resolution declaring the match and sign Certificate of Matching	None	1 Day	Matching Sercretariat
	2.5 Inform the Foster Parents of the match through the Case Worker, CCA, DSWD RCF or LGU	None	1 Day	Matching Secretariat (ARRS)
3. Prepare and	3.1 Prepare and	None	1 Day	SWO II/III
submit Acceptance letter to the Field Office	facilitae the signing of the Foster Placement Authority			(ARRS/SWAD Team), Matching Secretariat
	3.2 Conduct the Discharge Conference and	None	1 Day	SWO II/III (ARRS/SWAD Team), Matching



turn over custody of the foster child to the foster family.			Secretariat, Social Worker (CCA, LGU, RCF)
Total	None	1 Month	

• Note: Foster Care Program is covered by RA 10165

32. Placement of Children to Foster Parents

Foster Care is the provision of planned temporary substitute parental care to a surrendered, abandoned, or neglected child by a Licensed Foster Parent or Family.

Office or Division:	Statutory Programs Division – Adoption Resource and Referral Section					
Classification:	Highly Technical					
Type of	G2G – Government	to Governm	ent, G2C – Gover	nment to Citizen		
Transaction:						
Who may avail:	All Provincial/City/ N	lunicipal Soc	cial Welfare and D	evelopment Office		
	(P/C/MSWDO); Chil	d Caring Age	ency (CCA)/ Child	Placing Agency		
	(CPA); and DSWD F	(CPA); and DSWD Residential Care Facilities (RCF)				
CHECKLIST OF F	REQUIREMENTS		WHERE TO SE	CURE		
Foster Child's Dossi	er					
1 Case Study Repor	t	1. DSWD	FO 1, Child Caring	g Agencies		
		(CCAs)	, Local Governme	nt Units (LGU)		
2 Police Clearance/	Barangay	• • •	Station/ Barangay	. ,		
Certificate			ind/abandoned			
3 Birth/Foundling Ce	ertificate	3. Philippi	ne Statistics Autho	ority (PSA)		
4 Child's Profile		4. DSWD	FO 1, CCA, LGU			
5 Recent Photograph		5. DSWD FO 1, CCA, LGU				
6 Photograph of the	Child upon	6. DSWD	FO 1, CCA, LGU			
Admission/Abando	oned					
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON		
	ACTIONS	BE PAID	TIME	RESPONSIBLE		
1. Prepare the Child's	1.1 Review Child's	None	15 days	Social Welfare		
Study Report and	dossier and the			Officer II/III (SWO		
submit child's dossier	submitted			II/III)/ SWAD		
to the Field Office	supporting			Team		
	documents 1.2 Inform Case	None		SWO II/III		
	Worker from	None		(ARRS/SWAD		
	DSWD FO, RCF,			(ANNS/SWAD Team)		
	CCA or LGU in			really		
	case there are					
	noted					
	discrepancies,					
	inconsistencies,					
	or inputs in the					
				208		



	Conference and turn over			Team), Social Worker (CCA,
	Authority. 2.2 Conduct Discharge	None	1 Day	SWO II/III (ARRS/SWAD
to the Field Office	Foster Placement			Secretariat (ARRS)
submit Acceptance Letter	facilitate the signing of the			(ARRS/SWAD Team), Matching
2. Prepare and	through the Case Worker, CCA, DSWD RCF or the LGU. 2.1 Prepare and	None	1 Day	(ARRS) SWO II/III
	1.6 Inform Foster Parents of match	None	1 Day	Matching Secretariat
	1.5 Issue Resolution declaring the match and sign Certificate of Matching	None	1 Day	Social Worker (RCWSG), Matching Secretariat (ARRS)
	presentation in the matching conference 1.4 Deliberate the case of child/ren and foster parent/s for placement	None	1 Day	Social Worker (Regional Child Welfare Specialist Group (RCWSG), Matching Secretariat (ARRS)
	Child Study Report 1.3 Approve the Child Study Report for	None		Regional Director (RD)

• Note: Foster Care Program is covered by RA 10165

33. Processing of Adoption Application and Placement

The Department of Social Welfare and Development (DSWD) through the Alternative Parental Care Program implements processing of application for adoption of suitable Filipino or qualified Prospective Adoptive Parents (PAPs) in



the Philippines for abandoned, foundling, neglected, and surrendered children who are legally available for adoption.

	who are legally available for adoption.				
Of	fice or Division:		Div	ision – Adoption Resource and Referral	
		Section			
	assification:	Highly Technical			
Ту	pe of	G2G – Government	to (Government, G2C – Government to Citizen	
Tra	ansaction:				
Wł	Who may avail: All Provincial/City/ M			cipal Social Welfare and Development Office	
	(P/C/MSWDO); Chi			aring Agency (CCA)/ Child Placing Agency	
		(CPA)			
	CHECKLIST OF F	REQUIREMENTS		WHERE TO SECURE	
Pre	ospective Adoptiv	e Parent's Dossier			
(P/	APs)				
1	Home Study Repo	rt (HSR)	1.	DSWD FO 1, Child Caring Agencies	
		, , , , , , , , , , , , , , , , , , ,		(CCAs), Local Government Units (LGU)	
2	Birth Certificate of	Applicants and	2.	Philippine Statistics Authority (PSA)	
		riginal copy of each)			
3	Marriage Certificat		3.	Philippine Statistics Authority (PSA)/	
	Annulment, Declar			Philippine Courts	
		Document (1 original		• •	
	copy)				
4	Death Certificate (if necessarv. 1	4.	Philippine Statistics Authority (PSA)	
	original copy)			· · · · · · · · · · · · · · · · · · ·	
5	0 177	on by the legitimate	5	Applicant/s	
	•	plicant/s (if 10 years	0.	, ipplically c	
	old and above, 1 c				
6		idance to Adoption	6	DSWD FO 1/ CCAs/ CPAs/ LGUs	
	Forum (1 original of	•	0.		
7	Physical & Medica		7.	Health/ Medical Center or Facilities	
-	Certification (1 orig			······································	
8	• •	luation (required for	8.	Registered Psychologist/ Psychological	
	single applicants,	• •		Clinic	
	appropriate, as as				
	Social Workers, 1	•			
9	NBI or Police Clea	0 137	9.	National Bureau of Investigation (NBI)/	
		eparation of HSR, 1		Police Station	
	original copy)				
10	Latest Income Tax	Return or anv	10	. Bureau of Internal Revenue (BIR)	
	other documents s				
		oloyment Certificate,			
	Bank Certificate of				
		ies (1 original copy)			
11		otos of the applicant,	11	. Applicant/s	
	their family, and th			· · · · · · · · · · · · · · · · · · ·	
	within the last 3 m	-			
	copy)				
L			I		



12 Three (3) letters of character		12. Charac	ter References	
references who have known the				
applicants for at le	east 3 years (1			
original copy each				
13 Affidavit of Temporary Custody (1		13. Applica	nt/s	
original copy)	···· j · ··· · · · j (·			
Additional Requirements for Foreign				
Nationals such as:	icitis for i oreign			
			nt/a aguntry of rag	idanaa
1. Certification that applicant have legal		I. Applica	nt/s country of res	Idence
capacity to adopt in his/her country and that his/her country has a policy,				
or a signatory of a	n international			
agreement.				
2. Certificate of Resi	dence in the		of Immigration or	the Department of
Philippines		Foreign		
3. Two (2) character		3. Charac	ter References	
non-relatives who knew the				
applicant/s in the	country of residence,			
except for those w	ho have resided in			
the Philippines for	more than 15 years			
4. Police Clearance	from all places of	4. Police S	Station of places w	here the
residence in the p	ast two years prior	applicant/s resided for the post two (2)		
to residing in the F		years		,
-	• •	-		
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	ACTIONS	BE PAID		
Preparation of Home	ACTIONS Study for Adoptive Ap	BE PAID	TIME	RESPONSIBLE
Preparation of Home 1. File the filled-out	ACTIONS Study for Adoptive Ap 1.1 Determine the	BE PAID		RESPONSIBLE Social Worker
Preparation of Home 1. File the filled-out application form	ACTIONS Study for Adoptive Ap 1.1 Determine the applicant/s is/are	BE PAID	TIME	RESPONSIBLE Social Worker (DSWD FO 1 or
Preparation of Home s 1. File the filled-out application form with complete	ACTIONS Study for Adoptive Ap 1.1 Determine the applicant/s is/are qualified for the	BE PAID	TIME	RESPONSIBLE Social Worker
Preparation of Home 1. File the filled-out application form	ACTIONS Study for Adoptive Ap 1.1 Determine the applicant/s is/are	BE PAID	TIME	RESPONSIBLE Social Worker (DSWD FO 1 or
Preparation of Home s1. File the filled-outapplication formwith completerequirements at	ACTIONS Study for Adoptive Ap 1.1 Determine the applicant/s is/are qualified for the program. Assign	BE PAID	TIME	RESPONSIBLE Social Worker (DSWD FO 1 or
Preparation of Home S1. File the filled-out application form with complete requirements at the Field Office or	ACTIONS Study for Adoptive Ap 1.1 Determine the applicant/s is/are qualified for the program. Assign a Social Worker to conduct a	BE PAID	TIME	RESPONSIBLE Social Worker (DSWD FO 1 or
Preparation of Home S 1. File the filled-out application form with complete requirements at the Field Office or	ACTIONS Study for Adoptive Ap 1.1 Determine the applicant/s is/are qualified for the program. Assign a Social Worker	BE PAID	TIME	RESPONSIBLE Social Worker (DSWD FO 1 or
Preparation of Home S 1. File the filled-out application form with complete requirements at the Field Office or	ACTIONS Study for Adoptive Ap 1.1 Determine the applicant/s is/are qualified for the program. Assign a Social Worker to conduct a Home Study	BE PAID plicants None	TIME	RESPONSIBLE Social Worker (DSWD FO 1 or LGU)
Preparation of Home S 1. File the filled-out application form with complete requirements at the Field Office or	ACTIONS Study for Adoptive Ap 1.1 Determine the applicant/s is/are qualified for the program. Assign a Social Worker to conduct a Home Study 1.2 Prepare a home	BE PAID plicants None	TIME	RESPONSIBLE Social Worker (DSWD FO 1 or LGU) Case Worker
Preparation of Home S 1. File the filled-out application form with complete requirements at the Field Office or	ACTIONS Study for Adoptive Ap 1.1 Determine the applicant/s is/are qualified for the program. Assign a Social Worker to conduct a Home Study 1.2 Prepare a home study report of	BE PAID plicants None	TIME	RESPONSIBLE Social Worker (DSWD FO 1 or LGU) Case Worker
Preparation of Home S 1. File the filled-out application form with complete requirements at the Field Office or	ACTIONS Study for Adoptive Ap 1.1 Determine the applicant/s is/are qualified for the program. Assign a Social Worker to conduct a Home Study 1.2 Prepare a home study report of the applicant/s	BE PAID plicants None	TIME	RESPONSIBLE Social Worker (DSWD FO 1 or LGU) Case Worker (DSWD FO 1) Social Welfare Officer III (SWO
Preparation of Home S 1. File the filled-out application form with complete requirements at the Field Office or	ACTIONS Study for Adoptive Ap 1.1 Determine the applicant/s is/are qualified for the program. Assign a Social Worker to conduct a Home Study 1.2 Prepare a home study report of the applicant/s 1.3 Evaluate the	BE PAID plicants None	TIME	RESPONSIBLE Social Worker (DSWD FO 1 or LGU) Case Worker (DSWD FO 1) Social Welfare Officer III (SWO III) ARRS, SWO
Preparation of Home S1. File the filled-out application form with complete requirements at the Field Office or	ACTIONS Study for Adoptive Ap 1.1 Determine the applicant/s is/are qualified for the program. Assign a Social Worker to conduct a Home Study 1.2 Prepare a home study report of the applicant/s 1.3 Evaluate the Motivation, Potential, Capacity, and	BE PAID plicants None	TIME	RESPONSIBLE Social Worker (DSWD FO 1 or LGU) Case Worker (DSWD FO 1) Social Welfare Officer III (SWO III) ARRS, SWO IV (StPD Chief),
Preparation of Home S 1. File the filled-out application form with complete requirements at the Field Office or	ACTIONS Study for Adoptive Ap 1.1 Determine the applicant/s is/are qualified for the program. Assign a Social Worker to conduct a Home Study 1.2 Prepare a home study report of the applicant/s 1.3 Evaluate the Motivation, Potential, Capacity, and Resources	BE PAID plicants None	TIME	RESPONSIBLE Social Worker (DSWD FO 1 or LGU) Case Worker (DSWD FO 1) Social Welfare Officer III (SWO III) ARRS, SWO IV (StPD Chief), Regional Director
Preparation of Home S1. File the filled-out application form with complete requirements at the Field Office or	ACTIONS Study for Adoptive Ap 1.1 Determine the applicant/s is/are qualified for the program. Assign a Social Worker to conduct a Home Study 1.2 Prepare a home study report of the applicant/s 1.3 Evaluate the Motivation, Potential, Capacity, and Resources (MPCR) of	BE PAID plicants None	TIME	RESPONSIBLE Social Worker (DSWD FO 1 or LGU) Case Worker (DSWD FO 1) Social Welfare Officer III (SWO III) ARRS, SWO IV (StPD Chief),
Preparation of Home S1. File the filled-out application form with complete requirements at the Field Office or	ACTIONS Study for Adoptive Ap 1.1 Determine the applicant/s is/are qualified for the program. Assign a Social Worker to conduct a Home Study 1.2 Prepare a home study report of the applicant/s 1.3 Evaluate the Motivation, Potential, Capacity, and Resources (MPCR) of applicants and	BE PAID plicants None	TIME	RESPONSIBLE Social Worker (DSWD FO 1 or LGU) Case Worker (DSWD FO 1) Social Welfare Officer III (SWO III) ARRS, SWO IV (StPD Chief), Regional Director
Preparation of Home S1. File the filled-out application form with complete requirements at the Field Office or	ACTIONS Study for Adoptive Ap 1.1 Determine the applicant/s is/are qualified for the program. Assign a Social Worker to conduct a Home Study 1.2 Prepare a home study report of the applicant/s 1.3 Evaluate the Motivation, Potential, Capacity, and Resources (MPCR) of applicants and supporting	BE PAID plicants None	TIME	RESPONSIBLE Social Worker (DSWD FO 1 or LGU) Case Worker (DSWD FO 1) Social Welfare Officer III (SWO III) ARRS, SWO IV (StPD Chief), Regional Director
Preparation of Home S 1. File the filled-out application form with complete requirements at the Field Office or	ACTIONS Study for Adoptive Ap 1.1 Determine the applicant/s is/are qualified for the program. Assign a Social Worker to conduct a Home Study 1.2 Prepare a home study report of the applicant/s 1.3 Evaluate the Motivation, Potential, Capacity, and Resources (MPCR) of applicants and	BE PAID plicants None	TIME	RESPONSIBLE Social Worker (DSWD FO 1 or LGU) Case Worker (DSWD FO 1) Social Welfare Officer III (SWO III) ARRS, SWO IV (StPD Chief), Regional Director



	Prospective Adoptive Parent/s and for			
	presentation in the Regional			
	Matching			
	1.4 Approve HSR for	None		RD
	presentation in			
	the matching			
	conference			
2 Submit two (2)	2.1 Review the	None	3 days	SWO III (ARRS),
sets of complete	submitted			SWO IV, RD
PAPs documents	dossier for			
to DSWD FO 1 ARRS	presentation in			
ARRO	the matching conference			
	2.2 Communicate	None		SWO II/ SWO III
	comments on	None		(ARRS)
	the home study			()
	to the managing			
	social worker.			
	2.3 Comply with	None	15 days	Social Worker
	comments/inputs			(DSWD FO 1)
	provided on the			
	HSR			
	2.4 Deliberate the	None	1 day	Matching
	cases of			Secretariat,
	prospective			RCWSG, CCA
	adoptive applicants			
	2.5 Issuance of	None	1 day	RCWSG, SWO
	resolution	None	Tudy	II/III (ARRS)
	declaring the			
	match and			
	signing of the			
	Certificate of			
	Matching			
	2.6 Inform the	None	1 day	Matching
	Prospective			Secretariat (SWC
	Adoptive Parents			II/III) ARRS
	of the match			
	through the			
	Case worker, CCA, DSWD			
	RCF or LGU			
3. Prepare and	3.1 Prepare and	None	2 Days	Matching
submit and	facilitate the		2 Days	Secretariat, Case
Acceptance letter	issuance and			Worker, ARRS
to the Field Office	signing of the			Head, Regional
	Pre-Adoption			Director



Το	tal None	1 year and 3 months	
Record.			
Amended Birth			
and Finality with			
Adoption Decree	e		
Issuance of			
Court to			
Adoption in			(ARRS)
from filing a petition for	None	8 Months	SWO II/ SWO III (ARRS)
3.5 Monitor the case		9 Montho	
Adoption			
Consent to			
Certificate of	None	1 Day	Regional Director
3.4 Issue the			
			or LGU
visitation	None		CCA, DSWD RCF
3.3 Post-placement supervisory	None	3 Months	Case Worker,
PAP/s			or LGU
child to the			CCA, DSWD RCF
the matched	None	10 Days	Case Worker,
3.2 Entrustment of			
Authority (PAPA	()		
Placement			

• **Note:** Processing of Application for Adoption is covered by Republic Act 8552 or the Domestic Adoption Act of 1998 and DSWD Memorandum Circular no. 13 series of 2020.

FEEDBACK AND COMPLAINTS MECHANISM		
How to send feedback	Through client satisfaction measurement mechanism.	
How feedbacks are processed	Consolidate and analyze monthly, quarterly, semi-annually and annually to identify root cause analysis or other known quality management techniques and identify plans and actions that must be recommended for execution to resolve the issues and improve the situation.	
How to file a complaint	A complaint may be filed through any of the established modalities" -a telephone call (072-687-800 loc. 11212) -electronic mail (<u>arru.fo1@dswd.gov.ph</u>) -posts, comments and chat messages via DSWD FO1 Official Facebook Page: "DSWD Field Office 1" -personal appearance (walk-in clients)	



	-letter addressed to the Regional Director, Marie	
	Angela S. Gopalan	
	-Official website at <u>https://fo1.dswd.gov.ph</u>	
	-through 8888 Citizen's Complaint Center	
How complaints are processed	Complaints received through Official FB Page,	
	the Office of the Regional Director, Official	
	website and 8888 will be forwarded to Human	
	Resource Management and Development	
	Division for action and resolution.	
	The resolution of all complaint consists of:	
	1. Submission/Receipt of a complaint	
	2. Recording of complaint	
	3. Data Gathering and Investigation	
	4. Resolution	
	5. Final Feedback	
Contact Information of CCB,	Anti-Red Tape Authority (ARTA)	
PCC, ARTA	 (028) 478-5093 	
	 <u>complaints@arta.gov.ph</u> 	
	Presidential Complaint Center (PCC):	
	• Call/ text: 8888	
	• Web: <u>www.8888.gov.ph</u>	
	Contact Center ng Bayan (CCB):	
	• SMS: 0908-881-6565	
	• Call: 165 65	
	Php 5.00 + VAT per call anywhere in the	
	Philippines via PLDT landlines	
	Email: email@contactcenterngbayan.gov.ph	
	Web: https://contactcenterngbayan.gov.ph	
	Facebook:	
	https://facebook.com/civilservicegovph	
	<u>intpointacoboon.com/orthoorthoogovpri</u>	

List of Offices

Office	Address	Contact Information
DSWD Field Office		072-687-8000 loc.
1	Fernando, La Union 2500	11216
Ilocos Norte	Jomel Bldg., 3rd floor, Brgy., 14,	077-670-0342,
Satellite Office	Laoag City, Ilocos Norte	077-774-2100
Ilocos Sur Satellite	Luisa Bldg., Quezon Avenue,	077-674-0137
Office	Salcedo St., Brgy. III, Vigan City,	
	Ilocos Sur	



Eastern	Governor Robert B. Estrella	+63 9976120632
Pangasinan	Memorial Stadium, Zone 4,	
Satellite Office	Rosales, Pangasinan and Sta.	
	Maria, Binalonan, Pangasinan	
Central	AVRC 1, Russia St., Bonuan	075-653-4910
Pangasinan	Binloc, Dagupan City, Pangasinan	
Satellite Office		
Western	AVRC 1, Russia St., Bonuan	075-653-4910
Pangasinan	Binloc, Dagupan City, Pangasinan	
Satellite Office		



SOCIAL PENSION PROGRAM MANAGEMENT OFFICE

FRONTLINE SERVICE



34. Procedure for Social Pension Provision to Indigent Senior Citizens

Monthly stipend amounting to Five Hundred Pesos (PhP500.00) to augment the daily subsistence and other medical needs of indigent Senior Citizens. This is in line with the fulfilment of the obligation of the Government to the most vulnerable sector through social protection, and for the implementation of Republic Act No. 9994 or the "Expanded Senior Citizen Act of 2010"

Office or Division:	Statutory Programs Division – Social Pension Program			
Oleccification	Management Office			
Classification:	Highly Technical			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	• ()•	and above senior citizens who are:		
	Frail, sickly or wi	5		
	-	Government Service Insurance System (GSIS), Systems (SSS), Philippine Veterans Affairs		
	Office (PVAO), A	Armed Forces and Police Mutual Benefit		
	Association Inc.	(AFPPMBAI) or any other insurance company;		
		burce of income; and		
		ort from family or relatives for his/her basic		
	needs	,		
CHECKLIST OF F		WHERE TO SECURE		
Identification				
1. OSCA ID		1. Office of the Senior Citizen Affair		
2. Social Pension Ap	plication Form	2. OSCA, City/Municipal Social Welfare and		
		Development Office (C/MSWDO), DSWD		
		Field Office – SPPMO		
3. General Intake Sh	leet	3. OSCA, City/Municipal Social Welfare and		
		Development Office (C/MSWDO), DSWD		
		Field Office – SPPMO		
4. Social Pension Be	eneficiary Update	4. DSWD Field Office - SPPMO		
Form (SPBUF)				
During Distribution	(Pay-out)			
1. OSCA ID		1. OSCA		
For Deceased Benet	ficiary			
1. Certified True Cop	by of Registered	1. Local Civil Registrar		
Death Certificate				
2. Accomplished Warranty and Release		2. OSCA, City/Municipal Social Welfare and		
from Liability	Development Office, and DSWD Field			
		Office 1 – SPPMO		
3. Photocopy of OSC	CA ID of the	3. Client		
Beneficiary				
4. Photocopy of ID o		4. Client		
For the Authorized I	Representatives			



 Accomplished Cert Authorization 	tification and		City/Municipal So oment Office, DSV)	
2. Photocopy of OSCA IS of the Beneficiary		2. Client		
3. Photocopy of ID of	the Claimant	3. Client		
4. Printed Photo/Pictu	ure of the	4. Client		
Beneficiary holding	g an updated			
newspaper or a ca	•			
	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
Identification of New B	Beneficiary			
1. Request for	1.1 Receive and	None	10 minutes	SPPMO Section
inclusion to Social	review the			Head
Pension Program.	submitted			
	request			
	1.2 Verify if included in the waiting list:	None	15 minutes	Project Development Officer I (PDO I) SPPMO
	1.2.1 If Included: inform the client through a Response Letter signed by the Regional Director	None	1 day	PDO I/ Social Welfare Officer I (SWO I) SPPMO
	1.2.2 If Not Included: Conduct Home Visit, Interview, Collateral Interview and gather data 1.3 Verify if the client	None	4 hours	PDO I/ SWO I (SPPMO)
	is qualified: 1.3.1 If not Qualified: Inform the client of the reason of non-inclusion through a Response Letter signed	None	1 day	PDO I/ SWO I (SPPMO)



	by the Regional Director.			
	1.3.2 If Qualified: Encode client data to Social Pension Information System (SPIS).	None	15 minutes	PDO I/ SWO I (SPPMO)
	1.4 Consolidate the encoded list and forward to Central Office for clean listing	None	15 days	Information Technology Officer I (ITO I) SPPMO
	1.5 Consolidate the Clean/Error list received form Central Office and include in the database.	None	30 minutes	ITO I (SPPMO)
	1.6 Inform the client for the inclusion to the Social Pension Program waiting list through a response letter signed by the Regional Director	None	1 day	Administrative Assistant I (AA I) SPPMO
	1.7 Replace as regular beneficiary based on prioritization (per availability of slot)	None	4 Months and 12 days	PDO I/ SWO I (SPPMO)
Distribution (Pay-out)				
	1.8 Prepare letter to inform to inform the LSWDO relative to the scheduled date of pay-out.	None	1 day	SWO II (SPPMO)
	1.9 Conduct of distribution (pay- out)	None		



101	With as t		1 dou/ 600	Davara (CDDMO)
1.9.1				Payers (SPPMO/
			beneficiaries	DSWD Field
	-			Office 1 staff)
	through			
	community			
	assembly at			
	the LGU			
	level			
1.9.2	With		1 dav/ 400	Payers (SPPMO/
	-			DSWD Field
				Office 1 staff)
	U U			
	•			
	•			
	•••			
led in t	he Waiting List	None	3 Days and 2 Minutes	
	If not qualified			
	ii not quaimed		-	
			•	
			Minutes	
			1 Month 9	
tne Wa			Days, 5 Hours,	
	Qualified			
	led in t	Pandemic: Conduct distribution through community assembly at the LGU level 1.9.2 With Pandemic: Conduct distribution through door-to-door or community assembly at the barangay level Total ted in the Waiting List	Pandemic: Conduct distribution through community assembly at the LGU level 1.9.2 With Pandemic: Conduct distribution through door-to-door or community assembly at the barangay level Total Ided in the Waiting List If not qualified the Waiting List and If	Pandemic: beneficiaries Conduct distribution distribution through community assembly at the LGU level 1.9.2 With Pandemic: 1 day/ 400 Conduct distribution distribution through door-to-door or or community assembly at the barangay level Ithe barangay level Ith

• **Note:** "Provision of Assistance to Senior Citizens through Social Pension" is covered under RA 9994.

35. Provision of Centenarian Gift to Centenarians

A centenarian shall receive a cash gift amounting to one hundred thousand pesos (Php 100,000.00) along with the Letter of Felicitation signed by the President of the Philippines or Posthumous Plaque of Recognition.

Office or Division:	Statutory Programs Division – Social Pension Program	
	Management Office	
Classification:	Highly Technical	
Type of	G2C – Government to Citizen	
Transaction:		
Who may avail:	Sixty (60) years old and above senior citizens who are:	
	Frail, sickly or with disability	
	• No pension from Government Service Insurance System (GSIS),	
	Social Security Systems (SSS), Philippine Veterans Affairs	



 Office (PVAO), Armed Forces and Police Mutual Benefit Association Inc. (AFPPMBAI) or any other insurance company; No permanent source of income; and No regular support from family or relatives for his/her basic needs 				
	CHECKLIST OF REQUIREMENTS	WHERE TO SECURE		
1.	One (1) Original Copy or Certified True Copy of Birth Certificate; or	 Philippine Statistics Authority (PSA) or Local Civil Registrar (LCR) 		
2	One (1) Original Copy or Certified	2. Department of Foreign Affairs (DFA)		
۷.	True Copy of Passport; or			
3.	Any one (1) Certified True Copy of			
-	PRIMARY Document or government			
	issued IDs like:			
	3.1 OSCA ID	3.1 OSCA Office/ MSWDO		
	3.2 SSS ID	3.2 SSS		
	3.3 GSIS ID	3.3 GSIS		
	3.4 Postal ID 3.5 Driver's License	3.4 Post Office		
	3.6 Voter's ID/ COMELEC	3.5 Land Transportation Office (LTO) 3.6 Commission on Election		
	Certification	3.7 Professional Regulations Commission		
	3.7 PRC ID	(PRC)		
4.	Any two (2) of the SECONDARY	(
	Documents like:			
	4.1 Baptismal/ Confirmation Certificate	4.1 Church/ Religious Affiliation		
	4.2 Marriage Certificate	4.2 PSA/ LCR		
	4.3 Birth Certificate of children with the			
	age of the centenarian at the time of birth	4.3 PSA/ LCR		
	4.4 Old School/ Employment Records	4.4 School/ Agency		
	4.5 Affidavit of two (2) Disinterested	4.5 Notary Public Office		
	Person			
5.	Picture of the Centenarian	5. Client		
6.	For Deceased Centenarian:			
	6.1 One (1) original copy or Certified	6.1 PSA/ LCR		
	True Copy of Death Certificate;	CONSTANT Dublis Office		
	6.2One (1) original copy of Special	6.2 Notary Public Office		
	Power of Attorney of nearest surviving relatives			
	6.3One (1) certified true copy of IDs	6.3 Any National Government Agency		
	of nearest surviving relatives			
	6.4One (1) original copy or certified	6.4 PSA/LCR/ Any Religious Affiliation		
	true copy of Proof of relationship			
	of the authorization representative			
	6.5Warranty and Release Form	6.5 DSWD Field Office – SPPMO/ MC 06		
		Series of 2018		



6.6OSCA ID of the	e centenarian	6.6 OSCA		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit complete requirements to the DSWD Field Office – SPPMO or MSWDO	1.1 Receive the submitted application form and documentary requirements. Record at the databank of centenarians of the field office.	None	5 minutes	Project Development Officer II (PDO II) SPPMO
	1.2 Check and verify the completeness of the submitted requirements and eligibility to the centenarian cash gift.	None	15 minutes	PDO II (SPPMO)
	1.2.1 Complete and compliant: prepare Certificate of Eligibility (CE) and payroll. 1.2.2 Incomplete	None	8 months and 24 days	PDO II (SPPMO)
	and Non- compliant to the eligibility criteria: conduct a home visit to verify eligibility. If found ineligible, explain the reason for ineligibility. If eligible, require to submit needed documents	None	4 hours	PDO II (SPPMO)



				Minutes	
	Incomplete and	Ineligible Centenarian		4 Hours and 20	
		gift. Total			
	gift.	to-door delivery of the centenarian cash			
2	Receipt of Centenarian cash	2 Conduct of door-	None	1 day	PDO II (SPPMO)
		thru the MSWDO on the schedule of payout to the centenarian.			
		1.8 Inform the LGU	None	15 minutes	PDO II (SPPMO)
		1.7 Encashment of check.	None	1 day	Special Disbursing Officer (SDO)
		1.6 Process the ORS, and DV. Approve the ORS, and DV. Prepare and approval of check.	None	1 day, 2 hours and 45 minutes	Budget Officer (BS), Accounting Officer (AS), Cash Officer (Cash Section), Regiona Director
		1.5 Check availability of Cash Advance. Review and approval of the RCA.	None	2 days and 30 minutes	Accounting Office (Accounting Section), OIC- Assist. Regional Director for Administration
		Disbursement Voucher (DV), Obligation Request Slip (ORS), and Request for Cash Advance (RCA).	None	13 minutes	
		1.4 Prepare the	None	15 minutes	Division), Regiona Director PDO II (SPPMO)
		to 1.2.1 1.3 Approval of CE and payroll.	None	2 days	Division Chief (Statutory Programs



Complete and Eligible Centenarian

None

Day, 4 Hours and 5 Minutes

9 Months, 1

Note: "Provision of Cash Incentives for Centenarian" is covered under RA 10868.

FEEDBACK	AND COMPLAINTS MECHANISM
How to send feedback	Through client satisfaction measurement mechanism.
How feedbacks are processed	Consolidate and analyze monthly, quarterly, semi-annually and annually to identify root cause analysis or other known quality management techniques and identify plans and actions that must be recommended for execution to resolve the issues and improve the situation.
How to file a complaint	A complaint may be filed through any of the established modalities" -a telephone call (072-687-800 loc. 11212) -electronic mail (<u>sppmo.fo1@dswd.gov.ph</u>) -posts, comments and chat messages via DSWD FO1 Official Facebook Page: "DSWD Field Office 1" -personal appearance (walk-in clients)
	 -letter addressed to the Regional Director, Marie Angela S. Gopalan -Official website at <u>https://fo1.dswd.gov.ph</u> -through 8888 Citizen's Complaint Center
How complaints are processed	Complaints received through Official FB Page, the Office of the Regional Director, Official website and 8888 will be forwarded to Human Resource Management and Development Division for action and resolution. The resolution of all complaint consists of: 6. Submission/Receipt of a complaint 7. Recording of complaint 8. Data Gathering and Investigation 9. Resolution 10. Final Feedback
Contact Information of CCB, PCC, ARTA	Anti-Red Tape Authority (ARTA) (028) 478-5093 <u>complaints@arta.gov.ph</u> Presidential Complaint Center (PCC):
	• Call/ text: 8888



 Web: <u>www.88888.gov.ph</u>
Contact Center ng Bayan (CCB):
 SMS: 0908-881-6565
• Call: 165 65
Php 5.00 + VAT per call anywhere in the
Philippines via PLDT landlines
Email: email@contactcenterngbayan.gov.ph
Web: https://contactcenterngbayan.gov.ph
Facebook:
https://facebook.com/civilservicegovph

List of Offices

Office	Address	Contact			
		Information			
DSWD Field Office	Quezon Avenue, City of San	072-687-8000 loc.			
1	Fernando, La Union 2500	11216			
Ilocos Norte	Jomel Bldg., 3rd floor, Brgy., 14,	077-670-0342,			
Satellite Office	Laoag City, llocos Norte	077-774-2100			
Ilocos Sur Satellite	Luisa Bldg., Quezon Avenue,	077-674-0137			
Office	Salcedo St., Brgy. III, Vigan City,				
	Ilocos Sur				
Eastern	Governor Robert B. Estrella	+63 9976120632			
Pangasinan	Memorial Stadium, Zone 4,				
Satellite Office	Rosales, Pangasinan and Sta.				
	Maria, Binalonan, Pangasinan				
Central	AVRC 1, Russia St., Bonuan	075-653-4910			
Pangasinan	Binloc, Dagupan City, Pangasinan				
Satellite Office					
Western	AVRC 1, Russia St., Bonuan	075-653-4910			
Pangasinan	Binloc, Dagupan City, Pangasinan				
Satellite Office					



STANDARDS SECTION

FRONTLINE SERVICE



36. Endorsement of Duty-Exempt Importation of Donations to Social Welfare and Development Agencies (SWDAs)

The process of assessing the applicant SWDA to determine whether its submitted requirements suffice their exemption from paying customs dues for the release of foreign donations consigned to them.

Of	fice or Division:	Policy Plans Division	ר ו – ו	Standards Section			
CI	assification:	Highly Technical					
Ту	pe of	G2C – Government	Government to Citizen				
	ansaction:						
W	ho may avail:	Agencies (SWDAs) Act No. 10863, othe Tariff Act (CMTA) of	and/or accredited private Social Welfare and Development (SWDAs) in accordance to section 800(m) of the Republic 0863, otherwise known as the Customs Modernization and (CMTA) of 2016, who wish to exempt from customs dues n donations consigned to them.				
	CHECKLIST OF F	REQUIREMENTS		WHERE TO SECURE			
1		ed of Donation from	1.2	1 DSWD Field Office – Standards Section 2 Download from DSWD website: <u>https://www.dswd.gov.ph/issuance/MCs/M</u> <u>C_2019-021.pdf</u> Philippine Consular Office (i.e. embassy or			
	the Philippine Con Country of Origin	Consular Office of the gin		consulate) of the country of origin.			
3 4	•			Notary Public Issued by the DSWD to the licensed and/or accredited SWA			
5	Bill of Lading or Ai	rway Bill	5.	Carrier (or agent) acknowledgement receipt of cargo for shipment (provided by donor to the donee)			
6	Packing List		6.	Carrier (or agent) acknowledgement receipt of cargo for shipment (provided by donor to the donee)			
7	Plan of Distribution		7.	,			
-	otional Requireme						
	Certification from I Administration (FD medicines	0A), in case of	1.	Food and Drug Administration			
2.	Notarized distribut shipment, if not the foreign donations	ion report on latest e first time to import	2.	DSWD DFE Form 3 download at https://www.dswd.gov.ph/MCs/MC_2019-			



3.	arrangements, in o other than food ar		DSWD 3. Approp	(to be certified by Field Office) riate Government	Agencies
	application is all	ant: The acceptance of ready approved. The ap D Memorandum Circulai	plicant must	satisfy the assessm	
	CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	SWDA representative files application together with the supporting documents/ requirements at DSWD Field Office.	 1.1 Receipt and review the completeness and correctness of the submitted application documents based on checklist: 1.1.1 If Complete: forward to support staff for tracking 1.1.2 If Incomplete: return to applicant, provide TA and checklist of requirements 1.2 Log its receipt into the Document Tracking System (DTS) and provide applicant with document reference number for easy tracking. 	None	30 minutes	Social Welfare Officer I (SWO I)/ Administrative Aide IV (AAide IV) (SS)
2.	Pay the required processing fee	2.1 Prepare the Order of payment and issue official receipt.	1,000.00	10 minutes	Administrative Officer II (AO II)/ Administrative Assistant I (AA I) (Cash Section)
3.	Wait for the result of assessment	3.1 Review and conduct assessment of the submitted application documents for	None	3 days	SWO I



	eligibility and			
	compliance to			
	documentary			
	requirement			
	3.1.1 Compliant to			
	Eligibility and			
	documentary			
	requirement:			
	prepared for			
	conduct of			
	area visit			
	3.1.2 Non-			
	Compliant to			
	Eligibility and			
	documentary			
	requirement:			
	return			
	application			
	documents to			
	the applicant			
	with letter and			
	checklist citing			
	reasons for			
	disapproval			
	with technical			
	assistance on			
	how to rectify			
	non-			
	compliance or			
	submit lacking			
	requirements.			
	Provide the			
	applicant the			
	Client			
	Satisfaction			
	Measurement			
	Form.			
	i onn.			
* Note : While face-to-fa	ce is still prohibited duri	na this nande	mic situation tech	nical assistance shall
	ce is still prohibited duri			
be provided in written fo	orm. In the event that th	e return docu	iments cannot be fa	cilitated due to
be provided in written fo unavailability of the ser	orm. In the event that th vice provider, acknowle	e return docu dgement lette	iments cannot be fa	cilitated due to
be provided in written fo unavailability of the ser documents for complia	orm. In the event that th vice provider, acknowle nce to be secured or acc	e return docu dgement lette complished.	iments cannot be fa er shall indicate the	cilitated due to checklist of
be provided in written fo unavailability of the ser documents for compliar 4. Participate during	orm. In the event that th vice provider, acknowled nce to be secured or acc 4.1 Conduct area	e return docu dgement lette	iments cannot be fa	cilitated due to
be provided in written fo unavailability of the ser documents for complia	orm. In the event that th vice provider, acknowled nce to be secured or acc 4.1 Conduct area visit, obtain in-	e return docu dgement lette complished.	iments cannot be fa er shall indicate the	cilitated due to checklist of
be provided in written fo unavailability of the ser documents for compliar 4. Participate during	orm. In the event that the vice provider, acknowled nee to be secured or acc 4.1 Conduct area visit, obtain in- depth	e return docu dgement lette complished.	iments cannot be fa er shall indicate the	cilitated due to checklist of
be provided in written fo unavailability of the ser documents for complian 4. Participate during the conduct of	orm. In the event that the vice provider, acknowled nee to be secured or acc 4.1 Conduct area visit, obtain in- depth information	e return docu dgement lette complished.	iments cannot be fa er shall indicate the	cilitated due to checklist of
be provided in written fo unavailability of the ser documents for complian 4. Participate during the conduct of	orm. In the event that the vice provider, acknowled nee to be secured or acc 4.1 Conduct area visit, obtain in- depth information concerning	e return docu dgement lette complished.	iments cannot be fa er shall indicate the	cilitated due to checklist of
be provided in written fo unavailability of the ser documents for complian 4. Participate during the conduct of	orm. In the event that the vice provider, acknowled nee to be secured or acc 4.1 Conduct area visit, obtain in- depth information concerning administrative	e return docu dgement lette complished.	iments cannot be fa er shall indicate the	cilitated due to checklist of
be provided in written fo unavailability of the ser documents for complian 4. Participate during the conduct of	orm. In the event that the vice provider, acknowled nee to be secured or acc 4.1 Conduct area visit, obtain in- depth information concerning administrative and operational	e return docu dgement lette complished.	iments cannot be fa er shall indicate the	cilitated due to checklist of
be provided in written fo unavailability of the ser documents for complian 4. Participate during the conduct of	orm. In the event that the vice provider, acknowled nee to be secured or acc 4.1 Conduct area visit, obtain in- depth information concerning administrative	e return docu dgement lette complished.	iments cannot be fa er shall indicate the	cilitated due to checklist of
be provided in written fo unavailability of the ser documents for complian 4. Participate during the conduct of	orm. In the event that the vice provider, acknowled nee to be secured or acc 4.1 Conduct area visit, obtain in- depth information concerning administrative and operational	e return docu dgement lette complished.	iments cannot be fa er shall indicate the	cilitated due to checklist of
be provided in written fo unavailability of the ser documents for complian 4. Participate during the conduct of	orm. In the event that the vice provider, acknowled nee to be secured or acc 4.1 Conduct area visit, obtain in- depth information concerning administrative and operational aspects of the	e return docu dgement lette complished.	iments cannot be fa er shall indicate the 2 days	cilitated due to checklist of SWO I (SS)
be provided in written fo unavailability of the ser documents for complian 4. Participate during the conduct of	orm. In the event that the vice provider, acknowled nee to be secured or acc 4.1 Conduct area visit, obtain in- depth information concerning administrative and operational aspects of the program	e return docu dgement lette complished.	iments cannot be fa er shall indicate the	cilitated due to checklist of SWO I (SS) SWO I/ Project
be provided in written fo unavailability of the ser documents for complian 4. Participate during the conduct of	orm. In the event that the vice provider, acknowled nee to be secured or acc 4.1 Conduct area visit, obtain in- depth information concerning administrative and operational aspects of the program (optional)	e return docu dgement lette complished. None	iments cannot be fa er shall indicate the 2 days	cilitated due to checklist of SWO I (SS)



	1	1	1	
	Regional Director for approval.			(SS)
	 4.3 Endorse the application to the Standard's Bureau at Central Office. *If Deficient: return the application to the applicant and provide technical assistance to comply with the requirements 	None	3 days	SWO I/ PDO III
	4.4 Check the completeness of the submitted application documents. Endorses to Undersecretary and DSWD Secretary for approval.	None	4 days	Standards Bureau (Central Office), DSWD Undersecretary supervising the Standards Bureau, DSWD Secretary
5. Approved applicants to pick up the Endorsement Letter	 Inform the applicant and Field Office of the approval of endorsement. Preparation of the endorsement letter for pick-up of the applicant and the conforme letter for their signature. 	None	10 minutes	Standards Bureau Technical Staff
	Total			
Con	nplete and Compliant	None	14 Days	
Complete but Non-Co	ompliant Submission	None	8 Days and 50 minutes	
	complete Submission	None	30 minutes	

*The number of minutes shall be included on the total 20 working days. **This does not include the travel time of documents from the DSWD Field Office to the Central Office, and vice versa.



37. Accreditation of Civil Society Organization (CSOs) as Beneficiary of DSWD Projects and/or Program – Organized by the Sustainable Livelihood Program

The process of issuing Certificate of Accreditation to Civil Society Organizations (CSOs) Beneficiaries of DSWD Projects and/or Program Organized by the Sustainable Livelihood Program (SLP).

Office or Division:	Policy Plans Divisior	n – Standard	Is Section		
Classification:	Highly Technical				
Type of	G2C – Government	to Citizen			
Transaction:	G2G – Government	to Governm	ent		
Who may avail:	All eligible beneficia	ry CSOs org	anized by the Dep	artment through	
	Sustainable Livelihood Program (SLP).				
CHECKLIST OF F	REQUIREMENTS WHERE TO SECURE			CURE	
1. Certified true copy	of the Certificate of	1. DSWD	Sustainable Liveli	hood Program-	
Eligibility (CoE).		•	al Program Manag	ement Office	
*The issuance of CoE		(DSWD	SLP-RPMO)		
compliance of SLP ex	isting guidelines.				
2. Endorsement of S		2. DSWD	SLP-RPMO		
signed by the Reg	•				
Coordinator (to inc	• •				
••	approved, address of the SLPA, and the budget approved for the project)				
• • •		opplication d			
	-	application documents does not imply that the plicant must satisfy the assessment indicators			
) Memorandum Circulai	•	-		
	AGENCY	FEES TO	PROCESSING	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Submit the	1.1 Receive	None	1 day	Administrative	
application	application and		, ,	Aide IV (Aaide IV)	
docucments	log to the			. , ,	
	Document Trooking				
	Tracking System (DTS).				
	Refer to the				
	concerned unit				
	1.2 Check and	None	4 days	Project	
	assess the			Development	
	completeness of submitted			Officer III (PDO	
	documents			III)/ Social Welfare Assistant (SWA)	
	1.2.1 Complete			ASSISIAIII (SVVA)	
	and				
	Compliant:				
	Receive the documents				
	and prepare				
		1	L		



Incomple	ete or Non-Compliant	None	30 Minutes	
Con	plete and Compliant	None	7 Days	
	Total			
	Permit		,	
2. Receipt of Permit	CSOs to FO- assigned bulletin board. 2. Release of	None	1 day	SWA
	Service (RICTMS) for posting to FO Website. 1.5 Posts lists of accredited Beneficiary	None		
	Memo to Regional Information Communication Technology			
	RPMO with the signed certificates and secure receiving copy. 1.4 Forward signed	None		
	Compliant: Prepare Memo and return to SLP-RPMO the application documents for compliance. 1.3 Forward signed Memo to SLP-	None	1 day	PDO III/ SWA
	the Memorandu m and Certificates. 1.2.2 Incomplete or Non-			



38. Accreditation of Civil Society Organization (CSOs) as Beneficiary of DSWD Projects and/or Program – Non-SLP Organized

The process of issuing Certificate of Accreditation to Civil Society Organizations (CSOs) Beneficiaries of DSWD Projects and/or Program.

· · · ·	(CSOs) Beneficiaries of DSWD Projects and/or Program.		
Office or Division:		n – Standards Section	
Classification:	Highly Technical		
Type of	G2C – Government		
Transaction:	G2G – Government		
Who may avail:		ry CSOs organized by the Department through	
	DSWD project/s and		
CHECKLIST OF F		WHERE TO SECURE	
1. Beneficiary CSO A	Accreditation	1. DSWD Field Office – Standards Section	
Application Form		(SS)	
2. Proof of existence	-		
CSO in its stated a	address and area of		
opearation or orga	nization, namely:		
2.1 Pictures of off	ice and direction	2.1 CSO Beneficiary Applicant	
sketch; and			
2.2 At least one o	f the following		
documents:			
	gay Certification	2.2.1 Barangay the CSO is located	
2.2.2 Certific	cation or	2.2.2 CSO Beneficiary Applicant	
Endors	sement from at least		
2 publi	cly known		
individ	uals in the		
comm	unity		
2.2.3 Other	documents showing		
proof c	of the existence		
3. Proof of Organizat	tion, namely:	3. CSO Beneficiary Applicant	
3.1 Organizational	Chart or		
Governance S	•		
3.2 Date of the org			
Officers and M	embers with their		
Complete nam	es, dates of birth (if		
known and reg	istered complete		
address, and c	ontact numbers, if		
available)			
4. Certificate of Good	d Standing	4. Government Agency or Agencies from	
*If CSO applicant	has received public	which it has received public funds	
funds prior to its a	pplication;		
Specifically stating	g that the CSO has		
liquidated in accor	dance with COA		
regulations, all fun	d transfers due for		
liquidation			
-			



ndergone Social	Prograi Prograi seekinç	m/Project Officer o m/Projecct where t g funds	of the DSWD the CSO is	
lready approved. The ap	oplicant must satisfy the assessment indicators			
AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.1 Receipt and log into the Document Tracking System (DTS). Refer to	None	2 hours	Administrative Aide IV (AAide IV) RAMS	
 1.2 Receipt and review the submitted application and supporting documents 1.2.1 Complete and Compliant: Post Applicant in DSWD Website and prepare activities for the conduct of validation. Proceed to next step. 1.2.2 Incomplete or Non-Compliant: prepares acknowledge ment memorandu m and return the application documents for compliance. 1.2.3 Found Irregularity/ 	None	1 Day	Project Development Officer III (PDO III)/ Social Welfare Assistant (SWA)	
	ant: The acceptance of ready approved. The ap <u>D Memorandum Circula</u> AGENCY ACTIONS 1.1 Receipt and log into the Document Tracking System (DTS). Refer to concerned unit. 1.2 Receipt and review the submitted application and supporting documents 1.2.1 Complete and Compliant: Post Applicant in DSWD Website and prepare activities for the conduct of validation. Proceed to next step. 1.2.2 Incomplete or Non- Compliant: prepares acknowledge ment memorandu m and return the application documents for compliance.	Program Program Seeking ant: The acceptance of application diversal proved. The applicant must Diversal proved. The application and supporting documents 1.1 Receipt and log into the Document Tracking System (DTS). Refer to concerned unit. 1.2 Receipt and review the submitted application and supporting documents 1.2.1 Complete and Compliant: Post Applicant in DSWD Website and prepare activities for the conduct of validation. Proceed to next step. 1.2.2 Incomplete or Non-Compliant: prepares acknowledge ment memorandu m and return the application documents for compliance. 1.2.3 Found	Program/Project Officer of Program/Project where is seeking funds ant: The acceptance of application documents does not ready approved. The applicant must satisfy the assessm D Memorandum Circular No. 17 Series of 2017. AGENCY ACTIONS BE PAID 1.1 Receipt and log into the Document Tracking System (DTS). Refer to concerned unit. 1.2 Receipt and review the submitted application and supporting documents 1.2.1 Complete and Compliant: Post Applicant in DSWD Website and prepare activities for the conduct of validation. Proceed to next step. 1.2.2 Incomplete or Non- Compliant: prepares acknowledge ment memorandu m and return the application documents for compliance. 1.2.3 Found	



	documents:			
	Applicant			
	shall explain			
	not later than			
	3 days from			
	the receipt of			
	Notice			
	issued by the			
	Regional			
	Director.			
	1.3 Conduct	None	18 Days and 6	PDO III/ SWA
	validation as to		hours	
	the existence of			
	the applicant			
	beneficiary CSO			
	including its on-			
	going projects			
	and/or programs			
	as applicable.			
	1.4 Prepares and	None		PDO III/ SWA
	signs Validation			
	Report and			
	Abstract with			
	supporting			
	documents.			
		None		
	1.5 Evaluation and	None		PDO III/ SWA
	deliberation by			
	the Field Office			
	Accreditation			
	Committee.			
	1.6 Prepare and	None		PDO III/ SWA
	Facilitates the			
	signing of			
	Certificate of			
	Accreditation			
	1.7 Post the list of	None		PDO III/ SWA
	the accredited			
	Beneficiary			
	CSOs to FO-			
	assigned bulletin			
	board			
2. Receipt of the	2. Release of the	None	1 Day	PDO III/ SWA
Certificate of	signed Certificate		1 Day	
	÷			
Accreditation	of Accreditation			
	through:			
	2.1 Befitting			
	Ceremony			
	2.2 Pick-up by the			
	CSO applicant;			
	2.3 Courier; and			



2.4 Hand-Carry the Certificate/s of			
Accreditation			
whichever is			
practicable			
Total			
Complete and Compliant	None	20 Days	
Incomplete or Non-Compliant	None	30 Minutes	

*The number of minutes shall be included on the total 20 working days. **This does not include the travel time of documents from the DSWD Field Office to the Central Office, and vice versa.

39. Accreditation of Pre-Marriage Counselors

The process of assessing the applicant eligible to conduct pre-marriage counselling pursuant to Article 16 of the Family Code of the Philippines.

Office or Division:	Policy and Plans Div	vision – Standards Section			
Classification:	Highly Technical				
Type of	G2C – Government to Citizen				
Transaction:					
Who may avail:	All qualified applicar	ts per item VIII of Memorandum Circular 1			
	Series of 2019 and a	as amended in Memorandum Circular 10 Series			
	of 2021.				
CHECKLIST OF F	REQUIREMENTS	WHERE TO SECURE			
For New Applicants					
1. One (1) duly accor	mplished Application	1.1 DSWD Field Office 1-Standards Section			
Form		1.2 Download in DSWD website at			
		https://www.dswd.gov.ph/issuances/MCs/M			
	<u>C_2019-001.pdf</u> (Annex A. PMC Form_App				
		ments (original copies must be presented):			
1. Any of the following (proof that the					
applicant is a grad	uate of a 4-year				
course)	Production/ College	1.1 School			
	Graduation/ College				
1.2 Valid PRC ID	inscript of records,	1.2 Professional Regulations Commission			
		(PRC)			
2. Training Certificate	es/ Certificates from	2. Training Provider			
seminars, confere					
other related activi	, 0				
counselling service	e for at least 24-				
Hours.					
		3. Local Government Unit			



4.	 Proof that the applicant is tasked to assist/conduct PMC sessions and/or part of the local PMC Team. 3.6 Certification from the Immediate Supervisor 3.7 An approved resolution Documentation of at least 6 PMC session, which captures the role performed by the applicant as proof that he/she has assisted in the PM Counselling Session. 	4. Annex C.Documentation Report Template (download at <u>https://www.dswd.gov.ph/issuances/MCs/M</u> <u>C_2019-001.pdf</u>)
	her documents to be made available	
du	ring the assessment visit:	
	 Accomplished Marriage Expectation Inventory Form of would-be-married couple/s present during the validation visit 	
Fo	or Renewal	
1.	Training Certificates/ Certificates from seminars, conferences, training and other related activities on basic counselling service for at least 24- Hours.	1. Training provider
2.	Accomplishment Report for the past year with at least a minimum of 10 PMC sessions conducted preceding the application using the template provided by DSWD (Annex D)	2. Annex D. PMC Form (download at <u>https://www.dswd.gov.ph/issuances/MCs/M</u> <u>C 2019-001.pdf</u>)
3.	Summary documentation of PMC session/s conducted for the past year using the template provided by DSWD (Annex C)	3. Annex C. PMC Form (download at <u>https://www.dswd.gov.ph/issuances/MCs/M</u> <u>C_2019-001.pdf</u>)
Ot	her documents to be made available of	during the validation visit.
1.	Accomplished Marriage Expectation Inventory from the would-be-married couple/s present during the validation visit.	
2.	Accomplished and consolidated result of client feedback/satisfaction survey of about 50% of the total number of	2.1 DSWD Field Office 1 – Standards Section 2.2 DSWD Website Annex F. PMC Form (download at
3.	counselled couple for the past year; A summary/record on the number of Certificate of Marriage Counselling issued	https://www.dswd.gov.ph/issuances/MCs/M C_2019-001.pdf)



٠	Note to Applicant: The acceptance of application documents does not imply that
	the application is already approved. The applicant must satisfy the assessment
	indicators based on DSWD Memorandum Circular No.01 Series of 2019.

	d on DSWD Memoral			
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTIONS	BE PAID	TIME	RESPONSIBLE
 1.1 Secures and properly fill up the application form. 1.2 Submit the application form and supporting documents. 	 ACTIONS 1.1 Receive and Review the completeness of requirements/ documents submitted and prepare the acknowledgeme nt letter: 1.1.1 If Complete/ Sufficient: prepare acknowledge receipt of application and notify applicant. Coordinate the schedule of assessment visit. 1.1.2 If Insufficient/ did not met required Qualificatio n and requirement : acknowledge receipt and notify the applicant on the lacking requirements and provide necessary technical assistance. 1.2 Review and approval. 	None	5 Days and 2 Hours	RESPONSIBLE Social Welfare Officer I (SWO I)



				Regional Director (RD)
	1.3 Provide the client the Client Satisfaction Measurement Survey (CSMS) Form. Request the client to submit the accomplished form.	None	5 minutes	Administrative Officer I (AO I)/Administrative Aide IV (AAide IV) Standards Section
2. Attend to the Actual Accreditation Assessment	 2.1 Conduct validation assessment with the applicable mode: 2.1.1 Under Normal Circumstan ces: actual accreditation visit 2.1.2 During State of Calamity/ Emergency: virtual assessment Activities to take place: a. Brief overview on the assessment process; b. Observation on the counselling session; c. Exit 	None	1 Day	PDO III (SS)
3. Wait for the approval of the confirmation report/ issuance of the Certificate	Conference 3.1 Conduct final assessment of the application f documents and the result of the actual accreditation assessment.	None	7 Days	PDO III



	3.1.2 If Unfavorable	None		
	: recommend for re-			
	assessment 3.2 Review and approval of the documents	None		Regional Director (RD)
	3.3 Prepare the Certificate.	None		Social Welfare Assistant (SWA)
	3.4 Approval of the Certificate			RD
4. Receipt of the Accreditation Certificate	4. Release of Certificate	None	1 day	AAide IV
	Total		19 Dave and 2	
For Complete and Compliant			18 Days and 3 hours	
	irements with Areas for			

40. Accreditation of Social Workers Managing Court Cases

The process of assessing the Social Workers managing court-related cases as to their compliance to delivery of quality service.

Office or Division:	Policy and Plans Division – Standards Section
Classification:	Highly Technical
Type of	G2C – Government to Citizen
Transaction:	



Who may avail:	supervisors from th based facilities, Loca Agencies, Court So and individual pr disadvantaged grou	e DSV al Gove ocial W actitior	e direct practitioners including /D Field Offices, residential, and center- ernment Units, other National Government /orkers, Non-Government Organizations, ners managing court cases of the
CHECKLIST OF R			WHERE TO SECURE
For New Applicants			
 For Social Worke 1.1 Two (2) copies of Accreditation of Soc Managing Court C 	Application Form for ocial Workers	1.1.1 1.1.2	DSWD Field Office 1-Standards Section Download in DSWD website <u>https://www.dswd.gov.ph/issuances/AO</u> <u>s/AO_2008-002.pdf</u>
1.2 Two (2) copies and Professional Regu (PRC) ID Card	d Original Valid lations Commission	1.2	Professional Regulations Commission
1.3 Two (2) copies of (Attendance to bas	ic course training (at the management of SWD or its	1.3	DSWD or Training Provider
1.4 Summary docume cases managed (A	()		DSWD Website: https://www.dswd.gov.ph/issuances/AOs/ AO 2008-002.pdf
1.5 Letter of Recomme the competence of 1.6 The following docu handled must be n	the Social Worker iments on cases		Applicant
during on-site asse	essment:	1.6 Aı	ny of the following:
1.6.1 Case Study	•		Supervisor of the applicant
1.6.2 Progress/ R 1.6.3 Case Summ	•	1.6.2	Philippine Association of Social Workers Inc. (PASWI)
1.6.4 Case confer proceedings	ence		Philippine Association of Court Social Workers (PACSWI). pplicant/Client
2. For Supervisors		1.0 A	
2.1 Two (2) copies of Accreditation of So Managing Court C	ocial Workers	2.1.1 2.1.2	DSWD Field Office 1-Standards Section Download in DSWD website <u>https://www.dswd.gov.ph/issuances/AO</u> <u>s/AO_2008-002.pdf</u>
2.2 Two (2) copies an PRC ID	-	2.2 P	rofessional Regulations Commission
2.3 Two (2) copies of Attendance to bas hours) on the man	ic (at least 32	2.3Tr	aining Provider



 cases from DSWD or its recognized training institutions 2.4 Technical supervisory notes of two (2) supervisees as proof of providing technical assistance 2.5 The following documents on cases handled must be available during onsite assessment: 2.5.1 Case Study reports; 2.5.2 Progress/Running notes; 2.5.3 Case Summaries 2.5.4 Case Conference 	2.4 Applicant/Client 2.5 Applicant/Client
proceedings/notes	
For Renewal	
 For Social Workers 1.1 Certificate of attendance to relevant trainings or refresher course of at least 24 hours 1.2 Summary documentation (Annex B) of cases managed for the last 6 months 1.3 Recommendation from the Supervisor attesting to the competence of social worker in managing court cases 1.4 The following documents on cases handled must be made available during on-site assessment: 1.4.1 Case Study reports; 1.4.2 Progress/running notes; and 1.4.3 Other relevant documentations pertaining to the cases 	 1.1 DSWD or Recognized training institution 1.2 DSWD website: https://www.dswd.gov.ph/issuances/AOs/A 0_2008-002.pdf 1.3 Applicant 1.4 Applicant
 For Supervisor 2.1 Certificate of attendance to relevant trainings or refresher course of at least 24 hours 	2.1.1 DSWD or Recognized training institution 2.1.2 DSWD Website: <u>https://www.dswd.gov.ph/issuances/AO</u> <u>s/AO_2008-002.pdf</u>
 2.2 Summary documentation (Annex B) of cases managed for the last 6 months 2.3 Recommendation from the Supervisor attesting to the competence of social worker in managing court cases 	2.2 Applicant2.3 Applicant



(2) supervisees providing techn 2.5 The following d handled must b during on-site a 2.5.1 Case St 2.5.2 Progress margina 2.5.3 Case su 2.5.4 Case co	ical assistance ocuments on cases be made available assessment: udy reports; s/running notes/ I notes; mmaries	2.4 Applica	ant	
the application	cant: The acceptance is already approved. In DSWD Memora	The application of the application of the application of the second seco	nt must satisfy the ar No.01 Series o	assessment f 2019.
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
 Fill up and submit/file the application form at DSWD Standards Section. Submit personally at the DSWD Field Office Via Mail/Courier 	 1.3 Receive and assess completeness of the application and supporting documents. 1.3.1 Complete: Section Head assigns to Technical Staff for pre- assessment. 1.3.2 Incomplete: return the documents and provide technical assistance and checklist of requirements 	None	1 hour and 30 minutes	Social Welfare Officer I (SWO I)/ Administrative Aide IV (AAide IV)
	1.4 Conduct a desk review of the received application and the completeness and compliance.	None	6 days and 1 hour	SWO I/ Project Development Officer III



1.4.1	Complete and	None		
	Compliant:			
	-			
	prepare the			
	pre-			
	assessment			
	report and			
	endorsement			
	report to			
	Standards			
	Bureau			
	(Central			
	Office) along			
	with send an			
	acknowledge			
	ment letter to			
	the applicant			
	on the status			
	of the			
1 1 0	application.	Nama		
1.4.2	Incomplete or	None		
	non-			
	compliant:			
	Prepare an			
	acknowledge			
	ment letter to			
	the applicant			
	indicating the			
	checklist of			
	lacking			
	documents.			
1.5 Or	ne (1) set of the	None	1 hour	AAide IV/ SWO I
	plication and			
	quirements			
	gether with the			
	e-assessment			
	port and/or			
	dorsement will			
	endorsed to			
	SWD-			
	andards			
	reau (Central			
	fice). One (1)			
	t of copy is			
	ed at the Field			
-	fice.			
	gned/approved	None		
	knowledgemen			
t le	etter will be			
		1	1	
se	nt to the			



	 1.7 Receipt of the endorsed application and forward to Standards Compliance Monitoring Division (SCMD). SCMD reviews the completeness and compliance of the application. 1.7.1 Complete: Prepare acknowledge ment letter indicating the schedule and mode of accreditation shall be made: 1.7.2 Incomplete/ Non- compliant: Prepare acknowledge ment letter indicating the schedule and mode of accreditation shall be made: 1.7.2 Incomplete/ Non- compliant: Prepare acknowledge ment letter indicating the checklist of lacking documents. 1.8 Signed and approved 	None	3 days and 5 hours 1 day, 5 hours	DSWD Standards Bureau (Central Office)
	acknowledgment letter shall be endorsed to the applicant through the Field Office		and 30 minutes	Technical Staff (Central Office)
2. Coordinate with	2.1 Conduct	None	1 day	Standards Bureau
Standards Bureau through the Field	assessment through review of			Technical Staff (Central Office)
Office on the	case records,			
schedule of	interview of the			
assessment.	applicant and			
	conduct of other			
	relevant			
	activities.	Niewe		
	2.2 Prepare the	None	5 days and 2	SMCD Support
	confirmation		hours	Staff
	Report Certificate of Accreditation,			
			<u> </u>	245



	Certificate of Accreditation Total	None	20 Days	
 Receive/Pick-up the Accreditation Certificate. 	 3.1 Notify the applicant on the availability of the certificate 3.2 Issue the 	None	30 minutes	AAide IV/ SWO I (DSWD Field Office-Standards Section)
	Executive Summary for the Assistant Secretary and Undersecretary and transmittal memo for review and approval. 2.3 Review and approval of the Certificate of Accreditation and other approved attached documents. Endorse to Field Office.	None	3 days 5 hours and 30 minutes	Assistant Secretary/ Cluster Head DSWD- Standards and Capacity Building Group/ Undersecretary

* The number of minutes shall be included on the total 20 working days.

** This does not include the travel time of documents from the DSWD Field Office, to Central Office and vice versa.

41. Issuance of Certificate of Authority to Conduct Fund-Raising Campaign to Individual, Corporation, Organization and Association: National Regular Permit

The process of assessing the applicant person/individual, corporation, organization or association eligibility to conduct fund-raising campaign.

Office or Division:	Policy Plans Division – Standards Section		
Classification:	Highly Technical		
Type of	G2C – Government to Citizen; G2G – Government to Government		
Transaction:			
Who may avail:	All eligible person/individual, groups whether Organized or		
	Unorganized corporations whether Profit or Non-profit Organizations or Agencies, Associations including Civil Society Organizations (CSOs), Registered, Licensed and/or Accredited SWDAs including Social Welfare Arms of Religious Organizations desiring to solicit funds for charitable and public welfare purposes in more than one (1) region.		
CHECKLIST OF F	REQUIREMENTS WHERE TO SECURE		



1.	Duly Accomplished Application Form	1.1 DSWD Field Office – Standards Section 1.2 Download at DSWD website at
		https://www.dswd.gov.ph/issuances/MCs/MC 021-005.pdf or Annex 2:DSWD-SB-PSF-001:
2.	Certified True Copy (CTC) of Certificate of Registration which has jurisdiction to regulate the endorsing SWDA, and Articles of Incorporation and By-Laws, if new application *Not applicable to Government Agencies and SWDAs with Valid RLA	Application Form 2. Securities and Exchange Commission (SEC)
3.	Updated Certificate of Good Standing, or Updated Certificate of Corporate Filing/Accomplished General Information Sheet (GIS) from SEC or any government regulatory agencies that has jurisdiction to regulate the applicant organization or agency. *Not applicable to Government Agencies and SWDAs with Valid RLA.	3. Securities and Exchange Commission (SEC)
	Project Proposal on the intended public solicitation approved by the Head of Agency including the work and financial plan (WFP) of the intended activity indicating details of the methodology to be used.	4. Annex 5 – DSWD-SB-PSF-003: Project Proposal at <u>https://www.dswd.gov.ph/issuances/MCs/MC_202</u> -05.pfd
5.	Updated Profile of the Governing Board or its equivalent in the corporation, certified by the Corporate Secretary or any equivalent officer. *Not applicable to Government Agencies and SWDAs with Valid RLA.	5. Annex 6 – DSWD-SB-PSF-004: Profile of Governing BoardI at <u>https://www.dswd.gov.ph/issuances/MCs/MC_202</u> -05.pfd
i.	Notarized Written Agreement or any similar document signifying the intended beneficiary/ ies concurrence as recipient of the fundraising activities.	 From the applicant signed by the intended beneficiary/ recipients or its head/ authorized representatives
	For children beneficiaries, only the parent/s of the child/children or maternal/paternal relative/s may sign the document in behalf of the child.	
	Endorsement or Certification from Licensed and Accredited SWDA allowing an individual to solicit funds under their name or responsibility.	 From Licensed and Accredited SWDA that allowed the applicant to solicit funds under their name or responsibility



8.	 Endorsement or Certification from any but not limited to the following agencies that allow/s applicant to undertake solicitation activities in their agency's jurisdiction, as applicable: 8.1 Director of Private Schools 8.2 Schools Superintendent of Public School 8.3 Head or authorized representative of National Government Agencies (NGAs) 8.4 Head or authorized representative of Local Government Unit (LGU) 8.5 Bishop/Parish Priest/Minister or Head of Sect or Denomination 8.6 Others 	 From the agency that allows applicant to undertake solicitation activities in their jurisdiction
9	Medical Certificate/Abstract and/or Treatment Protocol certified by the attending physician or by an Hospital Records Section	9. From the attending physician or Hospital Records Section
10	Duly signed Social Case Study Report and endorsement from the Local Social Welfare and Development Office (LSWDO)	10. From the Local Social Welfare and Development Officer who has jurisdiction on the area of the applicant
11	Signed Memorandum of Agreement (MOA) between the DSWD and the C/MSWDO of the concerned LGU stating therein their commitment to monitor the applicant's solicitation activities and to submit post-reportorial requirements to the issuing DSWD Office.	11. From the concerned DSWD Office and/or the C/MSWDO of the concerned LGU
12	Approved and notarized board resolution or other written authorization for the solicitation activity which shall ensure strict compliance to the standard ratio of funds utilization (Annex 20) or Pledge of Commitment for Individuals (Annex 11)	12.1 Annex 10 - DSWD-SB-PSF-008: Board Resolution 12.2 Annex 11 - DSWD-SB-PSF-009: Pledge of Commitment Download at: <u>https://www.dswd.gov.ph/issuances/MCs/MC 2021</u> -005.pdf
13	Fund Utilization Report (Annex 12) of proceeds and expenditures	13. Annex 12 - DSWD-SB-PSF-010: Fund Utilization Report Download at: <u>https://www.dswd.gov.ph/issuances/MCs/MC_2</u> 021-005.pdf
14	Official Receipt as proof of payment of processing fee issued by the concerned DSWD CO-FO Finance Management Service./Unit (FMS/U)	14. From the applicant as issued by the concerned Field Office



15 Certification from the Barangay, City or Municipality from where the applicant Person, Corporation, Organization or Association is based, is not in any way connected, engaged or involved in any activity/action against the government per Anti-Terrorism Act of 2020.

15. Concerned LGU where the applicant is based.

• Note to Applicant: The acceptance of application documents does not imply that the application is already approved. The applicant must satisfy the assessment indicators based on DSWD Memorandum Circular No. 21 Series of 2019.

CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1.1 Secure and fill up the application form thru the DSWD Website or from the DSWD Field Office – Standards Section.	1. Receive and review the completeness and correctness of the submitted application form and supporting documents.	None	4 minutes	Administrative Officer I (AO I) SS
1.2 Submit the accomplished application form and supporting documents.	1.1 Complete and Compliant: provide acknowledgeme nt receipt and log to Document Tracking System (DTS).	None	15 minutes	AO I/ Project Development Officer III (PDO III) SS
	1.2 Incomplete and Non-Compliant: Communicate with the applicant citing reason/s for non- processing and denial. Return all documents submitted accompanied by a letter providing technical assistance and checklist of requirements for compliance.		3 days	AO I/ PDO III (SS)
2. Pay the processing fee	 2.6 Prepare the billing statement. 2.7 Receipt of payment and issue Official Receipt (OR). Attach a copy of 	1,000.00	10 minutes	AO II/ Administrative Assistant I (AA) Cash Section



		the OR to the			
		application.			
3.	Wait for the result of the assessment	3.1 Endorse complete application documents together with the copy of OR and assessment report to the Standards	None	7 days	PDO III (SS)
		Bureau. 3.2 Review and validate the application documents. Prepare Permit/Certificat e of Authority to Conduct National Fund Raising Campaign. Endorse to Undersecretary and DSWD Secretary for	None	4 Days, 6 Hours, and 30 minutes	Standards Compliance and Monitoring Division – Standards Bureau (SCMD) (Central Office)
		approval. 3.3 Approval and signing of Permit/Certificat e of Authority to Conduct National Fund Raising Campaign. *Note: If disapproved return to Standards Bureau and provide reasons for disapproval. Standard Bureau will also notify DSWD Field Office for non processing and provide the	None	2 Days	DSWD Secretary (Central Office)
		necessary technical assistance to rectify the gap and/or submit lacking requirements. 3.4 Notify the applicant			SCMD (Standards Bureau-Central Office)



4. Receipt of	Organization on the approved National Fund Raising Campaign Authority/Permit through a Conforme letter 4.1 Issue the	None	1 Hour and 30	SCMD (Standards
Conforme letter of the approved National Fund Raising Campaign Authority/Permit	National Fund Raising Campaign Authority/Permit or the Denial Letter. 4.2 Notify DSWD Field Office concern to monitor and validate the conduct of solicitation activities of applicants to determine whether solicitation activity is in accordance with the issued permit.	None	minutes	Bureau-Central Office)
Com	Total oplete and Compliant	1,000.00	14 Days	
-	on-Compliant and/or complete Submission	1,000.00	3 days	
Inc	omplete Submission	None	30 minutes	

*The number of minutes shall be included on the total 14 working days. ** This does not include the travel time of documents from the DSWD Field Office to the Central Office, and vice versa.

42. Issuance of Certificate of Authority to Conduct Fund-Raising Campaign to Individual, Corporation, Organization and Association: Regional Regular Permit

Issuance of the regular Regional Fund-Raising Campaign (RFC) Authority to any person, groups, corporation, organization, and association for charitable or public welfare purposes planning to conduct a Fund-Raising Campaign during normal situation within a region or more than one (1) city/municipality in accordance with



the existing guidelines. The Regional Fund-Raising Campaign Authority is valid for a period of six (6) months.

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	*Not applicable to Government Agencies and SWDAs with Valid RLA		
6.	Notarized Written Agreement or any similar document signifying the intended beneficiary/ ies concurrence as recipient of the fundraising activities.	6.	Applicant signed by the intended beneficiary/recipients or its head/authorized representatives
	For children beneficiaries, only the parent/s of the child/children or maternal/paternal relative/s may sign the document in behalf of the child.		
7.	Endorsement or Certification from Licensed and Accredited SWDA allowing an individual to solicit funds under their name or responsibility.	7.	From Licensed and Accredited SWDA that allowed the applicant to solicit funds under the name or responsibility
8.	Endorsement or Certification from any but not limited to the following agencies that allow/s applicant to undertake solicitation activities in their agency's jurisdiction, as applicable: 8.1 Director of Private Schools 8.2 Schools Superintendent of Public School 8.3 Head or authorized representative of National Government Agencies (NGAs) 8.4 Head or authorized representative of Local Government Unit (LGU) 8.5 Bishop/Parish Priest/Minister or Head of Sect or Denomination 8.6 Others	8.	From the agency that allows applicant to undertake solicitation activities in their jurisdiction
9.	Medical Certificate/Abstract and/or Treatment Protocol certified by the attending physician or by an Hospital Records Section	9.	From the attending physician or Hospital Records Section
10.	Duly signed Social Case Study Report and endorsement from the Local Social Welfare and Development Office (LSWDO)	10	. From the Local Social Welfare and Development Officer who has jusrisdiction on the area of the applicant
11.	Signed Memorandum of Agreement (MOA) between the DSWD and the C/MSWDO of the concerned LGU stating therein their commitment to monitor the applicant's solicitation activities and to submit post-reportorial requirements to the issuing DSWD Office.	11	. From the concerned DSWD Office and/or the C/MSWDO of the concerned LGU
12.	Approved and notarized board resolution or other written authorization for the		



funds utilization (A	o the standard ratio of nnex 20) or Pledge of dividuals (Annex 11) port (Annex 12) of			e at suances/MCs/MC_2
14. Official Receipt as	proof of payment of led by the concerned ance Management	-	i.pdf	e at <u>suance/MCs/MC_2</u>
connected, engage	where the applicant n, Organization or ed, is not in nay way ed or involved in any nst the government per	15. Concerr	ned LGU where the	applicant is based
••	ant: The acceptance of Iready approved. The ap	plicant must :	satisfy the assessm	
	D Memorandum Circula AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE



	necessary			
	technical			
	assistance			
	and provide			
	checklist of			
	requirements			
	for			
	compliance.			
	1.3 Receive application and assign to concerned technical staff. Provide notes/	None	30 minutes	Standards Sectior Head
	instructions for			
	action. 1.4 Receives application and assess the submitted documents. Notify applicant to pay the necessary processing fee.	None	4 hours	Administrative Officer I (AO I)/ AAide IV
2. Pay the	2.1 Receipt of	500.00	30 minutes	AO II/
processing fee.	payment and Issue Official Receipt.			Administrative Assistant I (Cash Section)
	2.2 Photocopy the Official Receipt and attach to the application.	None	30 minutes	AO I/ AAide IV
	 2.3 Conduct assessment of the application 2.3.1 Eligible: Facilitates the preparation of Solicitation Permit/ Certificate of Authority to Conduct Fund Raising Campaign and Conforme 	None	1 Day	Project Development Officer III (PDO III)



		ete or Non-Compliant		3 Days	
	Con	nplete and Compliant	P 500.00	7 Days	
		Total			
		Campaign.			
		Raising			
		Conduct Fund			
		Authority to			
	Conforme Letter.	Certificate of			
	Permit. Fill-up the	Permit/			
	approved Solicitation	approved Solicitation			
3.	•	2 Release the	None	10 minutes	AO I/ PDO III
		Conforme Letter.			
		together with the			
		Campaign			
		Raising			
		Conduct Fund			
		Authority to			
		Certificate of			
		Permit/			
		Solicitation			AAIUEIV
		the approved	NULLE		AO I/ PDO III/ AAide IV
		2.5 Receipt and Issue or email	None	4 hours	AO I/ PDO III/
		Campaign and Conforme Letter.			
		Raising			
		Conduct Fund			(RD)
		Authority to			Regional Director
		Certificate of			(PPD Chief),
		Permit/			Division Chief
		Solicitation			Policy and Plans
		approve of the			Head,
		2.4 Review and	None	3 Days	Standards Sectior
		2021.			
		Series of			
		per MC No. 5			
		requirements			
		raising			
		on fund			
		assistance			
		with technical			
		applicant			
		Provide			
		Eligible:			
		2.3.2 Non-			



** This does not include the travel time of documents from the DSWD Field Office to the Applicant and vice versa.

43. Issuance of Certificate of Authority to Conduct Fund-Raising Campaign to Individual, Corporation, and Organization: Regional Temporary Permit During State of Emergency/Calamity

The process of assessing the applicant person, groups, corporation, organization or association's eligibility for Solicitation Permit to conduct Regional Fund Raising Campaign during Stat of Emergency/ Calamity.

Of	fice or Division:	Policy Plans Division	n — 3	Standards Section
Cla	assification:	Complex		
Ту	pe of	G2C – Government	to C	Citizen
Tra	ansaction:			
W	ho may avail:	All eligible beneficia	ry C	SOs organized by the Department through
		Sustainable Liveliho	od I	Program (SLP).
	CHECKLIST OF F	REQUIREMENTS		WHERE TO SECURE
Fo	r Person/s desirin	g to solicit or receiv	ve c	ontributions for response to victims of
	ate or emergency/	-		
1.	Application Form sig			DSWD Field Office – Standards Section
		epresentative (Annex	1.2	2 Download at DSWD Websit:
	1 – DSWD-SB-PSF Form)	-001: Application		https://www.dswd.gov.ph/issuances/MCs/MC 2021-005.pdf
				<u>2021-003.pdf</u>
2.	Project Proposal inc	luding Work and	2.	Download at DSWD Website:
	Financial Plan (WFF			https://www.dswd.gov.ph/issuances/MCs/MC 2
	•	proved by the Agency		<u>021-005.pdf</u>
	•	SWD-SB-PSF-003:		
	Project Proposal)			
3.	Undertaking to com	ply with the remaining	3.	Download at DSWD Website:
0.	requirements during	•	0.	https://www.dswd.gov.ph/issuances/MCs/MC_2
	issued solicitation p	-		021-005.pdf
	DSWD-SB-PSF-00	6: Undertaking)		
4.	Fund Utilization Rep	•	4.	
	solicitation permit, A			https://www.dswd.gov.ph/issuances/MCs/MC_2
	SB-PSF-011: Fund	Ounzation)		<u>021-005.pdf</u>
5.	Additional Requirem	ents for persons:	5.	Applicant
	•	vernment issued ID	.	
	· / •	ficate attesting to the		
	applicant's integ	rity and capability to		
	launch a fund-ra	ising activity		
6.	Certification from Ba	arangay/City/	6.	Barangay/City/Municipality where the Applicant
	Municipality.			is based (not in any way connected, engaged



			or involved in any activity/action against the
			government per Anti-Terrorism Act of 2020)
Fo	r Person/s representing an unorganiz	ed/	
	Application Form (Annex 2 – DSWD-SB- PSF-001: Application Form)	1.	Download at DSWD Website: <u>https://www.dswd.gov.ph/issuances/MCs/MC_2</u> <u>021-005.pdf</u>
2.	Project Proposal including the Work and Financial Plan (WFP) for the intended public solicitation signed by the Head of Agency (Annex 5 – DSWD-SB-PSF-003: Project Proposal)	2.	Download at DSWD Website: https://www.dswd.gov.ph/issuances/MCs/MC_2 021-005.pdf
3.	Undertaking to comply with the remaining requirements during the validity of the issued solicitation permit (Annex 7 – DSWD-SB-PSF-006: Undertaking)	3.	Download at DSWD Website: https://www.dswd.gov.ph/issuances/MCs/MC_2 021-005.pdf
4.	 Additional Requirements for person/s representing an informal/ unorganized group: 5.1 Two (2) valid government issued ID 5.2 Barangay Certification attesting to the applicant's integrity and capability to launch a fund-raising activity 5.3 Endorsement Letter from the group the person is representing 	4.	Applicant
5.	Fund Utilization Report (for renewal, Annex 12 – DSWD-SB-PSF-010: Fund Utilization)	5.	Download at DSWD Website: https://www.dswd.gov.ph/issuances/MCs/MC_2 021-005.pdf
6.	Certification from Barangay/ City/ Municipality	6.	Barangay/ City/ Municipality where the applicant (Person, Corporation, Organization or Association) is based and is not in any way connected, engaged or involved in any activity/ action against the government per Anti- Terrorism Act of 2020
	r Corporations, Organizations, or Ass ganizations	oci	ations including SWDAs and Religious
	Application Form (Annex 2 – DSWD-SB- PSF-002: Application Form)	1.	Download at DSWD Website: https://www.dswd.gov.ph/issuances/MCs/MC 2 021-005.pdf
2.	Project Proposal including the Work and Financial Plan (WFP) for the intended public solicitation approved by Head of Agency (Annex 5 – DSWB-SB-PSF-003: Project Proposal)	2.	Download at DSWD Website: https://www.dswd.gov.ph/issuances/MCs/MC_2 021-005.pdf
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3.	Undertaking to comply with the remaining requirements during the validity of the issued solicitation permit (Annex 7 – DSWD-SB-PSF-006: Undertaking)	3.	Download at DSWD Website: https://www.dswd.gov.ph/issuances/MCs/MC_2 021-005.pdf
4.	Fund Utilization Report of proceeds and expenditures (Annex 12 – DSWD-SB-PSF-010: Fund Utilization)	4.	Download at DSWD Website: https://www.dswd.gov.ph/issuances/MCs/MC_2 021-005.pdf
5.	 Sample of additional specific requirements for each methodology to be used, such as: 5.1 Ticket, Ballot, Card and similar forms 5.2 Donation boxes, Coin Banks and similar forms 5.3 Benefit show (i.e. fashion show, concert) 5.4 Photo or Painting Exhibits and similar activities 5.5 Written request such as envelopes, letters of appeal, greeting cards, and similar forms 5.6 Text message, electronic mail, online post, and other types of solicitation using electronic devices 5.7 Mass media campaign through radio, television, cinema, magazines, newspapers, billboards, and similar forms 5.8 Sport activities for a cause such as fun run, marathon, cycling, and similar activities 5.9 Rummage sale, garage sale, sale of goods, and other similar forms 	5.	Applicant
	Certification from the Barangay/ City/ Municipality		Barangay/ City/ Municipality where the applicant (Person, Corporation, Organization or Association) is based not in any way connected, engaged, or involved in any activity/ action against the government per Anti- Terrorism Act of 2020.
Сс	orporations (GOCCs), and Local Gover	nm	ies (GAs), Government-Owned Controlled ent Units (LGUs) desiring to solicit funds
1.	Application Form signed by the Agency Head or his/her authorized representative	1.	Download at DSWD Website: https://www.dswd.gov.ph/issuances/MCs/MC 2 021-005.pdf



2.	Project Proposal in	cluding Work and	2.	Downloa	ad at DSWD Websit	te:
	Financial Plan (WFF public solicitation ap	P) for the intended		<u>https://w</u> 021-005		suances/MCs/MC_2
	•	DSWD-SB-PSF-003:		021-000		
3.	Undertaking to com requirements during	ply with the remaining	3.		ad at DSWD Websit	te: suances/MCs/MC_2
	issued solicitation p DSWD-SB-PSF-000	ermit (Annex 7 –		021-005		
4.	Fund Utilization Rep renewal (Annex 12 010: Fund Utilization	– DSWD-SB-PSF-	4.			te: suances/MCs/MC_2
5.	used, such as: 5.1 Ticket, Ballots, C forms 5.2 Donation boxes other similar for	ch methodology to be Cards and Similar , Coin Banks, and ms uch as fashion show,	5.	Applicar	nt	
	5.4 Photo or Paintin activities5.5 Written request	g Exhibits and similar				
	5.6 Text message, e other types of so electronic device	•				
	5.7 Mass media car television, cinen	npaign through radio,				
	5.8 Sport activities f fun run, maratho activities	or a cause such as on, cycling and similar				
		garage sale, sale of similar forms.				
	Note to Applica	nt: The acceptance of				
		eady approved. The ap D Memorandum Circula	•		-	ent indicators
		AGENCY		ES TO	PROCESSING	PERSON
(CLIENT STEPS	ACTIONS		E PAID	TIME	RESPONSIBLE
1.	Submit the application form with supporting	1.1 Receive and assess the submitted	Nc	one	25 minutes	Administrative Officer I (AO I)

documents



	application and documents 1.1.1 Complete:			
	Receive the			
	submitted			
	documents.			
	Provide an			
	acknowledge			
	ment receipt			
	and log into			
	the			
	Document			
	Tracking			
	System			
	(DTS).			
	Proceed to			
	next step.			
	1.1.2 Incomplete:			
	return all			
	documents			
	and provide			
	checklist of			
	requirements			
	for			
	applicant's			
	compliance	None		
	1.2 Prepare the			
	billing statement			
	for the payment			
	of the processing			
	fee to Cash			
	Section.			
2. Pay the	2.1 Receive the	500.00	5 minutes	Administrative
processing fee.	Payment and			Officer II (AO II)/
_	provide Official			Administrative
	Receipt.			Assistant I (AA I)
				(Cash Section)
		None		
	2.2 Attach a			
	photocopy of the			
	receipt to the			
	applicants			
	document			
	2.3 Review and	None	4 hours	Project
	conduct			Development
	assessment of			Officer III (PDO III)
	the submitted			
	application			
	documents for			
	eligibility and			
	compliance to			
	documentary			
	accumentary	1		
	requirements			



	Fund Raising Campaign.			
	2.4 Review and approve by signing the assessment report, Certificate of Authority to Conduct Regional Fund Raising Campain	None	1 day	Standards Section Head, Division Chief, Regional Director
3. Receive the Certificate	Campain. 3. Release/ Transmit the approved/ signed permit to the applicant with a letter of	None	30 minutes	AO I/ PDO III (Standards Section)



	orientation conforming to			
	the Standard			
	Operating			
	Procedures			
	(SOP) in the			
	inventory,			
	monitoring and			
	utilization of			
	solicited funds.			
	Total			
Com	Complete and Compliant		2 Days	
-	Complete but Non-Compliant and/or Incomplete Submission		6 hours	
Inc	omplete Submission	None	30 minutes	

Note 1: If the concerned FO is affected by the Emergency situation, the application can be filed directly at the DSWD Standards Bureau (DSWD Central Office)

Note 2: Applications for Regional Temporary Solicitation Permit is waived during Disasters/ Calamities amidst **State of National Emergency** shall follow the same facilitation procedures. However, during these instances, the payment of the processing fee is waived in favor of the applicant.

44. Licensing of Private Social Welfare and Development Agencies (SWDAs) – Operating in One Region

The process of assessing the qualifications and authorizing a registered SWDA to operate as a Social Work Agency or as an Auxiliary SWDA operating in one region.

Office or Division:	Policy Plans Division – Standards Section			
Classification:	Highly Technical			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	All private SWDAs ir	ntending to Operate in One Region		
CHECKLIST OF R	EQUIREMENTS	WHERE TO SECURE		
1. Application Form (du	uly notarized) Annex	1.1 DSWD Field Office – Standards Section		
2: DSWD-RLA-F002	2 Application Form	1.2 Download at DSWD Website at		
for Licensing		https://www.dswd.gov.ph/downloads-2/		
2. One (1) set of the following basic				
documents:				



2.1 A certification of plan to hire the	2.1 Download at DSWD Website at
required Registered Social Worker	https://www.dswd.gov.ph/downloads-2/
(RSW) or staff complement; or profile	
of Employees and volunteers	
whichever is applicable (Annex 22:	
DSWD-RLA-F02 Profile of	
Employees);	
2.2 Manual of Operation containing the	
SWDAs program and administrative	2.2 Download at DSWD Website at
policies, procedures and strategies to	https://www.dswd.gov.ph/downloads-2/
attain its purpose/s among others	
(Annex 4: DSWD-RLA-F004 Manual	
of Operation);	
2.3 Profile of Board of Trustees (Annex	
21: DSWD-RLA-F021 Profile of	2.3 Download at DSWD Website at
Governing Board)	https://www.dswd.gov.ph/downloads-2/
2.4 Certified True Copy of General	
Information Sheet issued by SEC	2.4 Securities and Exchange Commission (SEC)
2.5 Notarized certification from the Board	
of Trustees and/or the funding agency	2.5 Board resolution by the Organization
to financially support the organizations	
to operate for at least two (2) years.	
2.6 Work and Financial Plan for two (2)	
succeeding years (Annex 9: DSWD-	2.6 Download at DSWD Website at
RLA-F009 Work and Financial Plan)	https://www.dswd.gov.ph/downloads-2/
2 Additional Paguiramenta:	
 Additional Requirements: 3.1 Certified True Copy of the notarized 	
written agreement of partnership or	3.1 Applicant
cooperation between the agency and	5.1 Applicant
its partner agency e.g MOA, Contract	
of Partnership	
3.2 For Applicant SWA's implementing	
Child Placement Services:	3.2 Download at DSWD Website at
Certification from DSWD or	https://www.dswd.gov.ph/downloads-2/
photocopy of the certificate of training	
attended by the hired RSW related to	
child placement service. (Annex 22:	
DSWD-RLA-F022 Profile of	
Employees)	
3.3 Documents establishing Corporate	
Existence and Regulatory	
Compliance:	
a. For Center-Based (Residential	
and Non-Residential Based):	
a.1 Occupancy Permit (new	
buildings) or Annual Building	a.1 City/Municipal Engineering Office of Local
Inspection/ Structural Safety	Government Unit covering the SWDAs area of
Certificate (for old buildings)	operation or Private Engineer
a.2 Fire Inspection Certificate	



			City/Municip	f the Bureau of Fire bal Local Governme a of operation	Protection in the nt Unit covering the
	a.3 Water Po Sanitary Per	otability Certificate or mit	•	nicipal Health Office t Unit covering the \$	
b.	Ancestral D Indigenous	nt serving within the omains of People (IP): f NGO Accreditation		Commission of Indi Regional Office whe	
• N	current part DSWD that funds: Certi Office and/o government applicant is f liability/ oblig ote to Applica	nt with past and enership with the involved transfer of fication from DSWD r other concerned agencies that the free from any financial pation ant: The acceptance of ready approved. The ap	impleme program application do	ocuments does not	projects and
•	•) Memorandum Circula	•	-	
CLIEN	IT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
. Subm notari applic	nit the duly	1.1 Receive the application form	None	10 minutes	Administrative



	 1.2.2 Incomplete: return all documents accompanied by a checklist of requirements for applicant organization' s compliance. 1.3 Prepare the billing statement and instruct the applicant to proceed to the Cash Section. 	None	20 minutes	Administrative Officer II (AO II)/ Administrative Assistant I (AA I) (Cash Section)
2. Pay the processing fee	 2.1 Receive the payment and issue Official Receipt and instruct to provide a photocopy of receipt to Standards Section. 2.2 Attach the 	1,000.00 None	15 minutes 15 minutes	AO II/ AA I (Cash Section) AAide IV
	photocopy of the receipt to the application documents 2.3 Review the	None	2 days	PDO III/ PDO I/
	submitted documents as to its completeness and compliance, both in form and substance. The submitted documents must satisfy the following criteria: i. New applicant SWDA applying to operate a residential care facility: establish the need for a residential facility serving a particular sector and the absence of related facility			AO I/ Social Welfare Officer I (SWO I)/ Social Welfare Assistant (SWA) (Standards Section)



to cater them	
e.g. situationer	
ii. Applicant has	
employed a	
sufficient	
number of duly	
qualified staff	
and/or	
registered	
social workers	
to supervise	
and take charge of its social	
welfare and	
development	
activities and/or	
social work	
interventions in	
accordance	
with the set	
standards.	
iii. Applicant must	
submit a duly	
certified	
financial	
statement that	
at least 70% of	
its funds are	
disbursed for	
direct social	
work services	
while 30% of	
the funds are	
disbursed for	
administrative	
services.	
iv. SWDA must	
have financial	
capacity to	
operate for at	
least 2 years.	
v. Applicant keeps	
record of all	
social	
development	
and/or welfare	
activities it	
impements.	
Note: Criteria IV and	
V are only	
applicable for	
SWDAs that are	
already in operation	
prior to application	
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3.	availability of the	for License to Operate. 2.3.1 Complete and Compliant: Acknowledge ment Letter and Notification on the proposed schedule on the conduct of Validation Visit shall be prepared. 2.3.2 Incomplete or Non- Compliant: Acknowledge ment letter prepared shall contain the checklist of requirements to be secured and complied. Send to the applicant SWDA together with the applicant SWDA together with the application documents submitted. 2.4 Review and approval of the acknowledgement letter including its attachments. 3 Confirm the Validation Visit.	None	2 days 30 minutes	PDO III/ Division Chief/ Regional Director PDO III/ AO I/ SWO I/ PDO I/
	proposed Validation Visit				SWA
4.	Assist and participate in the Validation Visit	 4.1 Conduct of Validation Visit 4.2 Provide the applicant organization the 	None None	1 day 5 minutes	PDO III/ PDO I/ AO I/ SWO I/ SWA PDO III/ PDO I/ AO I/ SWO I/ SWA



	Con	nplete and Compliant	P1,000.00	20 Days	
		Total			
		application form.			
		indicated in the			
		per preference			
		release through various means			
		Operate for			
		License to			
		the Certificate of			
		the availability of			
	to Operate	Report and notify			
	receipt of License	Confirmation		l uay	
5	Acknowledge the	(if favorable) 5. Send the	None	1 day	AAide IV
		License to Operate			
		and Certificate of			
		Confirmation Report			Director
		approval of the			Chief, Regional
		4.4 Review and	None	8 days	PDO III, Division
		Action Plan.			
		compliance date of			
		the agreed			
		findings and			
		assessors			
		detailing the			
		Report			
		Confirmation			
		draft			
		Prepare the			
		4.3.2 Not Favorable:			
		Operate.			
		License to			
		Certificate of			
		draft			
		Report and			
		Confirmation			
		Prepare the draft			
		4.3.1 Favorable:			
		Report			
		Confirmation			AO I/ SWO I/ SWA
		4.3 Prepare	None	3 days	PDO III/ PDO I/
		Form (CSMF)			
		Measurement			
		Client Satisfaction			



	omplete Submission		17 Days	
**This does not i to the Central Of 45. Pre-Accre Development and Public SV Refers to the pro	minutes shall be incluinclude the travel time fice, vice versa. editation Assessm Programs and So NDAs) – Operatin beess conducted by th ce to determine the re	of docum nent of S ervices (g within e Standar	ocial Welfare Licensed Priv the Region ds Section of the	WD Field Office and ate SWAs
standards on SW Standard Bureau Office or Division:	/D programs and serv is accreditation. Policy Plans Divisior			client prior to
Classification:	Highly Technical	. Stando		
Type of Transaction:G2C – Government to Citizen; G2G – Gov				
Who may avail:	New applicant regist region.	ered and I		
CHECKLIST OF F			WHERE TO	
1. Application Form (RLA-F003 Applic Accreditation)		1.2 Dowr	lload at DSWD V	Standards Section /ebsite at .ph/downloads-2/
conducted by co Office covering Operation; 2.2For Renewal: O	ation: One (1) the pre-assessment oncerned Field the Area of ne (1) original copy	<u>https:</u>	nmunity Based e	ph/issuances/#MCs
of the assessme the SWAs Head 3. One (1) Original co following Documen Corporate Existen Compliance 3.1 Certification of I information issu those operating months upon fil	ent tool signed by of Agency opy of each of the nts establishing ce and Regulatory No Derogatory ned by SEC (for more than 6		ecurities Exchan SEC)	ge Commission



	3.2ABSNET Membership Certification from the Regional ABSNET (RAB) President or Chairperson of the Cluster ABSNET (CAB) or the authorized ABSNET membership of the applicant SWDA.	3.2 Download at DSWD Website at https://www.dswd.gov.ph/downloads-2/
	For RAB President, the Standards Section shall be the one to issue the required certification. (Annex 23. DSWD-RLA-F023 ABSNET Active Membership)	
4.	One (1) Original Copy of each of the following Documents Establishing Track Record and Good Standing: 4.1 Duly signed Work and Financial	4.1 Download at DSWD Website at
	Plan for the 2 succeeding years (Annex 9. DSWD-RLA-F009 Work and Financial Plan)	https://www.dswd.gov.ph/downloads-2/
	4.2 Notarized updated Certification from the Board of Trustees and/or funding agency to financially support the organization's to operate for at least 2 years (not applicable for Public SWDA)	4.2 Board Resolution by the Organization
	4.3 Annual Accomplishment Report previous year (Annex 6. DSWD- RLA-F006 Accomplishment Report)	4.3 Download at DSWD Website at <u>https://www.dswd.gov.ph/downloads-2/</u>
	4.4 Audited Financial Report of the previous year (Annex 8. DSWD- RLA-F008 Audited Financial Statement)	4.4 Download at DSWD Website at <u>https://www.dswd.gov.ph/downloads-2/</u>
	 4.5 Profile of Clients served for the preceding and current year (Annex 20. DSWD-RLA-F020 Profile of Clients/Beneficiaries Served) 	4.5Download at DSWD Website at https://www.dswd.gov.ph/downloads-2/
5.	One (1) Original Copy of each of the following Documents Establishing Corporate Existence and Regulatory Compliance 5.1 Declaration of Commitment from the applicant of no support to	 Download at DSWD Website at <u>https://www.dswd.gov.ph/downloads-2/</u> AO 11 series of 2019 Annex A. Declaration of Commitment



tobacco in compliance to the provisions of EO 26 series of 2017 (Providing for the establishment of smoke-free Environments in Public and Enclosed Places) and RA 9211 (Tobacco Regulation Act of 2003)	
 6. One (1) Original Copy of each of the following Basic Documents: 6.1 Manual of Operation containing the SWDAs program and administrative policies, procedures and strategies to attain its purpose/s among others (Annex 4. DSWD-RLA-F004 Manual of 	6.1 Download at DSWD Website at <u>https://www.dswd.gov.ph/downloads-2/</u>
Operations) 6.2 Profile of Board Trustees (Not applicable to Public SWDAs) Annex 21. DSWD-RLA-F021 Profile of Governing Board	6.2 Download at DSWD Website at https://www.dswd.gov.ph/downloads-2/
6.3 Profile of Employees and Volunteers: at least one (1) full time staff who will manage its operations (Annex 22. DSWD-	6.3 Download at DSWD Website at https://www.dswd.gov.ph/downloads-2/
RLA-F022 Profile of Employees) 6.4 Certified True Copy of General Information Sheet issued by SEC (not applicable for Public SWDA)	6.4 Securities Exchange Commission
*Note: The first 4 Basic Documents are needed if only there is an update or amendment on documents recently submitted to DSWD Standards Bureau.	
 7. For Applicant SWA's implementing Child Placement Services: 7.1 One (1) original copy of the Certification from DSWD or one (1) photocopy of the certificate of training attended by the hired RSW related to child placement service. 	7.1 Download at DSWD Website at <u>https://www.dswd.gov.ph/downloads-2/</u>
7.2 Certified True Copy of General Information Sheet issued by SEC	7.2 Securities Exchange Commission



(not applicable for Public SWDA)	
 8. For Center-Based (Residential and Non-Residential Based) and Community-Based, copy of the valid safety certificates namely: 8.1 Occupancy Permit (only for new buildings) or Annual Building Inspection/ Structural Safety Certificate (for old buildings) 	8.1 City/Municipal Engineering Office of the Local Government Unit covering the SWDAs area of operation of Private Engineer
8.2 Fire Safety Inspection Certificate Water	8.2 Office of the Bureau of Fire Protection in the City/Municipal Local Government Unit covering the SWDAs
8.3 Potability Certificate or Sanitary Permit	8.3 City/Municipal Health Office of Local Government Unit covering the SWDAs area of operation of Private Service Provider
9. For applicant serving within the Ancestral Domains of Indigenous People (IP): Photocopy of NGO Accreditation from NCIP	 National Commission of Indigenous People (NCIP) Regional Office where the NGO operates
10. For applicants with past and current partnership with the DSWD that involved transfer of funds	10. Field Office-Financial and Management Service Unit or concerned Government Agency where the Organization implemented or implements projects and programs.
11. Signed Data Privacy Consent Form	11. Applicant

• **Note to Applicant:** The acceptance of application documents does not imply that the application is already approved. The applicant must satisfy the assessment indicators based on DSWD Memorandum Circular No. 05 Series of 2020.

CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTIONS	BE PAID	TIME	RESPONSIBLE
 Submit the accomplished application form and supporting documents 	1.1 Receive the application and the submitted documents. Stamp the receiving copy and provide the applicant SWDA with an application reference number for easy tracking.	None	30 minutes	Administrative Aide IV (AAide IV)



 1.2 Conduct desk	None	6 days, 7 hours	Project
review of the		and 30 minutes	Development
documentary			Officer III (PDO
requirements:			III)/ Division Chief/
1.2.1 Complete:			Regional Director
Prepare			
acknowledge			
ment letter			
indicating the			
schedule of			
the pre-			
assessment			
1.2.2 Incomplete:			
Prepare			
acknowledge			
ment letter			
indicating the			
checklist of			
documents			
to be			
submitted			
1.3 Prepare the	None		PDO III
necessary			
documents, pre-			
assessment tool,			
power point			
presentation,			
special order,			
etc.			
1.4 Conducts the	None	2 days	PDO I
pre-accreditation			
assessment			
(virtual or actual			
visit) through the			
following			
activities: Focus			
Group Discussion with			
clients, Interview with the staff,			
Review of			
Documents,			
Ocular			
Inspection,			
Action Planning.			
Provide Client			
Satisfaction			
Measurement			
			1
Form (CSMF).			
Form (CSMF). 1.4.1 Favorable:			
Form (CSMF). 1.4.1 Favorable: Prepare			
Form (CSMF). 1.4.1 Favorable:			



1.4.2	SWDA and transmittal Memo to Standards Bureau. Not Favorable: Prepare Confirmation Report to SWDA and			
	Standards Bureau			
	highlighting the indicators/			
	requirements for			
	compliance of SWDA.			
	Total			
Complete a	and Compliant	None	20 Days	
Incomplet	te Submission	None	19 Days	

*The number of minutes shall be included on the total number of working days. **This does not include the travel time of documents from DSWD Field Office to the Central Office, and vice versa.

46. Registration of Private Social Welfare Development Agencies (SWDAs) Operating in One Region

The process of assessing the applicant person/individual, corporation, organization or association operating only in one region whether its intended purpose is within the purview of social welfare and development.

Office or Division:	Policy Plans Divisio	n – Standards Section	
Classification:	Highly Technical		
Type of	G2C – Government	to Citizen, G2G – Government to Government	
Transaction:			
Who may avail:	All eligible person/in	dividual, corporation, organization or	
	association intending/ already engaging in SWD activities in One (1)		
	region		
CHECKLIST OF F	REQUIREMENTS	WHERE TO SECURE	
	on/individual, corpora engaging in SWD activ	tion, organization or association vities	
1. One (1) copy of Acco	mplished Application	1.1 DSWD Field Office - Standards Section	
Form (Notarized)	1.2 https://www.dswd.gov.ph/downloads-		
Note: Per Secret		2/publications1	
al unite at a tata a fue			



emergency, Application need not be notarized			es/RLA/DSWD-SB-0 or Registration	GF-046 Application
 2. Certificate of Registration (updated) and latest Articles of Incorporation and By-Laws, indicating that the organization's primary purpose is within the purview of social welfare and development Not applicable to Government Agencies 		2. Securitie	es Exchange Comm	nission (SEC)
3. Copy of any of the following: 3.1 Handbook or Manual of Operations of its programs, policies, and procedures 3.2 Brochure 3.3 Duly signed Work and Financial Plan (for 2 succeeding years) by the Head of Agency		https://w 2/public File pat and Che a) DSW b) DSW preparat	ad in DSWD website ww.dswd.gov.ph/do ations1 h: Standards Burea ecklist Along Regula D-SB-GF-049 – Ma D-SB-GF-050 - Gu tion of Brochure D-SB-GF-054 – Wo	wnloads- u/Approved Forms tory Services/RLA nual of Operation ide in the
application is all	ant: The acceptance of ready approved. The ap D Memorandum Circula	plicant must	satisfy the assessm	
application is all	-	plicant must	satisfy the assessm	
application is all based on DSWI	ready approved. The ap D Memorandum Circula AGENCY ACTIONS	FEES TO BE PAID	satisfy the assessm es of 2018. PROCESSING	PERSON



	Tracking System (DTS) 1.2.2 If Incomplete: return all documents submitted accompanied by checklist of requirements for compliance 1.3 Provide Document Reference Number for easy tracking.	None		
2. Payment of the processing fee	2.1 Prepare the billing statement	None	10 minutes	Administrative Officer II (AO II)/ Administrative Assistant I (AA I) (Cash Section)
	2.2 Receipt of payment and issue Official Receipt (OR)	1,000.00	20 minutes	AO II/ AA I (Cash Section)
 Provide photocopy of the OR to Standards Section 	3. Receipt and attach the photocopy of the OR for the processing fee	None	5 minutes	AO II/ AA I (Cash Section)/ AAide IV (SS)
 Accomplish and submit the Client Satisfaction Measurement Survey (CSMS) Form. 	4.1 Provide the applicant the CSMS form	None	5 minutes	AO II (Standard Section)
	4.2 Route the application and documents to Standards Section.	None	25 minutes	AAide IV
	4.3 Receive incoming applications and assign to concerned technical staff	None	30 minutes	Standards Section Head



	4.4 Conduct desk review of the received application as to completeness and compliance	None	3 hours	Project Development Officer III (PDO III)/ SWO I, SWA, AO I
	4.5 Prepare the confirmation report and attach the Certificate of Registration printed on Security Paper (SECPA) in duplicate copy.	None	5 Hours and 25 minutes	PDO III/ AO IV/ PDO I/ SWO I/ SWA
	 4.6 Review and approval of Confirmation Report, Endorsement of the Registration Certificate 4.6.1 If Approved: Sign the confirmation Report and Certificate of Registration 4.6.2 If with revisions: return to technical staff for corrections and revision 4.7 Notify the client of the release of Certificate of Registration 	None	7 hours	AAide IV, Standards Section Head, PPD Chief, Regional Director,
5. Receipt of Certificate of Registration and signs the logbook	5. Release of the approved Certificate of Registration	None	30 minutes	Assistant Regional Director for Administration/ Standards Section
Con	Total nplete and Compliant	1,000.00	3 days	
For Inc	complete Submission (Walk-in)	None	2 days and 30 minutes	
	ed at Standards Sectio			
1. Send the duly accomplished Application form	1.1 Receive the document and stamp	None	30 minutes	AAide IV



together with the	"Received". Log			
documentary	into the			
requirement through	Document			
mail/courier	Tracking System			
addressed to:	(DTS) and			
	forward the			
Regional Director	documents to			
DSWD Field Office 1	Standards			
Quezon ave. City of	Section.			
San Fernando, La	1.2 Receive and	None	30 minutes	Standards Section
Union 2500	review the			Head
	applications,			
	provide notes			
	and assign to			
	concerned			
	technical staff.			
	1.3 Conduct a desk	None	3 hours	PDO II/ AO IV/
	review on the			PDO I/ SWO I/
	submitted			SWA
	application and			
	the submitted			
	documents.			
	Submitted			
	documents must			
	satisfy the criteria			
	that the			
	applicants must			
	be engaged			
	mainly or			
	generally in Social Welfare			
	and Development Activities. Other			
	documents may			
	be requested to			
	the applicant			
	SWDA.			
	1.3.1 If Complete			
	& Complete			
	notify the			
	applicant on			
	the payment			
	of the			
	processing			
	fee			
	1.3.2 If			
	Incomplete:			
	send an			
	acknowledge			
	ment letter			
		I		



	For In	complete Submission Walk-in:		30 minutes	
	For Co	Total mplete and Compliant	1,000.00	3 days	
		preference as indicated in the application form 4.1 Pick-up 4.2 Mail/ Courier			
(Certificate of Registration	Certificate of Registration based on the client's			
4. F	Receipt of	 the Registration Certificate 3.6 Notify the client of the availability of the Certificate of Registration. 4. Release the 	None		AAide IV
		report and attach the Certificate of Registration printed on SECPA in duplicate copy. 3.5 Review and approval of the Confirmation Report, Endorsement of	None		
(2	Photocopy the Official Receipt and forward to Standards Section	3.3 Receipt and attach the photocopy of OR.3.4 Prepare the confirmation	None None	5 minutes 30 minutes	AAide IV (Standards Section)
	processing fee	billing statement 2.2 Receipt of payment and issue Official Receipt (OR)	1,000.00		(Cash Section)
2. F	Payment of the	with checklist indicating the lacking requirement for compliance 2.1 Prepare the	1,000.00	10 minutes	AO II/ AA I



Courier:

2 days

*The number of minutes shall be included on the total 3 working days. ** This does not include the travel time of documents from the DSWD Field Office to the Central Office, and vice versa.

FEEDBACK	AND COMPLAINTS MECHANISM
How to send feedback	Through client satisfaction measurement mechanism.
How feedbacks are processed	Consolidate and analyze monthly, quarterly, semi-annually and annually to identify root cause analysis or other known quality management techniques and identify plans and actions that must be recommended for execution to resolve the issues and improve the situation.
How to file a complaint	A complaint may be filed through any of the established modalities" -a telephone call (072-687-800 loc. 11221) -electronic mail (<u>standards.fo1@dswd.gov.ph</u>) -posts, comments and chat messages via DSWD FO1 Official Facebook Page: "DSWD Field Office 1" -personal appearance (walk-in clients) -letter addressed to the Regional Director, Marie Angela S. Gopalan -Official website at <u>https://fo1.dswd.gov.ph</u> -through 8888 Citizen's Complaint Center
How complaints are processed	Complaints received through Official FB Page, the Office of the Regional Director, Official website and 8888 will be forwarded to Human Resource Management and Development Division for action and resolution. The resolution of all complaint consists of: 1 Submission/Receipt of a complaint 2 Recording of complaint 3 Data Gathering and Investigation 4 Resolution 5 Final Feedback
Contact Information of CCB, PCC, ARTA	 Anti-Red Tape Authority (ARTA) (028) 478-5093 complaints@arta.gov.ph Presidential Complaint Center (PCC): Call/ text: 8888 Web: www.88888.gov.ph



Contact Center ng Bayan (CCB):
• SMS: 0908-881-6565
• Call: 165 65
Php 5.00 + VAT per call anywhere in the
Philippines via PLDT landlines
Email: email@contactcenterngbayan.gov.ph
Web: https://contactcenterngbayan.gov.ph
Facebook:
https://facebook.com/civilservicegovph

List of Offices

Office	Address	Contact Information
DSWD Field Office	Quezon Avenue, City of San Fernando, La Union 2500	072-687-8000 loc. 11221



SUSTAINABLE LIVELIHOOD PROGRAM

FRONTLINE SERVICE



47. Referral Management Process for SLP-RPMO

The Regional Program Management Office (RPMO) provides the final and full implementation of the Referral Management Process. The Sustainable Livelihood Program - Referral Management Unit (SLP-GRMU), serves as an avenue to the poor, marginalized, vulnerable, and the less fortunate individuals, who wanted to use their capacity and strength in building-up themselves to achieve a better way of living.

Office or Division:	Sustainable Livelibo	od Program				
Classification:	Sustainable Livelihood Program					
Type of	Highly Technical G2C – Government to Citizen; G2G – Government to Government					
Transaction:						
Who may avail:	All qualified program participants					
CHECKLIST OF R						
1. Filled-out Data Pri		1. DSWD Field Office 1 – Sustainable				
2. SLP Profile Form	Livelihood Program – Regional					
	SLP request form for Walk-in Clients,		Management Office			
•	4. Referral/Endorsement letter form from					
OBDSUs, NGA's,	NGOs.					
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON		
	ACTIONS	BE PAID	TIME	RESPONSIBLE		
Walk-in Client	1	<u> </u>	1			
1. Inquiry and attend	1.1 Brief Orientation	None	10 minutes	RPMO Project		
the brief	on the SLP			Development		
orientation of	Processes			Officer (RPMO-		
walk-in clients on Sustainable	1.2 Provide Data Privacy Act			PDO) – Special		
Livelihood	(DPA) of 2012			Project Focal / Administrative		
Program	Form, SLP			Assistant (AA)		
	Profile Form,			Assistant (AA)		
	and Client's					
2. Fill-out and	Logbook 2.1 Issuance of	None	30 minutes	PDO/ AA		
submit, Data	SLP Walk-in	None		(SLP-RPMO)		
Privacy Act (DPA)	Client Slip.			(
of 2012 Form,	2.2 Provide Client					
SLP Profile Form,	Satisfaction Measurement					
SLP Request	Report Form					
Form, and Client's	(CSMR)					
Logbook	· · ·					
3. Fill-out and submit	3.1 Provide original	None	10 minutes	PDO/ AA		
Client Satisfaction	copy of SLP			(SLP-RPMO)		
Measurement	request form to Records and					
Report Form (CSMR)						
				294		



3.2	Management Section Data encoding of client's profile I	None	20 minutes	RPMO-PDO Special Project
	the SLP Referral Management System / Registry of Referral Database Provide	None	1 day	Focal
	consolidated list of names within the day for name matching to Listahanan – NHTS and Pantawid Data Base			RPMO-PDO – Special Project Focal / AA
	Name matching of consolidated list of names to Listahanan – NHTS and Pantawid Database	None	3 days	Information Technology Officer (ITO) NHTS/ Project Development Officer (PDO) 4Ps
	Endorse name matching result to Provincial Operations Offices for appropriate action	None	1 hour	RPMO – PDO – Special Project Focal / AA
	Inform client on the result of name matching through phone call / letter	None	1 day	SLP Field PDO
3.6.		None		SLP Field PDO
3.6.	2 If no match : to conduct Household Assessment Form or SLP	None		NHTS Staff / SLP Field Project Development Officer
3.6.	Means Test 3 If non-poor: refer to other institution.	None		SLP Partnership Officer



4.	Eligible client will	4.1 Provide Capacity	None	1 day	SLP Field PDO
	attend Social Preparation Activities	Building, Track Selection, and Micro Enterprise Development Training or Basic Employment Skills Training 4.2 Provide Project Proposal Form (Modality Application Form, Mungkahing Proyekto, and Livelihood Assessment	None		SLP Field PDO
5.	Prepare and	Form) 5.1 Review and	None	1 day	Provincial
	submit Project Proposal Forms (Modality Application Form, Mungkahing Proyekto, and Livelihood	approval of project proposal and Project Assessment Tool (PAT) in the Provincial Operations Offices			Coordinator and SLP Field PDO
	Assesment Form) with attached valid I.D.	5.2 Transmittal of project proposal and Project Assessment Tool (PAT) for Regional Review Committee's and Regional Director's approval	None	1 day	AA (Provincial Operations Office (POO)
		5.3 Approval of project proposal and Project Assessment Tool (PAT)	None	3 days	Regional Review Committee's and Regional Director (RD)
		5.4 Submission of approved project proposal and PAT for fund processing and releasing of approved check for disbursement	None	8 days	RMEF, Budget Officer / SLP Mainstreamed Staff, Accountant / Mainstreamed Staff and Cashier / Mainstreamed Staff
		5.5 Inform client for the payout schedule and necessary	None		
		i			286



0	Attendency out	documents (Valid I.D. / Barangay Certification) needed	Name	4 dou	RPMO PDO / SLP Field PDO (POO)
6	Attend payout schedule and provide Valid I.D. / Barangay Certification	6 Awarding of Livelihood grant and provide CSMF	None	1 day	RPMO PDO / SLP Field PDO (POO)
7	Fill-out and submit CSMR	7 Receive filled- out client's CSMRF	None	10 minutes	RPMO PDO / SLP Field PDO (POO)
		Total	None	20 days, 2 hours, and 20 minutes	
SL	_P NPMO, PCC, 8888	8, Office of the Preside	ent and othe	r Institution's Refe	errals
1	Lodge request for assistance through SLP NPMO, PCC, 8888, OP and other Institution's	1.1 Validation of client information from referrals and endorse to RPMO – SLP	None	10 minutes	<i>DSWD FO 1's</i> 8888 Focal, SLP NPMO, PCC, OP, LGU Focal, and other Institution
		1.2 Endorse client to concerned Provincial Operations Office	None	1 hour	RPMO Project Development Officer – Special Project Focal (RPMO-PDO)/ Administrative Assistant (AA)
2.	Wait for a call from POO/ home visitation for initial assessment	2.3 Contact client / conduct home visitation for initial assessment (Filling out of DPA form and SLP Profile Form)	None	1 day	POO Field PDO
		2.4 Provide name to RPMO for name matching to Listahanan – NHTS and Pantawid Data Base	None		SLP Field PDO (POO)
		2.5 Data encoding of client's profile in the SLP Referral Management System / Registry of	None	20 minutes	RPMO PDO (Special Project Focal)
					287



	Defermel			
	Referral			
	Database			
	2.6 Provide	None	1 day	RPMO PDO
	consolidated list			(Special Project
	of names within			Focal)
	the day for name			i ocalj
	matching to			
	Listahanan –			
	NHTS and			
	Pantawid Data			
	Base			
		Nana	2 days	Information
	2.7 Name matching	None	3 days	
	of consolidated			Technology
	list of names to			Officer (ITO)
	Listahanan –			NHTS or 4Ps PDO
	NHTS and			
	Pantawid			
	Database			
	2.8 Endorse name	None	1 hour	RPMO PDO
	matching result			
	to Provincial			(Special Project
	Operations			Focal)/ AA
	Offices for			
	appropriate			
	action			
	2.9 Inform client on	None	1 day	SLP Field PDO
	the result of	None	Tuay	
	name matching			
	through phone			
	call / letter			
	2.9.1 If client is	None		SLP Field PDO
	eligible:			
	proceed to			
	Capacity			
	Building			
	2.9.2 If no match:	None		
	conduct			NHTS Staff/ SLP
	Household			Field PDO
	Assessment			
	Form or SLP			
	Means Test			
	2.9.3 If non-poor	None		SI D Dorthorphin
		None		SLP Partnership
	refer to			Officer
	other			
	institution.			
3. If Eligible, attend	3.1 Provide Capacity	None	1 day	SLP Field PDO
to Social Pension	Building, Track			
Activities	Selection, and			
	Micro Enterprise			
	Development			
	Training or Basic			
	-			
	Employment			
	Skills Training			
				288



			1	1	
		3.2 Provide Project Proposal Form (Modality Application Form, Mungkahing Proyekto, and Livelihood Assessment Form)	None		SLP Field PDO
4.	Prepare and submit Project Proposal Forms with attached vaild ID	4.1 Review and approval of project proposal and Project Assessment Tool (PAT) in the Provincial Operations Offices. Transmittal of PAT for review and approval.	None	2 days	Provincial Coordinator, SLP Field PDO, AA (POO)
		4.2 Review and approval of the project proposal and PAT	None	3 days	Regional Review Committee, Regional Director
		4.3 Submission of approved project proposal and PAT for fund processing and releasing of approved check for disbursement	None	8 days	RMEF, Budget Officer/ Accountant/ Cashier (Mainstreamed Staff)
		4.4 Inform client for the payout schedule and to prepare necessary documents needed	None		RPMO PDO/ SLP Field PDO
5	Attend payout schedule and provide Valid ID/ Barangay Certification	5. Awarding of Livelihood grant and provide CSMR	None	1 day	RPMO PDO/ SLP PDO (POO)
6.	Fill out and submit CSMR	6. Receive the filled-out CSMR from client	None	10 minutes	RPMO PDO/ SLP Field PDO (POO)



Total	None	20 days,, 2 hours, and 40
		hours, and 40
		minutes

FEEDBACK	AND COMPLAINTS MECHANISM
How to send feedback	Through client satisfaction measurement mechanism.
How feedbacks are processed	Consolidate and analyze monthly, quarterly, semi-annually and annually to identify root cause analysis or other known quality management techniques and identify plans and actions that must be recommended for execution to resolve the issues and improve the situation.
How to file a complaint	A complaint may be filed through any of the established modalities" -a telephone call (072-687-800 loc. 11229) -electronic mail (slp.fo1@dswd.gov.ph) -posts, comments and chat messages via DSWD FO1 Official Facebook Page: "DSWD Field Office 1" -personal appearance (walk-in clients) -letter addressed to the Regional Director, Marie Angela S. Gopalan -Official website at https://fo1.dswd.gov.ph -through 8888 Citizen's Complaint Center
How complaints are processed	Complaints received through Official FB Page, the Office of the Regional Director, Official website and 8888 will be forwarded to Human Resource Management and Development Division for action and resolution. The resolution of all complaint consists of: 6 Submission/Receipt of a complaint 7 Recording of complaint 8 Data Gathering and Investigation 9 Resolution 10 Final Feedback
Contact Information of CCB, PCC, ARTA	Anti-Red Tape Authority (ARTA) • (028) 478-5093 • complaints@arta.gov.ph Presidential Complaint Center (PCC): • Call/ text: 8888 • Web: www.88888.gov.ph Contact Center ng Bayan (CCB):



 SMS: 0908-881-6565
• Call: 165 65
Php 5.00 + VAT per call anywhere in the
Philippines via PLDT landlines
Email: email@contactcenterngbayan.gov.ph
Web: https://contactcenterngbayan.gov.ph
Facebook:
https://facebook.com/civilservicegovph

List of Offices

Office	Address	Contact
		Information
DSWD Field Office	Quezon Avenue, City of San	072-687-8000 loc.
1	Fernando, La Union 2500	11216
Ilocos Norte	Jomel Bldg., 3rd floor, Brgy., 14,	077-670-0342,
Satellite Office	Laoag City, Ilocos Norte	077-774-2100
Ilocos Sur Satellite	Luisa Bldg., Quezon Avenue,	077-674-0137
Office	Salcedo St., Brgy. III, Vigan City,	
	Ilocos Sur	
Eastern	Governor Robert B. Estrella	+63 9976120632
Pangasinan	Memorial Stadium, Zone 4,	
Satellite Office	Rosales, Pangasinan and Sta.	
	Maria, Binalonan, Pangasinan	
Central	AVRC 1, Russia St., Bonuan	075-653-4910
Pangasinan	Binloc, Dagupan City, Pangasinan	
Satellite Office		
Western	AVRC 1, Russia St., Bonuan	075-653-4910
Pangasinan	Binloc, Dagupan City, Pangasinan	
Satellite Office		



SOCIAL TECHNOLOGY SECTION

FRONTLINE SERVICE



48. Technical Assistance on Program/ Project Development or Enhancement

This refers to provision of technical assistance on program/project development or enhancement which includes problem analysis, research for program/project development, designing, documentation, pilot-testing, and evaluation of social technologies, programs, and projects. This process shall apply to the Social Technology Section based on the needs presented by primary customers. This covers the review of requests, preparation of a reply letter for requests for comments, or a memorandum containing the recommendation, actual activity on technical assistance provision (if needed), and next steps based on a coordination meeting on the requested technical assistance.

Transaction:Who may avail:DSWD Offices, Bureaus, Services, Units (OBSUs), DSWD Field Office 1 Offices, Divisions, Sections, Units (ODSUs), National Government Agencies (NGAs), Local Government Units (LGUs), Non-Government Organizations (NGOs), Civil Society Organizations (CSOs), and AcademeCHECKLIST OF REQUIREMENTSWHERE TO SECURE1. Request Letter1. Requesting OfficeCLIENT STEPSAGENCY ACTIONSFEES TO BE PAIDPROCESSING TIME1. Send the request for technical assistance along program/project1.1 Receive and request.None2 HoursSocial Welfa Assistant (SW STS	Office or Division:	Policy and Plans Div	ision – Soci	al Technology Sec	ction (STS	
Transaction:Who may avail:DSWD Offices, Bureaus, Services, Units (OBSUs), DSWD Field Office 1 Offices, Divisions, Sections, Units (ODSUs), National Government Agencies (NGAs), Local Government Units (LGUs), Non-Government Organizations (NGOs), Civil Society Organizations (CSOs), and AcademeCHECKLIST OF REQUIREMENTSWHERE TO SECURE1. Request Letter1. Requesting OfficeCLIENT STEPSAGENCY ACTIONSFEES TO BE PAIDPROCESSING TIME1. Send the request for technical assistance along program/project1.1 Receive and request.None2 HoursSocial Welfa Assistant (SW STS	lassification:					
Who may avail:DSWD Offices, Bureaus, Services, Units (OBSUs), DSWD Field Office 1 Offices, Divisions, Sections, Units (ODSUs), National Government Agencies (NGAs), Local Government Units (LGUs), Non-Government Organizations (NGOs), Civil Society Organizations (CSOs), and AcademeCHECKLIST OF REQUIREMENTSWHERE TO SECURE1. Request Letter1. Requesting OfficeCLIENT STEPSAGENCY ACTIONSFEES TO BE PAIDPROCESSING TIME1. Send the request for technical assistance along program/project1.1 Receive and request.None2 HoursSocial Welfa Assistant (SW STS	ype of	G2C – Government to Citizen; G2G – Government to Government				
Office 1 Offices, Divisions, Sections, Units (ODSUs), National Government Agencies (NGAs), Local Government Units (LGUs), Non-Government Organizations (NGOs), Civil Society Organizations (CSOs), and AcademeCHECKLIST OF REQUIREMENTSWHERE TO SECURE1. Request Letter1. Requesting OfficeCLIENT STEPSAGENCY ACTIONSFEES TO BE PAIDPROCESSING TIME1. Send the request for technical assistance along program/project1.1 Receive and request.None2 Hours2 HoursSocial Welfa Assistant (SW STS	ransaction:					
Government Agencies (NGAs), Local Government Units (LGUs), Non-Government Organizations (NGOs), Civil Society Organizations (CSOs), and AcademeCHECKLIST OF REQUIREMENTSCHECKLIST OF REQUIREMENTSWHERE TO SECURE1. Request Letter1. Requesting OfficeCLIENT STEPSAGENCY ACTIONSFEES TO BE PAIDPROCESSING TIMEPERSON RESPONSIB1. Send the request for technical assistance along program/project1.1 Receive and request.None2 HoursSocial Welfa Assistant (SW STS						
Non-Government Organizations (NGOs), Civil Society Organizations (CSOs), and AcademeCHECKLIST OF REQUIREMENTSWHERE TO SECURE1. Request Letter1. Requesting OfficeCLIENT STEPSAGENCY ACTIONSFEES TO BE PAIDPROCESSING TIMEPERSON RESPONSIB1. Send the request for technical assistance along program/project1.1 Receive and request.None2 HoursSocial Welfa Assistant (SW STS						
Organizations (CSOs), and AcademeCHECKLIST OF REQUIREMENTSWHERE TO SECURE1. Request Letter1. Requesting OfficeCLIENT STEPSAGENCY ACTIONSFEES TO BE PAIDPROCESSING TIMEPERSON RESPONSIB1. Send the request for technical assistance along program/project1.1 Receive and request.None2 HoursSocial Welfa Assistant (SW STS		•	· ·		· · · ·	
CHECKLIST OF REQUIREMENTSWHERE TO SECURE1. Request Letter1. Requesting OfficeCLIENT STEPSAGENCY ACTIONSFEES TO BE PAIDPROCESSING TIMEPERSON RESPONSIB1. Send the request for technical assistance along program/project1.1 Receive and request.None2 HoursSocial Welfa Assistant (SW STS			-		ciety	
1. Request Letter 1. Requesting Office CLIENT STEPS AGENCY ACTIONS FEES TO BE PAID PROCESSING TIME PERSON RESPONSIB 1. Send the request for technical assistance along program/project 1.1 Receive and record the request. None 2 Hours Social Welfa Assistant (SW STS			s), and Acad			
CLIENT STEPSAGENCY ACTIONSFEES TO BE PAIDPROCESSING TIMEPERSON RESPONSIB1. Send the request for technical assistance along program/project1.1 Receive and request.None2 HoursSocial Welfa Assistant (SW STS			1 Request		GURE	
CLIENT STEPSACTIONSBE PAIDTIMERESPONSIB1. Send the request1.1 Receive and record the assistance along program/project1.1 Receive and 	•			•	PERSON	
for technicalrecord theAssistant (SVassistance alongrequest.STSprogram/project	CLIENT STEPS				RESPONSIBLE	
for technicalrecord theAssistant (SVassistance alongrequest.STSprogram/project	. Send the request	1.1 Receive and	None	2 Hours	Social Welfare	
program/project	•	record the			Assistant (SWA)	
	assistance along	request.			STS	
development of 1.2 Prepare, None 7 Days Social Welfa	program/project					
	development of	1.2Prepare,	None	7 Days	Social Welfare	
		,			Officer (SWO)	
DSWD Field send a STS					STS	
Office 1's STS response to the	Office 1's STS	•				
requesting						
party 1.3 If Request 5 Days				5 Dava	Project	
		•		5 Days	Development	
Development					Officer (PDO)	
Online Technical STS		•			• • •	
Assistance					070	
session sucha						
as conduct of meeting,						
orientation, and		•				
capability						
building activity,						



If Request involves conduct of actual technical assistance activity		None	12 Days, 2 Hours, and 20 minutes		
Total If Technical Assistance may be provided via official communications		None	7 Days and 2 Hours		
То		requested party and prepare the following: 1.3.1 Activity Flow 1.3.2 Powerpoint Presentation 1.3.3 Attendance Sheet 1.3.4 Other Logistical requirement 2.1 Provide and Follow-up the completion of CSMS after the completion of provision of technical assistance	None	20 minutes	PDO (STS
		face or online means as agreed with the			
		either face-to- face or online			

49. Technical Assistance on Social Technology Bureau-Developed Programs and Projects

Refers to the provision of technical assistance on concerns relative to the ongoing and completed social technology programs and projects of the Social Technology Bureau (STB). The process starts with the receipt of the request from Local Government Units or other intermediaries until the actual provision of technical assistance in the form of meetings, orientation, and capability building activities through face-to-face and online platforms. This includes the requests for data information, social marketing materials, and other knowledge products on Social Welfare and Development (SWD) programs and projects designed, under pilot-testing or ongoing implementation, and completed by the STB for adoption/replication by stakeholders.

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		Government Agenci Non-Government Or Organizations (CSO	rganizations	(NGOs), Civil Soc	. ,
		EQUIREMENTS	4 5	WHERE TO SE	CURE
compl contac party	ete contact d ct information s of the techr	request letter with etails (name and) of the requesting nical assistance	 Reques Reques 		
	T STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
for teo assista	the request hnical ance to) Field	1.1 Receive and record the request.	None	2 Hours	Social Welfare Assistant (SWA) STS
Office	1's STS	1.2 Prepare, check, and send a response to the request request and conduct of technical assistance	None	7 Days	Social Welfare Officer (SWO) STS
		 1.3 If Request is for sharing data, information, and knowledge product: 1.3.1 Available in website: include the link form STB webside or DSWD Field Office 1. 1.3.2 Not Available: Coordinate with requesting party (if necessary) to ensure that data to be shared 	None		Project Development Officer (PDO) STS



assistance activity including orientation and capability building activities, either face-to-face or online means:	privileged and sensitive information in adherence to the Data Privacy Act (DPA); with the Program Focal Person/s to generate the data needed; with the PDPS for regional data.1.3.3If Not Compliant with the DPA and DSWD Research Protocol: 	None	15 days	Project Development Officer (PDO)
1.4.1 Coordinate with the	DSWD Data Provacy Manual or endorse to PPD for appropriate action 1.4 If Request involves conduct of actual technical assistance activity including orientation and capability building activities, either face-to-face or online means: 1.4.1 Coordinate	None	15 days	Development



If Request involves conduct of actual technical assistance activity		None	15 Days, and 2 Hours	
Total If Technical Assistance is sharing data, information, and knowledge product		None	7 Days and 2 Hours	
Survey (CSMS)	after the completion of provision of technical assistance			
Satisfaction Measurement	Follow-up the completion of CSMS			. 20 (0.0
2. Fill out the Client	1.4.5 Conduct the technical assistance 2.1 Provide and	None	20 minutes	PDO (STS
	necessary logistical needs 1.4.4 Prepare technical documents			
	1.4.2 Confirm the provision of technical assistance1.4.3 Prepare			

FEEDBACK AND COMPLAINTS MECHANISM			
How to send feedback	Through client satisfaction measurement mechanism.		
How feedbacks are processed	Consolidate and analyze monthly, quarterly, semi-annually and annually to identify root cause analysis or other known quality management techniques and identify plans and actions that must be recommended for execution to resolve the issues and improve the situation.		
How to file a complaint	A complaint may be filed through any of the established modalities" -a telephone call (072-687-800 loc. 11221) -electronic mail (<u>soctech.fo1@dswd.gov.ph</u>) -posts, comments and chat messages via DSWD FO1 Official Facebook Page: "DSWD Field Office 1" -personal appearance (walk-in clients)		



	-letter addressed to the Regional Director, Marie		
	Angela S. Gopalan		
	-Official website at <u>https://fo1.dswd.gov.ph</u>		
	-through 8888 Citizen's Complaint Center		
How complaints are processed	Complaints received through Official FB Page,		
	the Office of the Regional Director, Official		
	website and 8888 will be forwarded to Human		
	Resource Management and Development		
	Division for action and resolution.		
	The resolution of all complaint consists of:		
	11 Submission/Receipt of a complaint		
	12 Recording of complaint		
	13 Data Gathering and Investigation		
	14 Resolution		
	15 Final Feedback		
Contact Information of CCB,	Anti-Red Tape Authority (ARTA)		
PCC, ARTA	 (028) 478-5093 		
	 <u>complaints@arta.gov.ph</u> 		
	Presidential Complaint Center (PCC):		
	• Call/ text: 8888		
	 Web: <u>www.8888.gov.ph</u> 		
	Contact Center ng Bayan (CCB):		
	 SMS: 0908-881-6565 		
	• Call: 165 65		
	Php 5.00 + VAT per call anywhere in the		
	Philippines via PLDT landlines		
	Email: email@contactcenterngbayan.gov.ph		
	Web: https://contactcenterngbayan.gov.ph		
	Facebook:		
	https://facebook.com/civilservicegovph		

List of Offices

Office	Address	Contact Information		
DSWD Field Office	Quezon Avenue, City Fernando, La Union 2500		072-687-8000 11221	loc.



SOCIAL WELFARE and INSTITUTION DEVELOPMENT SECTION

FRONTLINE SERVICE



48. Provision of Resource Person to DSWD Intermediaries and Stakeholders

Processing of requests for resource persons to capacitate intermediaries and stakeholders with the needed knowledge and skills to effectively implement social welfare and development and social protection programs and services that are responsive to the needs of different sectoral groups in the community.

Office or Division:	Social Walfara Instit	utional Dava	Jonmont Section	Conceity		
Office of Division:	Social Welfare Institutional Development Section – Capacity					
Classification:	Building Unit (SWIDS-CBU)					
	Complex					
Type of	G2C – Government to Citizen; G2G – Government to Government					
Transaction:						
Who may avail:		DSWD intermediaries (local government units, non-government				
	organizations, peoples' organizations, civil society organizations,					
	academe) and stake	holders				
CHECKLIST OF F	REQUIREMENTS		WHERE TO SE	CURE		
1. Memo of Request		1. Request	ing Party			
	AGENCY	FEES TO	PROCESSING	PERSON		
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE		
1. Send request letter	1.1 Receive, check,	None	1 Hour	Administrative		
to DSWD	and log the			Assistant (AA)		
	request letter.			Records Archives		
	Create a routing			Management		
	slip for the			Section (RAMS)		
	received					
	request. Record					
	and forward the					
	request letter					
	and the routing					
	slip to the Office					
	of the Regional					
	Director (ORD)					
	1.2 Review the letter	None	3 Hours	Regional Director		
	and provide			(RD)/ Regional		
	instruction/s.			Executive		
	Then, endorse			Assistant (REA)		
	the request letter					
	to SWIDS/CBS					
	Admin Staff. 1.3 Receive and	Nana	1 hours			
	review the	None	4 hours	SWA (SWIDS), SWIDS Section		
				Head		
	request letter			i iedu		
	and assign to technical staff.					
	1.4 Review the	None	15 minutes	Training Specialist		
		NULLE		• .		
	completeness of the request.			II/I (TS II/I) SWIDS-CBU		
		l	l	30003-000		
				300		



1.4.1	Request details are Complete: identify resource	None	1 Hour and 45 minutes	TS I/II SWIDS-CBU
	person by checking the directory of Core Group of Specialists (CGS)			
1.4.2	lf Incomplete:	None		
	coordinate with the requestor to complete the details of the request through a request.			
1.5 Se	nior Specialist	None	12 Hours	TS II or TS I
to	identify			(SWIDS)
	tabase/list,			
	ordinate with e supervisor of			
	e CGS			
	ember to			
	orm and check			
	his/her			
	ailability. <i>: If the</i>			
	isor of the			
CGSı	member will			
	able to			
	nd within 5 assigned			
	SWIDS staff			
-	mail the CGS			
	er with the s of the			
reque				
1.5.1	If Senior			
	Specialist is			
	Not Available:			
	Available : coordinate			
	with the			
	prospective			
	RPs in the			1



following order: a. Junior Specialist (JS)			
 b. Program Focal (PF) 			
c. SWDL Net			
Member 1.5.2 If NO RP is Available: coordinate with the requestor and negotiate the date of the activity to suit the availability of the prospective RP and the requestor. 1.5.3 If requester if amenable to changing the date, the same process of coordination,			
following the			
sequence will be done			
be done. 1.6 Prepare and forward the Routing Slip, Confirmation letter/ Regret Letter, and RSO/Referral Letter to SWID Section Head for review and initials. *If NO RP is available and the requester if not amenable to changing the date, prepare the letter of regret and the CSMS Form.	None	1 Hour	TS I/ TS II (SWIDS)



Total	None	4 Days and 2 Hours	
request to the database.			
1.11 Encode the rest of the	None	30 minutes	TS I/ TS II (SWIDS)
then forward the copy to the Document Custodian via E- mail.			
Referral Letter to SWD L-Net Member. Record the details in the Logbook/Incomin g Database 1.10 Collect the accomplished CSMS form, convert it PDF	None	30 minutes	TS I/ TS II (SWIDS)
Confirmation letter/ Regret Letter, and CSMS Form to the requester, and RSO to the RP Supervisor/			
approve Confirmation Letter/ Regret Letter, and RSO/ Referral Letter 1.9 Send the	None	30 minutes	(RD) TS I or TS II
 1.7 Review and forward the Routing Slip, Confirmation Letter/ Regret Letter, and RSO/ Referral Letter to the Office of the Regional Director. 1.8 Review and 	None	3 Hours 3 Hours	SWIDS Section Head Regional Director

FEEDBACK AND COMPLAINTS MECHANISM			
How to send feedback	Through client satisfaction measurement mechanism.		



How feedbacks are processed	Consolidate and analyze monthly, quarterly, semi-annually and annually to identify root cause analysis or other known quality			
	management techniques and identify plans and			
	actions that must be recommended for			
	execution to resolve the issues and improve the			
	situation.			
How to file a complaint	A complaint may be filed through any of the established modalities"			
	-a telephone call (072-687-800 loc. 11221)			
	-electronic mail (<u>cbs.fo1@dswd.gov.ph</u>)			
	-posts, comments and chat messages via			
	DSWD FO1 Official Facebook Page: "DSWD Field Office 1"			
	-personal appearance (walk-in clients)			
	-letter addressed to the Regional Director, Marie			
	Angela S. Gopalan			
	-Official website at <u>https://fo1.dswd.gov.ph</u>			
	-through 8888 Citizen's Complaint Center			
How complaints are processed	Complaints received through Official FB Page,			
	the Office of the Regional Director, Official			
	website and 8888 will be forwarded to Human			
	Resource Management and Development Division for action and resolution.			
	The resolution of all complaint consists of:			
	16 Submission/Receipt of a complaint			
	17 Recording of complaint			
	18 Data Gathering and Investigation			
	19 Resolution			
	20 Final Feedback			
Contact Information of CCB,	Anti-Red Tape Authority (ARTA)			
PCC, ARTA	 (028) 478-5093 <u>complaints@arta.gov.ph</u> 			
	Presidential Complaint Center (PCC):			
	• Call/ text: 8888			
	• Web: <u>www.88888.gov.ph</u>			
	Contact Center ng Bayan (CCB):			
	• SMS: 0908-881-6565			
	• Call: 165 65			
	Php 5.00 + VAT per call anywhere in the			
	Philippines via PLDT landlines			
	Email: <u>email@contactcenterngbayan.gov.ph</u> Web: <u>https://contactcenterngbayan.gov.ph</u>			
	Facebook:			
	https://facebook.com/civilservicegovph			
	- + ····			



List of Offices						
Office	Contact Information					
DSWD Field Office	Quezon Avenue, City of San Fernando, La Union 2500					



LEGAL UNIT FRONTLINE SERVICE



51. Rendering Legal Opinions and Advice on matters brought to by the External Clients

The Legal Unit provides Legal Opinions and Advice for employees or other juridical entities who have inquiries and concerns that involve matters with legal implications.

Office or Division:	Office of the Regional Director – Legal Unit				
Classification:	Simple				
Type of	G2C – Government to Client; G2G – Government to Government				
Transaction:					
Who may avail:	Employees of DSWD Field Office 1 who are deemed as internal				
	clients with legal concerns or issues.				
CHECKLIST OF I			WHERE TO SE		
1. Complaint Assess	ment Form) Field Office 1 – I	₋egal Unit	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
 Submit the filled out Complaint Assessment form. 	1.1 Receive, record and assess the information indicated in the Complaint Assessment Form.	None	15 minutes	Legal Assistant II (LA II)	
	1.2 Forward the received Complaint Assessment form to Attorney III	None	10 minutes	LA II	
	1.2.1 Complete and under Legal Unit Jurisdiction: Attorney III will render Legal Opinion and Advice to Client	None	2 hours	Attorney III	
	1.2.2 Incomplete or not within Legal Unit's Jurisdiction: complaint refer to agency, court or office	None	10 minutes	Attorney III	



2.	Submit feedback through filling out of client	with proper jurisdiction 2. Receive feedback or comments from the client.	None	10 minutes	LA II
	satisfaction form.				
		TOTAL			
	Incomplete Requirements		None	35 minutes	
	Con	nplete Requirements	None	2 Hours and 35 Minutes	

FEEDBACK	AND COMPLAINTS MECHANISM
How to send feedback	Through client satisfaction measurement mechanism.
How feedbacks are processed	Consolidate and analyze monthly, quarterly, semi-annually and annually to identify root cause analysis or other known quality management techniques and identify plans and actions that must be recommended for execution to resolve the issues and improve the situation.
How to file a complaint	A complaint may be filed through any of the established modalities" -a telephone call (072-687-800 loc. 11243) -electronic mail (<u>legal.fo1@dswd.gov.ph</u>) -posts, comments and chat messages via DSWD FO1 Official Facebook Page: "DSWD Field Office 1" -personal appearance (walk-in clients) -letter addressed to the Regional Director, Marie Angela S. Gopalan -Official website at <u>https://fo1.dswd.gov.ph</u> -through 8888 Citizen's Complaint Center
How complaints are processed	Complaints received through Official FB Page, the Office of the Regional Director, Official website and 8888 will be forwarded to Human Resource Management and Development Division for action and resolution. The resolution of all complaint consists of: 1 Submission/Receipt of a complaint 2 Recording of complaint 3 Data Gathering and Investigation 4 Resolution 5 Final Feedback



Contact Information of CCB,	Anti-Red Tape Authority (ARTA)
PCC, ARTA	 (028) 478-5093
	 <u>complaints@arta.gov.ph</u>
	Presidential Complaint Center (PCC):
	• Call/ text: 8888
	• Web: <u>www.88888.gov.ph</u>
	Contact Center ng Bayan (CCB):
	 SMS: 0908-881-6565
	• Call: 165 65
	Php 5.00 + VAT per call anywhere in the
	Philippines via PLDT landlines
	Email: email@contactcenterngbayan.gov.ph
	Web: https://contactcenterngbayan.gov.ph
	Facebook:
	https://facebook.com/civilservicegovph

List of Offices

Office	Address	Contact Information		
DSWD Field Office	Quezon Avenue, City c Fernando, La Union 2500	of San	072-687-8000 loo 11243).



CRISIS INTERVENTION SECTION FRONTLINE SERVICE (UPDATE 2023)



52. Implementation of the Assistance to Individuals in Crisis Situation Program for Individual Clients Transacting within the DSWD Offices (CIU/CIS/SWAD Offices)

AICS serves as a social safety net or stop-gap measure to support the recovery of individuals and families identified to be suffering from any adversity or crisis through the provision of financial assistance, psychosocial intervention, and referral services that will enable the clients to meet their basic needs in the form of food, transportation, medical, educational, material, funeral, and cash assistance for other support services among others.

The provision of psychosocial support, including psychological first aid, and counselling, as well as financial assistance to disadvantaged and marginalized sectors, are part of the social protection services of the Department. These protective services aim to help individuals and families to cope with the present difficult situation they are experiencing, such as illness, death, loss of job, or source of income. In order to effectively and efficiently respond to existing and emerging crisis situations among vulnerable sectors, a Citizen's Charter was crafted to provide a comprehensive guide on the provision of the aforementioned assistance.

Office or Division:	Crisis Intervention Un	it				
Classification:	Simple					
Type of	G2C – Government to	o Client				
Transaction:						
Who may avail:	Indigent, marginalized	d, and vulnerable/disadvantaged individuals				
	and families or are otl	herwise in crisis situation based on the				
	assessment of the So	ocial Worker.				
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE				
 One (1) vaild Gove (client/person to be Signed Authorization applicable) 	e interviewed)	 Government Agency Issuing IDs like the following: PhilSys ID, SSS, GSIS, Driver's License, OWWA ID, Passport (DFA), Voter's ID, etc. Applicant (except those who do not have the capacity to act or below 18 years old) 				
Transportation Assis						
1. Other supporting document/s such as		1.1 Police Station (Police Blotter)				
but are not limited to, justification of the		1.2 Hospitals/ Clinic (Medical Abstract)				
	ical certificate, death	1.3 Court (Court Order/Subpoena)				
,	court order/subpoena	1.4 Social Worker (justification)				
Medical Assistance	-					
1. Medical Certificate/ Abstract/ Discharge		1. Medical Records of Hospital/ Clinic/				
Summary/ Tagubili name, License Nur of Physician issued Original or Certified	mber and Signature d within 3 months)	Attending Physician				



2.	Hospital Bill/ Statement of Account (Outstanding balance) with name and signature of billing clerk	2.	Billing Office of the Hospital
3.	Social Case Study Report/ Case Summary	3.	Registered Social Worker in public/private practice (DSWD; LSWDO; NGO; Medical Social Service)
Me	edical Assistance for		
	edicine/Assistive Device Medical Certificate/ Clinical Abstract/ Discharge Summary/ Tagubilin Form with Diagnosis (with Complete name, License Number, and Signature of Physician issued within 3 months) Original or Certified True Copy	1.	Medical Records of Hospital/ Clinic/ Attending Physician
2.	Prescription with date of issuance (with complete name, license number and signature of the Physician issued within 3 months)	2.	Attending Physician from a Hospital/Clinic
3.	Social Case Study Report/ Case Summary	3.	Registered Social Worker in public/private practice (DSWD; LSWDO; NGO; Medical Social Service)
	edical Assistance for Laboratory Medical Certificate/ Clinical Abstract/ Discharge Summary/ Tagubilin Form with Diagnosis (with Complete name, License Number, and Signature of Physician issued within 3 months)	1.	Medical Records of Hospital/ Clinic/ Attending Physician
2.	Original or Certified True Copy Laboratory Requests with date of issuance (with complete name, license number and signature of the Physician issued within 3 months)	2.	Attending Physician from a Hospital/Clinic
3.	Social Case Study Report/ Case Summary	3.	Registered Social Worker in public/private practice (DSWD; LSWDO; NGO; Medical Social Service)
-	Ineral Assistance for Funeral Bill Registered Death Certificate/ Certification from the Tribal Chieftain (Original or Certified True Copy)	1.	City/ Municipal Hall (Civil Registry Office), Hospital, Funeral Parlor, Tribal Chieftain or Imam



2.	Promissory Note/ Certificate of Balance	2.	Authorized staff from Funeral Parlor / Memorial Chapel
3.	Funeral Contract	3.	Authorized staff from Funeral Parlor / Memorial Chapel
Fι	ineral Assistance for Transfer of		
Ca	adaver		
1.	Registered Death Certificate/ Certification form the Tribal Chieftain (Original or Certified True Copy)	1.	City/ Municipal Hall (Civil Registry Officer), Hospital, Funeral Parlor, Tribal Chieftain or Imam
2.	Transfer Permit	2.	City/ Municipal Hall
Ec	lucational Assistance		· · ·
1.	Valid School ID	1.	School
	1 Enrolment Assessment Form; or 2 Certificate of Enrolment or Registration; or	2.	School Registrar or Concerned Office
2.3	3 Statement of Account		
Fc	ood Assistance for Individual and		
1.	milies Endorsed in Groups Project Proposal Barangay Certificate/ Residency/ Certificate of Indigency/ Certificate that the client is in need of assistance may be required.		Local Government Unit Barangay Hall where the client is presently residing
Ca	ash Assistance for Other Support		
	ervices		
	epending on the circumstances: For Fire Victims: Police Report/ Bureau of Fire Protection Report	1.	Bureau of Fire (BFP) or Philippine National Police (PNP)
2.	For Distressed Overseas Filipinos: Passport, Travel Document/s, Certification from OWWA or the Barangay	2.	Overseas Workers Welfare Administration (OWWA) or Department of Migrant Workers/ Barangay
3.	For Rescued Client: Certification from a Social Worker or Case Manager from rescued clients	3.	Local Social Welfare and Development Office or other Social Welfare Agencies
4.	For Victims of Online Sexual Exploitation: Police Blotter or Social Worker's Certification for the victims of online sexual exploitation of children	4.	Local Social Welfare and Development Office or other Social Welfare Agencies



 For Locally Stran (LSI): LSI without Certificate, or the issued by the Phil will suffice and be his/her identity. 	 5. Police Station – Police Blotter; Hospital/ Clinic – Medical Certificate signed by the Registered Physician 6.1 Barangay Hall where the client is presently residing 6.2 Barangay where the client is presently residing 6.3 Police Station 				
 For all other inci 6.1 Barangay Certific 6.2 Certificate of Indig 					
6.3 Certificate of the Assistance as we form legal authori agencies, as may as but not limited Report/Blotter;					
6.4 Spot Report from AFP-PNP Intellige (JAPIC) certificate	ence Committee e; or	6.4 AFP or PNP			
6.5 Certification of Death; or6.6 Disaster Assistance Family Access Card (DAFAC); or		6.5 Local Government Unit 6.6 Certificate form the LDRMO			
 6.7 Medico-legal Cer Material Assistance 1. General Intake Sh 2. Material Assistance 		 6.7 Local Government Unit 1. DSWD Field Office CIU/ CIS/ SWAD 2. DSWD Field Office CIU/ CIS/ SWAD 			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Secure a queuing number	1. Provide the client with queuing number.	None	10 minutes	Administrative Staff	
2. Present pertinent documents	2.1 Receive the presented documents and check the validity and completeness of documents presented.	None	20 minutes	Social Welfare Officer (SWO)	
	2.2 Check the client's record in the Crisis Intervention Monitoring System (CrIMS)	None	20 minutes	SWO	
				314	



	2.1.1 Complete, Valid, and Right Frequency of Availment: Advise client to proceed to pertinent document.	None	5 minutes	SWO
	2.1.2 Incomplete: Advise the client to comply the needed documents or be rescheduled to the date wherein the proper frequency of availment will be met.	None	5 minutes	SWO
 Submit the pertinent documents for Interview and Assessment 	3.1 Assess the documentary requirements. Fill- out the General Intake Sheet (GIS) and the Certificate of Eligibility (CoE).	None	40 minutes	Social Welfare Officer (SWO)
	 3.2 Determine the eligibility of the client and recommend the appropriate assistance. 3.2.1 If Ineligible: Inform reason of ineligibility and henceforth be declined and provide a letter of disqualification to receive assistance. 3.2.2 If Eligible: Proceed to Step 4 and advise to wait for the release of assistance. 	None	40 minutes	SWO



		TOTAL	None	5 Hours and 40 Minutes	
5.	Submit the filled- out Client Satisfactory Measurement Survey (CSMS) Form	5. Receive the properly filled CSMS Form or request the client to drop in CSMS box.	None	20 minutes	Administrative Assistant
		4.2 Release the Assistance	None	15 minutes	SDO/RDO/SWO
4.	Receipt of Assistance	4.1 Check and verify the Client's Identity	None	15 minutes	Special Disbursing Officer (SDO)/ Regional Disbursing Officer (RDO)/ SWO
		3.5 Scan the client's approved documents for filing, and forward for the release of assistance.	None	30 minutes	SWO
		3.4 Approval of the Social Worker's Recommendation (if found reasonable and with complete, valid documents)	None	40 minutes	CIS Head
		3.3 Forward client's document for approval of the Social Worker's recommendation	None	40 minutes	SWO

***Note**: Queuing time is excluded in the indicated processing time. Time may vary depending on the influx of clients, technical, and other circumstances outside the control of the Department.



53. Implementation of the Assistance to Individuals in Crisis Situation Program for Clients Tagged a Group of Individuals

AICS serves as a social safety net or stop-gap measure to support the recovery of individuals and families identified to be suffering from any adversity or crisis through the provision of financial assistance, psychosocial intervention, and referral services that will enable the clients to meet their basic needs in the form of food, transportation, medical, educational, material, funeral, and cash assistance for other support services, among others.

The provision of psychosocial support, including psychological first aid, and counselling, as well as financial assistance to disadvantage and marginalized sectors, are part of the social protection services of the Department. These protective services aim to help individuals and families to cope with the present difficult situation they are experiencing, such as illness, death, loss of job, or source of income. In order to effectively and efficiently respond to existing and emerging crisis situations among vulnerable sectors, a Citizen's Charter was crafted to provide a comprehensive guide on the provision of the aforementioned assistance.

0	ffice or Division:	Crisis Intervention Un	it		
С	lassification:	Simple			
T	ype of	G2C – Government to	o Client		
Transaction:					
W	/ho may avail:	Indigent, marginalized	d, and vulnerable/disadvantaged individuals		
		and families or are otl	herwise in crisis situation based on the		
		assessment of the So			
		REQUIREMENTS	WHERE TO SECURE		
 One (1) vaild Government Issued ID (client/person to be interviewed) 			 Government Agency Issuing IDs like the following: PhilSys ID, SSS, GSIS, Driver's License, OWWA ID, Passport (DFA), Voter's ID, etc. 		
 Signed Authorization Letter (If applicable) Project Proposal 		on Letter (If	 Applicant (except those who do not have the capacity to act or below 18 years old) Applicant 		
Τ	ransportation Assis	stance			
 Other supporting document/s such as but are not limited to, justification of the social worker, medical certificate, death certificate, and/or court order/subpoena 		to, justification of the lical certificate, death	 1.1 Police Station (Police Blotter) 1.2 Hospitals/ Clinic (Medical Abstract) 1.3 Court (Court Order/Subpoena) Social Worker (justification) 		
Μ	ledical Assistance	for Hospital Bill			
1.	Summary/ Tagubili	mber and Signature within 3 months)	 Medical Records of Hospital/ Clinic/ Attending Physician 		



2.	Hospital Bill/ Statement of Account (Outstanding balance) with name and signature of billing clerk	2.	Billing Office of the Hospital
3.	Social Case Study Report/ Case Summary	3.	Registered Social Worker in public/private practice (DSWD; LSWDO; NGO; Medical Social Service)
	edical Assistance for		
	edicine/Assistive Device Medical Certificate/ Clinical Abstract/ Discharge Summary/ Tagubilin Form with Diagnosis (with Complete name, License Number, and Signature of Physician issued within 3 months) Original or Certified True Copy	1.	Medical Records of Hospital/ Clinic/ Attending Physician
2.	Prescription with date of issuance (with complete name, license number and signature of the Physician issued within 3 months)	2.	Attending Physician from a Hospital/Clinic
3.	Social Case Study Report/ Case Summary	3.	Registered Social Worker in public/private practice (DSWD; LSWDO; NGO; Medical Social Service)
	edical Assistance for Laboratory Medical Certificate/ Clinical Abstract/ Discharge Summary/ Tagubilin Form with Diagnosis (with Complete name, License Number, and Signature of Physician issued within 3 months) Original or Certified True Copy	1.	Medical Records of Hospital/ Clinic/ Attending Physician
2.	Laboratory Requests with date of issuance (with complete name, license number and signature of the Physician issued within 3 months)	2.	Attending Physician from a Hospital/Clinic
3.	Social Case Study Report/ Case Summary	3.	Registered Social Worker in public/private practice (DSWD; LSWDO; NGO; Medical Social Service)
	Ineral Assistance for Funeral Bill Registered Death Certificate/ Certification from the Tribal Chieftain (Original or Certified True Copy)	1.	City/ Municipal Hall (Civil Registry Office), Hospital, Funeral Parlor, Tribal Chieftain or Imam



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	Promissory Note/ Certificate of Balance Funeral Contract		Authorized staff from Funeral Parlor / Memorial Chapel Authorized staff from Funeral Parlor /
			Memorial Chapel
М	edical Assistance for		
	edicine/Assistive Device		
	Medical Certificate/ Clinical Abstract/ Discharge Summary/ Tagubilin Form with Diagnosis (with Complete name, License Number, and Signature of Physician issued within 3 months) Original or Certified True Copy	1.	Medical Records of Hospital/ Clinic/ Attending Physician
2.	Prescription with date of issuance (with complete name, license number and signature of the Physician issued within 3 months)	2.	Attending Physician from a Hospital/Clinic
	Social Case Study Report/ Case Summary	3.	Registered Social Worker in public/private practice (DSWD; LSWDO; NGO; Medical Social Service)
	edical Assistance for Laboratory		
1.	Medical Certificate/ Clinical Abstract/ Discharge Summary/ Tagubilin Form with Diagnosis (with Complete name, License Number, and Signature of Physician issued within 3 months) Original or Certified True Copy	1.	Medical Records of Hospital/ Clinic/ Attending Physician
2.	Laboratory Requests with date of issuance (with complete name, license number and signature of the Physician issued within 3 months)		Attending Physician from a Hospital/Clinic
3.	Social Case Study Report/ Case Summary	3.	Registered Social Worker in public/private practice (DSWD; LSWDO; NGO; Medical Social Service)
Fι	Funeral Assistance for Funeral Bill		
1.	Registered Death Certificate/ Certification from the Tribal Chieftain (Original or Certified True Copy)	1.	City/ Municipal Hall (Civil Registry Office), Hospital, Funeral Parlor, Tribal Chieftain or Imam
2.	Promissory Note/ Certificate of Balance	2.	Authorized staff from Funeral Parlor / Memorial Chapel



Funeral Contract	3.	Authorized staff from Funeral Parlor / Memorial Chapel
uneral Assistance for Transfer of		I
adaver		
Registered Death Certificate/ Certification form the Tribal Chieftain (Original or Certified True Copy)	1.	City/ Municipal Hall (Civil Registry Officer), Hospital, Funeral Parlor, Tribal Chieftain or Imam
Transfer Permit	2.	City/ Municipal Hall
ducational Assistance		
Valid School ID	1.	School
1 Enrolment Assessment Form; or 2 Certificate of Enrolment or Registration; or Statement of Account	2.	School Registrar or Concerned Office
ood Assistance for Individual and		
amilies Endorsed in Groups Project Proposal Barangay Certificate/ Residency/ Certificate of Indigency/ Certificate that the client is in need of assistance may be required.		Local Government Unit Barangay Hall where the client is presently residing
ash Assistance for Other Support		
ervices		
epending on the circumstances: For Fire Victims : Police Report/ Bureau of Fire Protection Report	1.	Bureau of Fire (BFP) or Philippine National Police (PNP)
For Distressed Overseas Filipinos: Passport, Travel Document/s, Certification from OWWA or the Barangay	2.	Overseas Workers Welfare Administration (OWWA) or Department of Migrant Workers/ Barangay
For Rescued Client: Certification from a Social Worker or Case Manager from rescued clients	3.	Local Social Welfare and Development Office or other Social Welfare Agencies
For Victims of Online Sexual Exploitation : Police Blotter or Social Worker's Certification for the victims of online sexual exploitation of children	4.	Local Social Welfare and Development Office or other Social Welfare Agencies
For Locally Stranded Individuals (LSI): LSI without valid IDs, the Medical Certificate, or the Travel Authority issued by the Philippine National Police	5.	Police Station – Police Blotter; Hospital/ Clinic – Medical Certificate signed by the Registered Physician
	adaver Registered Death Certificate/ Certification form the Tribal Chieftain (Original or Certified True Copy) Transfer Permit ducational Assistance Valid School ID 1 Enrolment Assessment Form; or 2 Certificate of Enrolment or Registration; or Statement of Account Dod Assistance for Individual and amilies Endorsed in Groups Project Proposal Barangay Certificate/ Residency/ Certificate of Indigency/ Certificate that the client is in need of assistance may be required. ash Assistance for Other Support ervices epending on the circumstances: For Fire Victims: Police Report/ Bureau of Fire Protection Report For Distressed Overseas Filipinos: Passport, Travel Document/s, Certification from OWWA or the Barangay For Rescued Client: Certification from a Social Worker or Case Manager from rescued clients For Victims of Online Sexual Exploitation: Police Blotter or Social Worker's Certification for the victims of online sexual exploitation of children For Locally Stranded Individuals (LSI): LSI without valid IDs, the Medical Certificate, or the Travel Authority	adaverRegistered Death Certificate/ Certification form the Tribal Chieftain (Original or Certified True Copy)1.Transfer Permit2.ducational Assistance Valid School ID1.1 Enrolment Assessment Form; or 2 Certificate of Enrolment or Registration; or Statement of Account2.Dod Assistance for Individual and amilies Endorsed in Groups Project Proposal Barangay Certificate/ Residency/ Certificate of Indigency/ Certificate that the client is in need of assistance may be required.1.ash Assistance for Other Support ervices epending on the circumstances: For Fire Victims: Police Report/ Bureau of Fire Protection Report1.For Distressed Overseas Filipinos: Passport, Travel Document/s, Certification from OWWA or the Barangay2.For Victims of Online Sexual Worker's Certification for the victims of online sexual exploitation of children For Locally Stranded Individuals (LSI): LSI without valid IDs, the Medical Certificate, or the Travel Authority3.



will suffice and be his/her identity.	accepted to prove			
 6. For all other incidents: 6.1 Barangay Certificate or Residency; or 6.2 Certificate of Indigency; or 6.3 Certificate of the Client is in Need of Assistance as well as other documents form legal authorities/regulating agencies, as may be applicable such as but not limited to Police 		 6.1 Barangay Hall where the client is presently residing 6.2 Barangay where the client is presently residing 6.3 Police Station 		
		Report/Blotter; 6.4 Spot Report from	6.4 AFP or PNP6.5 Local Government Unit6.6 Certificate form the LDRMO	
AFP-PNP Intellig (JAPIC) certificate 6.5 Certification of De 6.6 Disaster Assistan				
Card (DAFAC); o 6.7 Medico-legal Cer	r	6.7 Local Government Unit		
Material Assistance 1. General Intake Sheet		 DSWD Field Office CIU/ CIS/ SWAD DSWD Field Office CIU/ CIS/ SWAD 		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
PRE-OFFSITE PRE	PARATION - COMPLE	X		
1. Submit Project Proposal	1.1 Receipt of Project Proposal and documentary requirements.	None	5 minutes	Administrative Staff
	 1.2 Assess and review the received Project Proposal. 1.2.1 Found in Order: Recommend for the approval of the Secretary 	None	3 Hours	Social Welfare Officer (SWO)
	the Secretary	l	1	



	or his duly Authorized Representati ve. 1.2.2 Not Found in Order: Project Proposal is sent back to the requesting party for compliance.			
	1.3 Approval of the Project Proposal.	None	30 minutes	Regional Director (RD)
	1.4 Forward the approved project proposal to the Authorized Social Officer of the Crisis Intervention Section (CIS)	None	3 Hours	Administrative Staff
	1.5 Cross-match the submitted list of beneficiaries to the DSWD existing program monitoring system.	None	3 Hours	Administrative Staff
	1.6 Inform the group about the documentary requirements needed and the schedule payout	None	3 Hours	SWO
OFF-SITE TRANSAC				
1. Present Pertinent Documents	 1.1 Check the validity and completeness of the required documents. 1.1.1 Incomplete: Advise the 	None	5 minutes	Administrative Staff



		TOTAL	None	1 Day 5 Hours and 10 minutes	
		3.2 Release the Assistance.	None	3 minutes	SDO/RDO/SWO
3.	Receipt of Assistance	3.1 Check and verify the client's identity.	None	2 minutes	SDO/RDO/SWO
		2.2 Conduct and interview and assessment. Establish the eligibility of the client and complete the GIS and CE.	None	15 minutes	SWO
2.	Submit the documents and undergo Interview and Assessment	2.1 Fill out the identifying information of the client in the General Intake Sheet (GIS)	None	15 minutes	SWO
		client to comply with relevant documents. 1.1.2 Complete: submit the presented documents and proceed for interview and assessment			

FEEDBACK AND COMPLAINTS MECHANISM					
How to send feedback	Through client satisfaction measurement mechanism.				
How feedbacks are processed	Consolidate and analyze monthly, quarterly, semi-annually and annually to identify root cause analysis or other known quality management techniques and identify plans and actions that must be recommended for execution to resolve the issues and improve the situation.				
How to file a complaint	A complaint may be filed through any of the established modalities" -a telephone call (072-687-800 loc. 11209) -electronic mail (<u>cispsp.fo1@dswd.gov.ph</u>)				



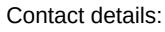
How complaints are processed	 -posts, comments and chat messages via DSWD FO1 Official Facebook Page: "DSWD Field Office 1" -personal appearance (walk-in clients) -letter addressed to the Regional Director, Marie Angela S. Gopalan -Official website at <u>https://fo1.dswd.gov.ph</u> -through 8888 Citizen's Complaint Center Complaints received through Official FB Page, the Office of the Regional Director, Official website and 8888 will be forwarded to Human
	 Resource Management and Development Division for action and resolution. The resolution of all complaint consists of: 1 Submission/Receipt of a complaint 2 Recording of complaint 3 Data Gathering and Investigation 4 Resolution 5 Final Feedback
Contact Information of CCB, PCC, ARTA	Anti-Red Tape Authority (ARTA) • (028) 478-5093 • complaints@arta.gov.ph Presidential Complaint Center (PCC): • Call/ text: 8888 • Web: www.8888.gov.ph
	 Contact Center ng Bayan (CCB): SMS: 0908-881-6565 Call: 165 65 Php 5.00 + VAT per call anywhere in the Philippines via PLDT landlines Email: email@contactcenterngbayan.gov.ph Web: https://contactcenterngbayan.gov.ph Facebook: https://facebook.com/civilservicegovph



List of Offices					
Office	Address	Contact			
		Information			
DSWD Field Office	Quezon Avenue, City of San	072-687-8000 loc.			
1	Fernando, La Union 2500	11209			
Eastern	Gov. Robert B. Estrella Memorial	0977-6120632			
Pangasinan	Stadium Zone 4, Rosales,				
Satellite Office	Pangasinan and Sta. Maria,				
	Binalonan, Pangasinan				
Western	Russia St. Bonuan Binloc, Dagupan	(075) 653-4910			
Pangasinan	City, Pangasinan				
Satellite Office					
Central	Russia St. Bonuan Binloc, Dagupan	(075) 653-4910			
Pangasinan	City, Pangasinan				
Satellite Office					



Quezon Avenue, City of San Fernando, La Union 2500 Philippines





(072) 888 2505

fo1@dswd.gov.ph