

1. SERVICE NAME: **ASSISTANCE TO INDIVIDUALS IN CRISIS SITUATION (AICS)**

Service Information: A form of assistance provided to individuals and families who are in extremely difficult circumstances and have inadequate resources.

OFFICE	CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE
CLASIFFICATION	Simple
TYPE OF TRANSACTION	Government to Citizen
WHO MAY AVAIL	Individuals/Family Member of the Individual in Need of Assistance

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<b><i>MEDICAL ASSISTANCE</i></b>	
- Medical Certificate	Hospital/Clinic where the patient sought medical intervention
- Hospital Bill/Statement of Account/Prescriptions/Treatment Protocol	Hospital/Clinic where the patient sought medical intervention
- Certificate of Indigency/Low Income	Barangay
<b><i>BURIAL ASSISTANCE</i></b>	
- Death Certificate	Civil Registrar's Office
- Funeral Contract	Concerned Funeral Homes
- Certificate of Indigency/Low Income	Barangay
<b><i>EDUCATIONAL ASSISTANCE</i></b>	
- Enrolment Assessment Form/Certificate of Enrolment or Registration	School
- Statement of Account for College Students	State University/Universities or State College/Colleges
- Certificate of Indigency/Low Income	Barangay
- Valid School ID of the student/beneficiary	School
<b><i>TRANSPORTATION ASSISTANCE</i></b>	
- Any valid ID of the client	COMELEC,POST OFFICE etc.
- Police Blotter or Certification (for victims of pick pockets, illegal recruitment, etc.) or	PNP
- Other supporting documents/such as, but not limited to, justification of the social worker, medical certificate, death certificate, and/or court order/subpoena.	CSWDOoffice/Hospital/Civil Registrar/Court
- Barangay Certificate of Residency/Indigency or Certificate that Client is in Need of Assistance	Barangay

CLIENT STEPS	AGENCY ACTIONS	FEEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
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1) Secure complete requirements as per type of assistance needed and submit to CSWDOoffice	<ul style="list-style-type: none"> <li>- Accept and validate requirements</li> <li>- Once verified complete, interview and assess client as per need presented and socio-economic status for the amount of assistance to be given</li> <li>- Prepare and process attachments (BA Forms, Voucher ...)</li> </ul>	-	<p>5 minutes</p> <p>3 days</p>	<p>Alma M. Gabor Maribel A. Galima Shyne M. Rahon Almira G. Pontejos Jyzille V. Brillantes</p> <p>City Budget Office City Accounting Office City Treasury Office City Mayor's Office</p>
2) Receive financial assistance	<ul style="list-style-type: none"> <li>- Release of financial assistance (check, petty cash)</li> </ul>		3 minutes	City Treasury Office

2. SERVICE NAME: **ISSUANCE OF CERTIFICATE OF INDIGENCE**

Service Information: Certificate is being issued by the Office as per requirement by concerned agency/ies before it accepts program beneficiaries.

OFFICE	CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE
CLASIFFICATION	Simple
TYPE OF TRANSACTION	Government to Citizen
WHO MAY AVAIL	Individuals/Families belonging to Indigent Families

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Barangay Certificate of Indigency duly signed by the Punong Barangay	Designated Barangay

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1) Present secured barangay certificate of indigency to the CSWDOoffice	<ul style="list-style-type: none"> <li>- Accept submitted barangay certificate</li> <li>- Interview and validate name of client in the masterlist of indigent families.</li> <li>- Upon validation, prepare the certificate.</li> </ul>	-	3 minutes	<p>Alma M. Gabor Maribel A. Galima Shyne M. Rahon Jyzille V. Brillantes Almira G. Pontejos</p>

2) Sign at the Issuance of Certificate Logbook before receiving the certificates	- Issue certificate of indigency duly signed by the CSWDOfficer.	-	2 minutes	Alma M. Gabor Maribel A. Galima Shyne M. Rahon Jyzille V. Brillantes Almira G. Pontejos
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3. SERVICE NAME: **SECURING OF A SOCIAL CASE STUDY REPORT (SCSR)**

Service Information: SCSR is a type of report issued by the CSWDOffice duly prepared and signed by a registered social worker as per requirement by concerned agency/ies before it can provide/refer for assistance.

OFFICE	CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE
CLASIFFICATION	Simple
TYPE OF TRANSACTION	Government to Citizen
WHO MAY AVAIL	Individuals who are found extremely in need of financial/medical assistance; CICLs with filed cases in court ; Victims of cases referred to Commission on Human Rights (CHR)/Department of Justice (DOJ) for Financial Assistance.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<b><i>FOR REQUEST OF FINANCIAL /MEDICAL ASSISTANCE</i></b>	
- Medical Certificate/Clinical Abstract	Hospital where the client sought medical intervention
- Statement of Account/Prescriptions/Treatment Protocol	Hospital where the client sought medical intervention
<b><i>COURT RELATED CASES/Other line agency e.g. CHR</i></b>	
- Assessment of the Level of Discernment	CSWDOffice
- Referral/Case Report from PNP	PNP

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1) Submit complete requirements (as per clientele category)	<ul style="list-style-type: none"> <li>- Validate requirements</li> <li>- Interview and assess client's background. (For Court Related Cases: Other than securing information for the standard SCSR, ask the CICL to answer the Discernment Level Tool and Moral Reasoning Tool)</li> <li>- Conduct Home Visitation and Collateral Interview</li> <li>- Prepare and finalize the SCSR.</li> </ul>	-	6 days	Alma M. Gabor Erlito R. Cacayorin Maribel A. Galima Shyne M. Rahon Jyzille V. Brillantes
2) Sign at the Receiving Logbook for SCSR before claiming the duly signed SCSR.	<ul style="list-style-type: none"> <li>- Issue Social Case Study Report.</li> </ul>	-	1 minute	Alma M. Gabor Erlito R. Cacayorin Maribel A. Galima Shyne M. Rahon Jyzille V. Brillantes

4. SERVICE NAME: **ISSUANCE OF SOLICITATION PERMIT**

Service Information: A solicitation permit is being issued to regulate the conduct of a solicitation program by a legitimate organization or associations within the City.

OFFICE	CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE
CLASIFFICATION	Simple
TYPE OF TRANSACTION	Government to Citizen
WHO MAY AVAIL	Any legitimate group, association and organization

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Request Letter to the City Mayor	From the Office of the requesting group/association/organization
Minutes of Meeting (discussing the solicitation agenda)	From the Office of the requesting group/association/organization
Sample of the Envelope	From the Office of the requesting group/association/organization

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
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1) Submit Request Letter , Minutes of Meeting and sample of the envelope	<ul style="list-style-type: none"> <li>- Validate submitted requirements</li> <li>- Provide application form</li> </ul>	-	2 minutes	Alma M. Gabor Erlito R. Cacayorin Maribel A. Galima Shyne M. Rahon
2) Accomplish the application form before returning to the attending staff	<ul style="list-style-type: none"> <li>- Review accomplished application form for corrections and validation.</li> <li>- Advise the client to pay permit fee.</li> </ul>	-	5 minutes	Alma M. Gabor Erlito R. Cacayorin Maribel A. Galima Shyne M. Rahon
3) Proceed to City Treasury Office to pay corresponding permit fee	<ul style="list-style-type: none"> <li>- Accept payment and issue official receipt (OR).</li> </ul>	P100.00	3 minutes	City Treasury Office
4) Return to CSWDO office and present OR	<ul style="list-style-type: none"> <li>- Prepare Solicitation Permit to be signed by CSWDO officer and City Mayor</li> <li>- Issue duly signed Solicitation Permit</li> </ul>	-	10 minutes	Alma M. Gabor Erlito R. Cacayorin Maribel A. Galima Shyne M. Rahon

5. SERVICE NAME: **ISSUANCE OF SOLO PARENT IDENTIFICATION CARD (ID)**

Service Information: Solo Parent ID is being issued to qualified Solo Parent/s in the City for identification purposes and as per requirement in availing existing national and local benefits and privileges.

OFFICE	CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE
CLASIFICATION	Simple
TYPE OF TRANSACTION	Government to Citizen

WHO MAY AVAIL	<ul style="list-style-type: none"> <li>- Any woman who gives birth as a result of rape and other crimes against chastity even without a final conviction of the offender: Provided, that the mother keeps and raise the child.</li> <li>- Parent left solo or alone with the responsibility of parenthood due to death of spouse.</li> <li>- Parent left solo or alone with the responsibility of parenthood while the spouse is detained or serving sentence for a criminal conviction for at least one (1) year.</li> <li>- Parent left solo or alone with the responsibility of parenthood due to physical and/or mental incapacity of spouse as certified by a public medical practitioner.</li> <li>- Parent left solo or alone with the responsibility of parenthood due to legal separation or de facto separation from spouse for at least one (1) year, as long as she/he is entrusted with the custody of the children.</li> <li>- Parent left solo or alone with the responsibility of parenthood due to declaration of nullity or annulment of marriage as decreed by court or by a church as he/she is entrusted with the custody of the children.</li> <li>- Parent left solo or alone with the responsibility of parenthood due to abandonment of spouse for at least one (1) year.</li> <li>- Unmarried mother/father who has preferred to keep and rear her/his child/children instead of having others care for them or give them up to a welfare institution.</li> <li>- Any other person who solely provides parental care and support to a child or children.</li> <li>- Any family member who assumes the responsibility of head of family as a result of the death, abandonment, disappearance or prolonged absence of the parents or solo parent.</li> </ul>
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CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Certificate of Solo Parent from the barangay	Barangay
Affidavit of Solo Parent	Public Attorney's Office

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1) Present secured barangay certificate of Solo Parent and Affidavit of Solo Parent	<ul style="list-style-type: none"> <li>- Accept and validate submitted requirements.</li> <li>- Interview and assess eligibility of the client.</li> <li>- Provide Solo Parent Application Form</li> </ul>	-	3 minutes	Alma M. Gabor Maribel A. Galima
2) Accomplish the form before returning to the attending staff	<ul style="list-style-type: none"> <li>- Prepare solo parent ID for the approval of the CSWDOfficer and the City Mayor.</li> </ul>	-	15 minutes	Alma M. Gabor Maribel A. Galima City Mayor

3) Sign at the Issuance of Solo Parent ID Logbook before receiving the ID.	- Issue Solo Parent ID.	-	2 minutes	Alma M. Gabor Maribel A. Galima
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*Note: The office is entitled to 30 days prior to issuance of Solo Parent ID, as period to assess and establish the qualification of the applicant. In some instances, ID may be issued earlier depending on the case of the applicant and the instance of assessment.*

6. SERVICE NAME: **FINANCIAL ASSISTANCE TO SOLO PARENT**

Service Information: *Please refer to ASSISTANCE TO INDIVIDUALS IN CRISIS SITUATION (AICS)*

7. SERVICE NAME: **PRE-MARRIAGE COUNSELLING**

Service Information: A type of counselling being provided to would be couples who are seeking marriage license from City Civil Registrar's Office.

OFFICE	CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE
CLASIFFICATION	Simple
TYPE OF TRANSACTION	Government to Citizen
WHO MAY AVAIL	All would be couples 18 years and above

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Parent's Consent for applicant/s 18-24 years old	Civil Registrar's Office (signed by the parents of the concerned 18-24 yr old applicant)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1) Personal appearance at the CSWDOoffice	- Verify age of applicants (with parents' consent for 18-24 applicants)  - Furnish applicants the Individual Information Form and then the Marriage Expectation Inventory Questionnaire after.	-	3 minutes	Erlito R. Cacayorin Jerry R. Reyes
2) Fill up the Individual Information Form an answer the Marriage Expectation Inventory Questionnaire	- Conduct of pre-marriage counselling	-	1 hour	Erlito R. Cacayorin Jerry R. Reyes
3) Sign at the Pre-Marriage Counselling Logbook before receiving the Certificate.	- Issue Pre-marriage Counselling Certificate.	-	2 minutes	Erlito R. Cacayorin Jerry R. Reyes

8. SERVICE NAME: **RICE ASSISTANCE PROGRAM TO INDIGENT FAMILIES**

Service Information: An augmentation provided to indigent families assessed to be in need of food subsidy in the form of rice.

OFFICE	CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE
CLASIFFICATION	Simple
TYPE OF TRANSACTION	Government to Citizen
WHO MAY AVAIL	Indigent Families

<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
Certificate of Indigency	Barangay

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1) Submit Certificate of Indigency to the CSWDOoffice	<ul style="list-style-type: none"> <li>- Verify eligibility through the conduct of socio-economic assessment.</li> <li>- Request for Rice Slip approved by the CSWDOfficer and the City Mayor.</li> </ul>	-	20 minutes	Alma M. Gabor Maribel A. Galima Shyne M. Rahon Jyzille V. Brillantes
2) Sign at the Rice Assistance Logbook before receiving the approved rice slip.	<ul style="list-style-type: none"> <li>- Issue rice slip and advise client to claim rice at the designated claiming rice store.</li> </ul>	-	2 minutes	Alma M. Gabor Maribel A. Galima Shyne M. Rahon Jyzille V. Brillantes

9. SERVICE NAME: ASSISTANCE TO WOMEN AND CHILDREN IN DIFFICULT CIRCUMSTANCES

Service Information: A service provided to disadvantaged women ages 18-59 to promote their welfare with specific attention to the prevention and/or eradication of their exploitation in any form as well as the promotion of skills for employment and self-actualization. While the assistance to children in difficult circumstances is a kind of service being provided to help the child/victim cope/overcome underlying negative circumstance associated with the type of violence/abuse they have been unfortunately caught/involved into.

OFFICE	CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE
CLASIFFICATION	Simple
TYPE OF TRANSACTION	Government to Citizen
WHO MAY AVAIL	Women and children who are victims of violence such as rape, physical and emotional abuse, etc.

<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
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Referral from the Punong Barangay	Concerned Barangay
Referral from the WCPD-PNP	PNP
Referral from the M/CSWDO (for referred cases from other municipality/city)	Referring Municipality/City

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1) Proceed to CSWDO office with the referral or together with either of the ff. respective PB/WCPD/ C/MSWDO depending on the referring party.	- Interview and assess the presented problem/case of the client.	-	30 minutes	Alma M. Gabor Maribel A. Galima Erlito R. Cacayorin Shyne M. Rahon Jyzille V. Brillantes
2) Attend and cooperate during the process.	- Provide appropriate initial intervention as per assessment e.g. counselling. (Conduct home visitation and further assessment if found necessary).  - Refer client to other line agency if necessary.	-	30 minutes	Alma M. Gabor Maribel A. Galima Erlito R. Cacayorin Shyne M. Rahon Jyzille V. Brillantes

**10. SERVICE NAME: AFTER CARE AND FOLLOW UP SERVICES FOR DISCHARGED CLIENTS FROM REHABILITATION CENTER**

Service Information: A service designed to maintain benefit even after client has been discharged from the rehabilitation center. It involves a continuation of counselling and other support to ensure sustainability of the full turn recovery of the client.

OFFICE	CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE
CLASIFFICATION	Simple
TYPE OF TRANSACTION	Government to Citizen
WHO MAY AVAIL	Client/s who are discharged from Rehabilitation Center

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Order from the Court	Assigned Regional Trial Court (RTC) handling the case

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
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1) Present Court Order	<ul style="list-style-type: none"> <li>- Interview and assess client</li> <li>- Prepare After Care Program Plan with the client.</li> <li>- Provide client a copy of the approved plan.</li> <li>- Conduct counselling as initial intervention (and regular counselling session during reporting schedule). Home visitation and monitoring shall be conducted in part of the After Care Program.</li> </ul>	-	1 hour	Alma M. Gabor Maribel A. Galima Erlito R. Cacayorin Shyne M. Rahon Jyzille V. Brillantes
2) 2) Report at the Office as per scheduled.	<ul style="list-style-type: none"> <li>- Follow up and assess compliance of the client.</li> </ul>	-	30 minutes	Alma M. Gabor Maribel A. Galima Erlito R. Cacayorin Shyne M. Rahon Jyzille V. Brillantes

11. SERVICE NAME: **SELF-EMPLOYMENT ASSISTANCE (SEA)/MARKET LOAN**

Service Information: A type of loan extended to any small enterprise assessed qualified to be granted.

OFFICE	CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE
CLASIFFICATION	Simple
TYPE OF TRANSACTION	Government to Citizen
WHO MAY AVAIL	Small Enterprises

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Business Permit	CBPLO
Request Letter to the City Mayor	From the owner of the enterprise

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
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1) Request for Capital Assistance	<ul style="list-style-type: none"> <li>- Interview client then review and validate requirements.</li> <li>- Advice client to present Request Letter to the City Mayor for endorsement.</li> <li>- City Mayor to provide endorsement for the Approval of the City Treasurer on the availability of funds.</li> </ul>	-	2 minutes	Erlito R. Cacayorin  City Mayor's Office City Treasurer's Office
2) Submit endorsement letter with the approval of City Treasurer on the availability of funds to the CSWDO office.	<ul style="list-style-type: none"> <li>- Conduct home visit for business inspection.</li> </ul>	-	1 day	Erlito R. Cacayorin
3) Return to the office for the signing of the agreement	<ul style="list-style-type: none"> <li>- Prepare the loan agreement papers.</li> <li>- Prepare and process voucher</li> </ul>	-  -	5 minutes  1 day	Erlito R. Cacayorin
4) Claim Market Loan	<ul style="list-style-type: none"> <li>- Release signed check.</li> </ul>	-	2 minutes	City Treasury Office

**12. SERVICE NAME: ISSUANCE OF SENIOR CITIZEN/PERSON WITH DISABILITY IDENTIFICATION CARD (ID) AND PURCHASE BOOKLETS**

Service Information: Issuance of SC/PWD ID and Purchase Booklets are being governed by national laws and is being used as for Identification Purposes and in availing benefits and privileges relative therein nationwide.

OFFICE	CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE
CLASIFFICATION	Simple
TYPE OF TRANSACTION	Government to Citizen
WHO MAY AVAIL	Senior Citizens and Persons with Disabilities

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<i>SENIOR CITIZENS</i>	
- Birth Certificate/Baptismal Certificate	Civil Registrar's Office/Church

<i>PERSONS WITH DISABILITIES</i>	
- Medical Certificate with identified Type of Disability issued by the CHO/Officer/Private Physician	CHO/Private or Public Hospital
- 4 (1 x1 ID Picture)	Photo Center

<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1) Secure complete requirements and submit to CSWDO office	<ul style="list-style-type: none"> <li>- Accept and validate requirements</li> <li>- Once verified complete, provide the SC/PWD a registration form to fill up.</li> </ul>	-	5 minutes	Alma M. Gabor Shyne M. Rahon Espiritu C. Baclayen Susan T. Nono
2) SC/PWD to fill up the registration form	<ul style="list-style-type: none"> <li>- Prepare the PWD/SC ID and Purchase Booklets</li> <li>- Issue duly signed SC/PWD ID and Booklets by the City Mayor</li> </ul>	-	5 minutes	City Mayor Alma M. Gabor Shyne M. Rahon Espiritu C. Baclayen Susan T. Nono

**13. SERVICE NAME: FINANCIAL ASSISTANCE TO DECEASED SENIOR CITIZENS (FADSC)/PERSON WITH DISABILITIES (FADPWD)**

Service Information: An assistance granted to the immediate family of the deceased Senior Citizen or PWD in case of death of a membered SC/PWD.

OFFICE	CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE
CLASIFFICATION	Simple
TYPE OF TRANSACTION	Government to Citizen
WHO MAY AVAIL	Family Member of the Deceased Senior Citizen/Person with Disability

<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
Death Certificate	Civil Registrar's Office
PWD/Senior Citizen's ID	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1) Submit photocopy of the Death Certificate of the Deceased PWD/SC and surrender SC/PWD ID	- Accept and validate requirements - Once verified complete, interview client	-	5 minutes	Alma M. Gabor Shyne M. Rahon Espiritu C. Baclayen Susan T. Nono
2) Receive Certificate of Eligibility (CE)	- Prepare and issue Certificate of Eligibility (CE) to the client for signature of the respective Punong Barangay and PWD/SC President.		5 minutes	
3) Return to the CSWDO office the duly signed CE	- Process accomplished papers	-	3 days	Budget Office Accounting Office Treasury Office Mayor's Office
4) Claim financial assistance	- Release of financial assistance	-	5 minutes	Treasury Office

14. SERVICE NAME: **RICE ASSISTANCE TO FAMILY OF DECEASED SENIOR CITIZENS/PERSON WITH DISABILITIES**

Service Information: A one (1) cavan of rice granted to the immediate family of the deceased Senior Citizen or PWD in case of death of a membered SC/PWD apart from the FADSC/FADPWD as a form of assistance.

OFFICE	CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE
CLASIFFICATION	Simple
TYPE OF TRANSACTION	Government to Citizen
WHO MAY AVAIL	Family Member of the Deceased Senior Citizen/Person with Disability

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Death Certificate	Civil Registrar's Office
PWD/Senior Citizen's ID	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
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1) Submit photocopy of the Death Certificate of the Deceased PWD/SC and surrender SC/PWD ID	<ul style="list-style-type: none"> <li>- Accept and validate requirements</li> <li>- Once verified complete, interview client</li> </ul>	-	5 minutes	Alma M. Gabor Shyne M. Rahon Espiritu C. Baclayen Susan T. Nono
2) Receive Rice Slip and claim to the designated rice store.	<ul style="list-style-type: none"> <li>- Issue Rice Slip duly approved by the CSWDO officer and the City Mayor.</li> <li>- Advise the client to claim the 1 cavan of rice using the Rice Slip at the designated rice store.</li> </ul>		5 minutes	

15. SERVICE NAME: **SOCIAL PENSION FOR INDIGENT SENIOR CITIZEN/PERSON WITH DISABILITY**

Service Information: A grant awarded to qualified Senior Citizen/Person with Disability as an offset to their existing socio-economic incapacity to meet the demands of daily living.

OFFICE	CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE
CLASIFFICATION	Simple
TYPE OF TRANSACTION	Government to Citizen
WHO MAY AVAIL	Indigent Senior Citizens Indigent Persons with Disabilities (0-59 years old)

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<b><i>SOCIAL PENSION FOR SENIOR CITIZEN (SC)</i></b>	
Accomplished Endorsement Form	Barangay Senior Citizens' President
Senior Citizen's ID	City Senior Citizen's Office
<b><i>SOCIAL PENSION FOR PERSONS WITH DISABILITIES (PWD)</i></b>	
Accomplished Endorsement Form	Barangay PWD President/Coordinator
PWD ID	Person with Disabilities Office (PDAO)/ City Social Welfare and Development Office (CSWDO)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1) Submit to the CSWDO office accomplished endorsement form and photocopy of ID of the SC/PWD	<ul style="list-style-type: none"> <li>- Accept and validate submitted requirements</li> <li>- Interview client and validate eligibility.</li> <li>- If found eligible, include SC/PWD in the list of social pensioners. (Noting that no slot is available as per given slot/barangay has already been occupied, applying grantee shall be placed under the waiting list until such time a social pensioner dies requiring for a replacement or if additional slots are made available then an applying grantee shall be enrolled whichever then comes first.</li> </ul>	-	15 minutes	Alma M. Gabor Shyne M. Rahon Espiritu C. Baclayen Susan T. Nono Almira G. Pontejos
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**Note:** *If the indigent Senior Citizen/Person with Disability has been enrolled, she/he will be informed of the schedule of the pay-out which will be announced as to where and when by the CSWDO office through the Barangay SC/PWD Presidents. She has to bring his/her SC/PWD ID and a photocopy of which. To those with special cases like those who are bedridden and with mental disability, an immediate family member only is allowed to be authorized to claim the grant.*

**16. SERVICE NAME: PROVISION OF ASSISTIVE DEVICES TO SENIOR CITIZEN (SC)/PERSON WITH DISABILITY (PWD)**

Service Information: Assistive devices are being awarded to in-need SC/PWDs to help them restore their mobility apart from their old age or medical condition that had caused them.

OFFICE	CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE
CLASIFFICATION	Simple
TYPE OF TRANSACTION	Government to Citizen
WHO MAY AVAIL	Senior Citizens and Persons with Disabilities recommended for assistive device

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Medical Certification with recommendation of the type of assistive device needed.	Hospital/Clinic/City Health Office
Price Quotation of the Assistive Device	Medical Stores/General Merchandise Stores
Barangay Certificate of Indigency/Low Income	Barangay

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
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<p>1) Submit referral letter</p> <p>2) Proceed to the concerned STAC Staff to handle the rehabilitation of the child.</p>	<ul style="list-style-type: none"> <li>- Accept and validate referral</li> <li>- Interview parent/guardian of the child for profiling. Explain the rules and regulations governing the rehabilitation of the child in the Center including parents' responsibilities towards the general welfare of the child, their partnership to the staff and to the Center in general.</li> <li>- Direct the child and parent/guardian to the concerned STAC Staff, Physical Therapist or SPED Teacher depending on the referral for orientation, scheduling and initial treatment.</li> </ul>	-	30 minutes	<p>Alma M. Gabor</p> <p>Shyne M. Rahon</p> <p>Sherly S. Gamueta</p> <p>Josephine G. Villegas</p>
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**18. SERVICE NAME: ASSISTANCE AND REFERRAL OF CLIENTS IN NEED OF PSYCHOLOGICAL/ PSYCHIATRIC INTERVENTIONS**

Service Information: A type of assistance provided to referred clients needing the service of other profession like psychologist or psychiatrist depending on the case presented.

OFFICE	CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE
CLASIFFICATION	Simple
TYPE OF TRANSACTION	Government to Citizen
WHO MAY AVAIL	Clients assess and referred needing the service of a psychologist or a psychiatrist.

<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
Letter from the referring party/agency e.g. City Prosecutor's Office	From the Referring Party
Court Order	Regional Trial Court of Municipal Trial Court

<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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1) Submit referral letter/Court Order to the CSWDO office	<ul style="list-style-type: none"> <li>- Accept and validate referral</li> <li>- Interview client including the parent/guardian. (May conduct counselling when assessed client needs).</li> <li>- Check availability and schedule of the attending Psychologist/Psychiatrist before scheduling the transportation vehicle and finalizing the travel date.</li> <li>- Inform the client, the parent/guardian of the scheduled travel date.</li> </ul>	-	30 minutes	Alma M. Gabor Erlito R. Cacayorin Maribel A. Galima Shyne M. Rahon Jyzille V. Brillantes
2) Proceed with the travel together with the accompanying Social Worker.	<ul style="list-style-type: none"> <li>- Assist and refer client together with parent/guardian to the psychologist and or psychiatrist.</li> </ul>		1 day	Alma M. Gabor Erlito R. Cacayorin Maribel A. Galima Shyne M. Rahon Jyzille V. Brillantes

**19. SERVICE NAME: ANG GABAY SA TULOY-ARAL PROGRAM (AGSTAP) for OUT OF SCHOOL YOUTH (OSY)**

Service Information: A type of assistance provided to eligible OSYs to help them continue their studies in college.

OFFICE	CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE
CLASIFFICATION	Simple
TYPE OF TRANSACTION	Government to Citizen
WHO MAY AVAIL	Indigent Out-of-school youth

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Certificate of Indigency	Barangay
School Record of the last SY attended	School last attended

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
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1) Submit needed requirements	<ul style="list-style-type: none"> <li>- Accept and validate referral</li> <li>- Interview and assess OSY.</li> <li>- Conduct home visit and collateral interview.</li> <li>- (If OSY is found eligible), call his/her attention for endorsement to the City Mayor.</li> </ul>	-	<p>20 minutes</p> <p>1 day</p>	<p>Alma M. Gabor</p> <p>Jerry R. Reyes</p>
2) Report to the CSWDO office	<ul style="list-style-type: none"> <li>- Prepare and process endorsement papers for the approval of the City Mayor.</li> </ul>	-	30 minutes	<p>Alma M. Gabor</p> <p>Jerry R. Reyes</p>

20. SERVICE NAME: **REHABILITATION SERVICES TO CHILD-AT-RISK (CAR) AND CHILDREN IN CONFLICT WITH THE LAW (CICL)**

Service Information: A type of service being extended to children who are at risk of committing violation, displaying delinquent behaviours, and those who have been apprehended for violating laws and local ordinances for the purpose of deviating them from becoming a recidivist or a perennial client.

OFFICE	CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE
CLASSIFICATION	Simple
TYPE OF TRANSACTION	Government to Citizen
WHO MAY AVAIL	Children-at-Risk (CAR) and Children in Conflict with the Law (CICL)

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Referral from the BCPC Chairperson/Punong Barangay	Barangay
Referral from the PNP-WCPD	PNP
Birth Certificate of the Minor	Civil Registrar's Office/PSA

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>FOR MINORS 15 YEARS OLD AND BELOW UPON COMMISSION OF THE CRIME/VIOLATION</b>				

1) Proceed to the CSWDO office together with the parent/guardian, Punong Barangay/ PNP - WCPD Personnel	- Accept and validate referral/circumstance presented by the referring party.	-	5 minutes	Alma M. Gabor Erlito R. Cacayorin Maribel A. Galima Shyne M. Rahon Jyzille V. Brillantes
	- Interview and assess the minor including the parent/guardian. (Include counselling session with in the period)		20 minutes	
	- Interview referring party for additional information.			
	- Community-based Intervention Program formulation		10 minutes	
	- Finalize Intervention Program for contract signing and immediate implementation.		20 minutes	
	- Commit the child to the parent/guardian along with the responsibility presented in the Intervention Program.		10 minutes	
			2 minutes	
2) Comply with the Intervention Program	- Monitor minor's compliance on the Intervention Plan		6 months to 1 year (depending on the performance of the minor).	Alma M. Gabor Erlito R. Cacayorin Maribel A. Galima Shyne M. Rahon Jyzille V. Brillantes Punong Barangay

**Note:** If the social worker finds the child to be abandoned, neglected or abused by parents and the best interest of the child requires referral to a **youth care facility or 'Bahay Pag-asa' or Crisis Intervention Center** managed by LGUs or licensed and/or accredited NGOs monitored by the DSWD, the child shall be committed to the facility.

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>FOR MINORS ABOVE 15 YEARS OLD BUT BELOW 18 YEARS OLD UPON COMMISSION OF THE CRIME (With Case Filed in Court)</b>				

1) Proceed to the CSWDO office together with the parent/guardian and PNP-WCPD Personnel	- Accept and validate referral/circumstance presented by the referring party.	-	5 minutes	Alma M. Gabor Erlito R. Cacayorin Maribel A. Galima Shyne M. Rahon Jyzille V. Brillantes
	- Interview and assess the minor including the parent/guardian with guide from CICL discernment tool. (Include counselling session with in the period)		20 minutes	
	- Interview referring party for additional information while allowing the minor to accomplish the Discernment and Moral Reasoning Questionnaire.			
	- Conduct home visit and collateral interview		20 minutes	
	- Review recordings and prepare the report determining the discernment of the minor.		1 day	
			3 days	
	- Finalize report before submitting to the court.		20 minutes	

**Note:**

\* If without discernment: the child shall be exempted from criminal liability; shall be subjected to intervention program

\* With discernment: shall be subjected to diversion if imposable penalty is 6 years and if child is qualified

\* With discernment and imposable penalty is above 6 years: diversion shall be done at the level of the court.

If the social worker finds the child to be abandoned, neglected or abused by parents and the best interest of the child requires referral to a **youth care facility or 'Bahay Pag-asa' or Crisis Intervention Center** managed by LGUs or licensed and/or accredited NGOs monitored by the DSWD, the child shall be committed to the facility.

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>FOR MINORS ABOVE 15 YEARS OLD BUT BELOW 18 YEARS OLD UPON COMMISSION OF THE CRIME (With No Case Filed in Court)</b>				



1) Submit needed requirements	<ul style="list-style-type: none"> <li>- Accept and validate requirements/reported problem.</li> <li>- Interview and assess eligibility of the client</li> <li>- identify immediate need/s</li> </ul>	-	<p>3 minutes</p> <p>10 minutes</p> <p>5 minutes</p>	<p>Alma M. Gabor</p> <p>Erlito R. Cacayorin</p> <p>Maribel A. Galima</p> <p>Shyne M. Rahon</p> <p>Jyzille V. Brillantes</p> <p>Jerry R. Reyes</p> <p>Almira G. Pontejos</p>
2) Sign at the Relief Distribution Sheet	<ul style="list-style-type: none"> <li>- Provide immediate assistance e.g. relief goods.</li> </ul>	-	5 minutes	<p>Alma M. Gabor</p> <p>Erlito R. Cacayorin</p> <p>Maribel A. Galima</p> <p>Shyne M. Rahon</p> <p>Jyzille V. Brillantes</p> <p>Jerry R. Reyes</p> <p>Almira G. Pontejos</p>

22. SERVICE NAME: **EMERGENCY SHELTER ASSISTANCE (ESA)/CORE SHELTER ASSISTANCE (CSA)**

Service Information: This refers to the provision of financial/material assistance to help families construct/repair their houses be it partially/totally destroyed by natural or man-made disasters. To ensure its effectiveness, it involves social preparation/mobilization of beneficiaries and the community.

OFFICE	CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE
CLASIFFICATION	Simple
TYPE OF TRANSACTION	Government to Citizen
WHO MAY AVAIL	Victim/s of Natural or Man-made Disaster whose houses are partially/totally damaged

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Picture of the damaged house	The owner has to provide
Estimation of Needed Materials	From a carpenter/foreman/Engineer
Barangay Certificate of Eligibility	Barangay/Punong Barangay

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
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1) Submit needed requirements	<ul style="list-style-type: none"> <li>- Accept and validate requirements/reported problem.</li> <li>- Interview and assess eligibility of the client</li> </ul>	-	<p>3 minutes</p> <p>10 minutes</p>	<p>Alma M. Gabor Erlito R. Cacayorin Maribel A. Galima Shyne M. Rahon Jyzille V. Brillantes Jerry R. Reyes Almira G. Pontejos</p>
	<ul style="list-style-type: none"> <li>- Conduct home visit</li> <li>- Prepare and process papers as per approval of the City Mayor</li> </ul>	-	<p>1 day</p> <p>3 days</p>	<p>Alma M. Gabor Erlito R. Cacayorin Maribel A. Galima Shyne M. Rahon Jyzille V. Brillantes Jerry R. Reyes Almira G. Pontejos</p> <p>City Budget Office City Accounting Office City Treasury Office City Mayor's Office</p>
2) Return to claim check	- Release approved/signed check	-	3 minutes	City Treasury Office