



FOR

.

ASEC. RODOLFO M. SANTOS, CESO II

Chairperson, Committee on Anti-Red Tape

DSWD Central Office, Batasan, Pambansa Complex

Constitution Hills, Quezon City

FROM

THE OIC-REGIONAL DIRECTOR

DSWD Field Office Caraga

Butuan City

DATE

:

June 17, 2021

SUBJECT

FO CARAGA REVISED CITIZENS CHARTER BASED ON

AUDIT RESULTS FINDINGS/RECOMMENDATIONS

Respectfully submitting herewith the FO Caraga revised Citizens Charter, incorporating the recommendations based on the Audit results findings.

For your information and ready reference.

Kindly acknowledge upon receipt.

Thank you.

RAMEL F. JAMEN





DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT FIELD OFFICE CARAGA

CITIZEN'S CHARTER

2021 (4th Edition)





DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT FIELD OFFICE CARAGA

CITIZEN'S CHARTER

2021 (4th Edition)



Mandate:

The Department of Social Welfare and Development (Filipino: Kagawaran ng Kagalingan at Pagpapaunlad Panlipunan, abbreviated as DSWD) is the primary government agency mandated to develop, implement and coordinate social protection and poverty-reduction solutions for and with the poor, vulnerable and disadvantage.

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:

The Department of Social Welfare and Development shall lead in the formulation, implementation, and coordination of social welfare and development policies and programs for and with the poor, vulnerable and disadvantaged.

IV. DSWD Core Values:

- Maagap at Mapagkalingang Serbisyo
- Serbisyong walang puwang sa katiwalian
- Patas na Pagtrato sa Komunidad

V. Service Pledge:

We are committed to provide you quality, prompt, and courteous service from Mondays to Fridays, 8:00 A.M. to 5:00 P.M., without noon breaks.

We shall endeavor to complete your transactions with us within the day. We will inform you promptly of our actions taken so far and clearly explain to you the reason/s should we not be able to complete within the day the delivery of the service you need.

We shall ensure availability of staff to attend to your concern/s even during lunch break.

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

The Officers-in-Charge of our frontline services shall be available at all times for consultation and advice. All these we pledge for the best interest of the clients/customers we serve.



VI. Quality Policy

We, the Department of Social Welfare and Development (DSWD) Field Office Caraga as the Region's lead agency in the delivery of social welfare and development programs and services, commit to:

- Deliver coordinated, relevant, rights-based and empowering social welfare and development programs and services for the poor vulnerable and disadvantaged population;
- ♣ Implement responsive policies and plans, learning and development interventions and regulatory services, developed either by the Field Office or Central Office, to enhance the capacity of our intermediaries for an improved delivery of social welfare and development programs and services;
- Sustain and nurture a culture of excellence through internal and external convergence, highly competent human resource and suitable working environment;
- Continuously quest for knowledge and innovation for organizational growth and improvement and provide appropriate interventions for personal and professional growth of workforce;
- Adhere to professionalism, integrity, accountability and ethical standards towards customer satisfaction and quality service by complying with DSWD mandates, government rules and regulations, other pertinent laws and requirements.

"Sa Kalidad nga Serbisyo, Kalidad nga Kinabuhi Sigurado."





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Regional Office External Services



1. ACCREDITATION OF PRE-MARRIAGE COUNSELORS

Refers to the process of assessing the Pre-Marriage Counselors if they are compliant to set standards.

| Office or Division: | | Section – Policy and Plans Division | | |
|--|---|--|--|--|
| Classification: | Highly Technical (20 working days) | | | |
| Type of Transaction: | Government to Client (G2C) | | | |
| Who may avail: | ALL Practic Sessions | cing/Planning to practice Pre-Marriage Counseling | | |
| CHECKLIST OF REQUIREM | MENTS | WHERE TO SECURE | | |
| One (1) Duly Acc Application Form | complished | DSWD Field Office Caraga - Standards Section https://www.dswd.gov.ph/issuances/MCs/M | | |
| | | C 2019-001.pdf Annex A. PMC Form_App | | |
| Constitution and By-Laws Ordinance or Resolution | s/Local | City/Municipal Sangguniang Bayan Office or at the City/Municipal Social Welfare and Development Office of Local Government Unit of Local Government Unit | | |
| One (1) photocopy following documents copies must be present. 1. Any of the following that the applicant is of four (4) year cours. a. Photocopy of Cegraduation/college of transcript of records; b. Certified photocopy PRC ID. 2. Photocopy of Certificates/Certificate seminars, contraining, and other activities on basic service for at least (24) four hours. If or is unavailable, a certification/attendant the training provide accepted; | g as proof a graduate e: ertificate of diploma or | | | |



- Any of the following as proof that applicant is tasked to assist/conduct PMC sessions and/or part of the local PMC Team, if applicable:
 - a. Certification from immediate Supervisor; or
 - b. An approved resolution.
- Documentation of at least six

 (6) PMC sessions, which captures the role performed by the applicant as proof that he/she has assisted in the PM Counseling session; and
- Other documents to be made available during the assessment visit.
 - Accomplished Marriage Expectation Inventory Form of would-bemarried couple/s present during the validation visit.

FOR RENEWAL

- 1. Certificates of training. seminars, orientation and other related or similar activities on marriage counseling or topics related pre-marriage to counseling such as but not limited Gender to Development, Human Maturity, Clarification Responsible Parenting for at least twenty-four (24) hours within the validity period of the preceding certificate.
- Accomplishment Report for the past year with at least a minimum of ten (10) PMC sessions conducted preceding the application using the template provided by DSWD (Annex D);
- Summary documentation of PMC session/s conducted for
- DSWD Field Office Caraga Standards Section
- https://www.dswd.gov.ph/issuances/MCs/M C 2019-001.pdf Annex D. PMC Form
- https://www.dswd.gov.ph/issuances/MCs/M C 2019-001.pdf Annex C. PMC Form



the past year using the template provided by DSWD (Annex C);

- Other documents to be made available during the validation visit.
 - a. Accomplished Expectation Inventory
 Form of would-be-married couple/s present during the validation visit.
 - b. Accomplished and consolidated result of client feedback/satisfaction survey (See Annex F) for the template) of about fifty (50) percent of the total number of counselled couple for the past year; and
 - c. A summary/record on the number of Certificate of Marriage Counseling issued.

 https://www.dswd.gov.ph/issuances/MCs/M C 2019-001.pdf Annex F. PMC Form

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME (under normal circumstances) | PERSON RESPONSIBLE |
|---|---|--------------------|---|--|
| A. Assessment Pr | ocedures for Walk-in Appli | cants | | |
| | Provides client application form, and checklist of requirements | None | *5 minutes | Support Staff in charge of all incoming documents (Field Office - Standards Section) |
| STEP 2: Submit/ file application and supporting documents at Field Office — Standards Section | requirements and shall provide the applicant with | None | *5 minutes | Support Staff in charge of all incoming documents (Field Office - Standards Section) |



| CLIENT STEPS | AGENCY ACTIONS | FEES TO | PROCESSING | PERSON |
|---|---|---------|---|--|
| | | BE PAID | TIME (under normal circumstances) | RESPONSIBLE |
| STEP 3: Awaits for acknowledgement or notification relative to the application. | 1.1 Reviews and assesses the completeness of the requirements/documents submitted to wit: 1.2 If found complete/sufficient, acknowledge receipt of application and notifies applicant and coordinate for the schedule of assessment visit. 1.3 If found | None | *10 minutes | Technical Staff or Officer of the day / Support Staff in charge of all incoming documents (Field Office - Standards Section) |
| | insufficient/have not met required qualification and requirements, acknowledge receipt and notify the applicant on the lacking requirements, provide necessary technical assistance and return all the submitted documents. | | | |
| Accomplish and drop the Customer's Feedback Form on the dropbox. | Provide the applicant Organization the Customer's Feedback Form | None | *5 minutes | Support Staff (Field Office - Standards Section) |
| STEP 5: Prepare for the Actual Assessment | Conducts validation assessment to include the following: a. Brief overview on the assessment process; b. Observation on the counseling session; ; and c. Exit Conference | None | 2 working days | Technical Staff or Officer of the day (Field Office - Standards Section) |



| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---|---|--------------------|------------------------------|---|
| | | | (under normal circumstances) | |
| STEP 6: Awaits the approval of the application/ confirmation report/issuance of the Certificate | 1.1 Final Assessment of the application documents and result of the actual accreditation assessment. 1.2 Prepares the confirmation report, with the following possible content: a. If favorable, inform applicant on the approval of his/her accreditation. b. If unfavorable, recommend for re- | None | 7 working days | Technical Staff/ Section Head/ Division Chief/ |
| | assessment. 1.3 Forwards to the office of the RD for approval/signature. 1.4 Approval and signature of the documents | | | Support Staff Regional Director |
| STEP 7: Receives the Accreditation Certificate | Release of Certificate | None | 1 working day | Support Staff (Field Office - Standards Section) |
| - Fo | or Complete and Compliant: | None | 20 working days | |
| For Complete F | Requirements with Areas for Compliance: | None | | |



2. ACCREDITATION OF PRE-MARRIAGE COUNSELORS (DURING A STATE OF NATIONAL EMERGENCY OF CALAMITY)

Refers to the interim process of assessing the Pre-Marriage Counselors if they are compliant to set standards.

| Office or Division: | Standards Section/ Policy and | Plans Division | |
|--|--|---|--|
| Classification: | Highly Technical | | |
| Type of Transaction: | Government to Client (G2C) | | |
| Who may avail: | ALL Practicing/Planning to pra Sessions | actice Pre-Marriage Counseling | |
| CHECKLIST OF R | REQUIREMENTS | WHERE TO SECURE | |
| Google Form Online Reg | gistration | DSWD Field Office Caraga – Standards Section | |
| Per AO No. 14 s. 2009 | | | |
| NEW APPLICANT | | | |
| Scanned copy of the following | g documents: | | |
| Accomplished Applic | cation Form | DSWD Field Office Caraga – Standards Section | |
| | duation/college diploma or from last school attended. | | |
| Certificate of attended program. | dance from PMC orientation | | |
| | mediate supervisor that the conduct PMC sessions. | | |
| conducted by the | entation of PMC session/s applicant in the past six (6) d be made available. | | |
| | | | |



FOR RENEWAL

Scanned copy of the following documents:

- 1. Accomplished Application Form
- Certificates of attendance to at least eight (8) hours training every year (24 hours training in three years) on topics such as but not limited to Human Maturity, Value Clarification, Authentic Love, Responsible Parenting and Gender Development.

Accomplishment reports for the past three (3) years preceding the application.

Sample of summary documentation of PMC session/s conducted within three (3) years period.

DSWD Field Office Caraga – Standards Section

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME (under normal circumstances | PERSON RESPONSIBLE |
|--|---|--------------------|--|--|
| A. PRE-ASSESSMI | ENT | | | |
| STEP 1: Online Registration (Fill- out a google form to register intent to apply for accreditation (new/renewal) and submit | Provide client with google link. | None | *5 minutes | Support Staff in charge of all incoming documents (Field Office Standards Section) |
| STEP 2: Submission of scanned application form and requirements. Email to dSWD Standards Section Or Submission of hard copies via courier. | 1.1 Notify applicant via email to submit application and other requirements. 1.2 Provides client application form, and checklist of requirements | None | *10 minutes | Technical Staff or Officer of the day / Support Staff in charge of all incoming documents (Field Office Standards Section) |
| STEP 3: Await for the acknowledgement/ email notification | Reviews and assesses the completeness of the requirements/documents submitted to wit: | None | 3 working days | Technical Staff or Officer (Field Office |



| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME (under normal circumstances | PERSON RESPONSIBLE |
|--|---|--------------------|--|---|
| on the result of the pre-assessment of requirements. | 1.1 If found complete/sufficient, acknowledge receipt of application and notifies applicant and coordinate for the schedule accreditation assessment observation. 1.2 If found insufficient/have not met required qualification and requirements, acknowledge receipt and notify the applicant on the lacking requirements, provide necessary technical assistance and return all the submitted documents. Email notification/ acknowledgement. | | | Standards Section) |
| | (via google meet, zoom or | messenger | | |
| STEP 1: Setting- Up of Live Conferencing and Actual conduct of PMC Session | Ensure stable internet connectivity. Accept invitation and join video conference room. Prepare assessment tool. Conduct brief orientation re: accreditation process with the applicant prior start of the session. Observe the entire session. | None | 1 day | Technical Staff or Officer of the day (Field Office Standards Section) |



| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME (under normal circumstances | PERSON RESPONSIBLE |
|--|---|-----------------------|--|--|
| | Provide a brief post assessment observation. | | | |
| For Recorded Vide | 90 | | | |
| STEP 1: Upload (google drive) or email recorded video of actual PMC Session conducted Or Submit recorded file in flash | Notify applicant on the receipt of the file video. Contact the applicant and provide brief orientation on the accreditation process. Observe and watch the full video presentation. Contact applicant after watching the video and | | 1 day | Technical Staff or Officer of the day (Field Office- Standards Section) |
| drive/CD via courier STEP 2: Awaits | provide a brief post assessment observation. | | 7 working days | Technical Staff/ |
| the approval of the application/ confirmation report/issuance of the Certificate | Prepares the confirmation report, with the following possible content: a. If favorable, inform applicant on the approval of his/her accreditation. b. unfavorable, recommend for reassessment. If assessment is favourable, prepare the certificate as well. | | 7 working days | Section Head/ Division Chief |
| | Submit for approval of the FO Director | | | |
| STEP 3: Receives the Accreditation Certificate | Email e-copy of confirmation report and Certificate | None | 1 working day | Support Staff (Field Office Standards Section |
| Fo | TOTAL r Complete and Compliant: | None | 12 working days and 15 minutes | |

^{*}The number of minutes shall be included on the total working days



| FEEDBACK AND COMPLAINTS MECHANISMS | | | | | |
|--|--|--|--|--|--|
| Accomplish the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section Tel. Nos.: (085) 342-5619 to 20 loc. 105 Telefax: (085) 815-9173 E-mail: standardscaraga@gmail.com | | | | | |
| Every 1st week of the month, your feedbacks are consolidated and summarized by the designated Admin Staff for onward submission to the Section Head and PPD Chief for approval and consolidation. | | | | | |
| You can write your complaint/s in the comment section of the Client Satisfaction Survey Form (DSWD – FO Caraga-HRMDD 001-F-001) from the receiving admin staff of the Section | | | | | |
| Complaints received are consolidated every 30 th day of every month and will be part of the agenda during the Section and Division meetings. | | | | | |
| Standards Section 2nd Floor, Pag-amoma Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City Tel. Nos.: (085) 342-5619 to 20 loc. 105 Telefax: (085) 815-9173 E-mail: standardscaraga@gmail.com ARTA: complaints@arta.gov.ph PCC: 8888 | | | | | |
| CONTACT CENTER NG BAYAN: SMS : 0908 881 6565 Call : 165 56 | | | | | |
| | | | | | |



3. AUGMENTATION OF WELFARE GOODS

Office or Division

This refers to the request for the augmentation of welfare goods to the local government units affected disasters/calamities.

Disaster Response Management Division

| Classification | | Simple | | | | |
|----------------------|-----------------|---------------------|---|------------|----------------|--|
| Type of Transac | ction | | G2G – Government to Government | | | |
| | | | nment Units and Other Requesting Agency | | | |
| CHECKLIST OF | | | | WHERE TO S | SECURE | |
| LOCAL GOVER | | | | | | |
| Disaster Report | | | | | | |
| DROMIC Forms | | | | Client | | |
| that will reflect th | | er of affected | | - | | |
| families and indiv | | al Obiat | | | | |
| Request Letter s | - | | | Client | | |
| OTHER REQUE | | | | | | |
| Request Letter s | | | | | | |
| Approving Office | | Additionzed | | Client | t | |
| | | | FEES | | | |
| CLIENT | AGENCY | ACTIONS | TO BE | PROCESSING | PERSON | |
| STEPS | | | PAID | TIME | RESPONSIBLE | |
| 1. Submission | Receivi | ng of the | | | Administrative | |
| of required | | iment | None | 2 minutes | Assistant | |
| documents | | | | | 7 toolotant | |
| | | on on the | | | | |
| | | ness of the | | | | |
| | docu | ments | Nana | 20 | Discotor Food | |
| | * If the requ | irements are | None | 30 minutes | Disaster Focal | |
| | lacking, inform | the requesting | | | | |
| | | the needed ments | | | | |
| | | ation and | | | | |
| | | ation of | | | Disaster | |
| | | on thru the | | | Focal/DROMIC | |
| | | d disaster | | Focal | | |
| | rep | orts | | | | |
| | | of the request | None | 5 minutes | DRRS Head and | |
| | and info | rming the | 140116 | o minutes | Chief of the | |



| TOTAL | the affected LGU | None | 1 day 1 days, 7 hours and 3 | Warehousing Unit Head |
|-------|--|------|------------------------------|---|
| | Delivery of the goods to | None | 1 day | Disaster Focal, |
| | Loading and releasing of the welfare goods | None | 3 hours | Disaster Focal, Warehousing Unit Head |
| | Preparation and approval of the Journal Entry Voucher (JEV), Inventory Transfer Report (ITR) and Letter of Transfer (LOT) based on the approved RIS. | None | 4 hours | Administrative Assistant (RROS) and Accounting Section |
| | Preparation and approval of the Request of Issuance Slip (RIS) | None | 10 minutes | Administrative Assistant(RROS) |
| | requesting party on the approval of the request. | | | Division |

| FEE | DBACK AND COMPLAINTS MECHANISMS |
|------------------------------|--|
| How to send feedback | Accomplish the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section |
| | Disaster Response and Rehabilitation Section Tel. Nos.: (085) 342-5619 to 20 loc. 238 Telefax: (085) 815-9173 |
| | Regional Resource Operation Section: Tel. Nos.: (085) 342-5619 to 20 loc. 238 Telefax: (085) 815-9173 |
| | E-mail: drmd.focrg@dswd.gov.ph |
| How feedbacks are processed | Every 1st week of the month, your feedbacks are consolidated and summarized by the designated Admin Staff for onward submission to the Section Head and DRMD Chief for approval and consolidation. |
| How to file a complaint | You can write your complaint/s in the comment section of the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section |
| How complaints are processed | Complaints received are consolidated every 30 th day of every month and will be part of the agenda during the quarterly/ |



| | special meetings. |
|---------------------------------------|---|
| Contact Information of CCB, PCC, ARTA | Disaster Response and Rehabilitation Section 3rd Floor, Pag-amoma Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City Tel. Nos.: (085) 342-5619 to 20 loc. 238 Telefax: (085) 815-9173 E-mail: drmd.focrg@dswd.gov.ph Regional Resource Operation Section 3rd Floor, Pag-amoma Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City Tel. Nos.: (085) 342-5619 to 20 loc. 238 Telefax: (085) 815-9173 E-mail: drmd.focrg@dswd.gov.ph ARTA: complaints@arta.gov.ph PCC: 8888 |
| | CONTACT CENTER NG BAYAN: SMS : 0908 881 6565 Call : 165 56 P 5.00 + VAT per call anywhere in the Philippines via PLDT landlines Email : email@contactcenterngbayan.gov.ph Facebook : https://facebook.com/civilservicegovph/ Web : https://contactcenterngbayan.gov.ph/ |

4. EMERGENCY SHELTER ASSISTANCE (ESA)

This refers to the provision of Emergency Shelter Assistance to local government units affected by disasters/calamities with validated partially or totally damaged houses.

| Office or Division | Disaster Response Management Division | | |
|--|--|--------|--|
| Classification | Highly Technical | | |
| Type of Transaction | G2G – Government to Government | | |
| Who may avail | Local Government Units | | |
| CHECKLIST OF REQUIREME | WHERE TO SECURE | | |
| | bed DROMIC Forms or any disaster SWDO capturing substantial data | Client | |
| * Proposal approved by Local Chief Executives or any authorized representative | | Client | |



| * Rehabilitation Plan approved by Local Chief Executives or any authorized representative | Client |
|--|--------|
| * Validation Report approved by Local Chief Executives or any authorized representative | Client |
| * Validated Masterlist approved by Local Chief Executives or any authorized representative | Client |
| * ESA Application Form duly filled by the beneficiaries | Client |

^{*} Client may coordinate with the office/division for the proper template of the documents.

Note: This request only applies when the Work and Financial Plan (WFP) submitted by the Field Office

has already been approved by the Central Office for funding.

| CLIENT | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|----------------------------------|--|--------------------|--------------------|--|
| 1. | | BE PAID | TIME | RESPUNSIBLE |
| Submission of required documents | Receiving of the document | None | 2 minutes | Administrative Assistant |
| | Review the completeness of the submitted ESA requirements | None | 30 minutes | Disaster Focal |
| | Technical Review and Approving of the request | None | 2 days | DRRS Head, DRMD Chief and Regional Director/Approving Officer |
| | Preparation of Cash Assistance Payroll (CAP), Disbursement Vouchers (DV), Cash Advance (CA) and Time Tally Sheets | None | 30 minutes | Administrative Assistant |
| | Approving of CAP, DV and CA to the Finance and Management Division and the Regional Director/Approving Officer | None | 3 days | Finance and Management Division, Regional Director/Approving Officer |
| | Coordinate with the LGU thru the C/MSWDO on the schedule of payout | None | 15 minutes | DRRS Staff |
| 2. Assist in the | Distribution of ESA to | None | 1 day | DRMD Staff and |



| conduct of payout to the beneficiaries | the beneficiaries | | | payout masters |
|--|-------------------|------|--|----------------|
| TOTAL | | None | 6 working days, 1 hour and 17 minutes | |

| E== | DBACK AND COMPLAINTS MECHANISMS | | |
|---------------------------------------|---|--|--|
| How to send feedback | Accomplish the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section | | |
| | Disaster Response and Rehabilitation Section Tel. Nos.: (085) 342-5619 to 20 loc. 238 Telefax: (085) 815-9173 E-mail: drmd.focrg@dswd.gov.ph | | |
| How feedbacks are processed | Every 1 st week of the month, your feedbacks are consolidated and summarized by the designated Admin Staff for onward submission to the Section Head and DRMD Chief for approval and consolidation. | | |
| How to file a complaint | You can write your complaint/s in the comment section of the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section | | |
| How complaints are processed | Complaints received are consolidated every 30 th day of every month and will be part of the agenda during the quarterly/ special meetings. | | |
| Contact Information of CCB, PCC, ARTA | Disaster Response and Rehabilitation Section 3 rd Floor, Pag-amoma Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City Tel. Nos.: (085) 342-5619 to 20 loc. 238 Telefax: (085) 815-9173 E-mail: drmd.focrg@dswd.gov.ph | | |
| | ARTA : complaints@arta.gov.ph PCC: 8888 | | |
| | CONTACT CENTER NG BAYAN: SMS : 0908 881 6565 Call : 165 56 | | |



| : https://facebook.com/civilservicegovph/ : https://contactcenterngbayan.gov.ph/ |
|---|
| |

5. FOOD-FOR-WORK ASSISTANCE

This refers to the provision of Food-for-Work assistance to local government units to conduct activities relating to disaster preparedness and early recovery and rehabilitation

| Office or Division | Disaster Response Management Division | | |
|--|---------------------------------------|-----------------|--|
| Classification | Complex | | |
| Type of Transaction | G2G – Government to Government | | |
| Who may avail | Local Government Units | | |
| CHECKLIST OF REQUIREMENT | | WHERE TO SECURE | |
| * Project Proposal signed by the Local Chief Executive or any authorized representative | | Client | |
| * Masterlist of beneficiaries signed by the Local Chief Executive or any authorized representative | | Client | |

^{*} Client may coordinate with the office/division for the proper template of the documents.

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|--|---|--------------------|--------------------|--|
| Submission of required documents | Receiving of the document | None | 2 minutes | Administrative Assistant |
| | Review the completeness of the submitted FFW requirements | None | 30 minutes | Disaster Focal |
| | Technical Review and Approving of the request | None | 2 days | DRRS Head, DRMD Chief and Regional Director/Approving Officer |
| | Inform the requesting party that the request is approved. | None | 5 minutes | Disaster Focal |
| | Preparation and approval of the Request of Issuance Slip (RIS) | None | 10 minutes | Administrative Assistant (RROS) |
| | Preparation and approval of the Journal Entry | None | 4 hours | Administrative Assistant (RROS) and Accounting |



| | Voucher (JEV), Inventory Transfer Report (ITR) and Letter of Transfer (LOT) based on the approved RIS. | | | Section |
|-------|--|------|--------------------------------------|---|
| | Loading and releasing of the welfare goods | None | 3 hours | Warehousing Unit Head |
| | Delivery of the goods to the affected LGU | None | 1 day | Disaster Focal, Warehousing Unit Head |
| Total | | | 3 days, 7 hours and 13 minutes | |

| FEE | DBACK AND COMPLAINTS MECHANISMS |
|---------------------------------------|--|
| How to send feedback | Accomplish the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section Disaster Response and Rehabilitation Section Tel. Nos.: (085) 342-5619 to 20 loc. 238 Telefax: (085) 815-9173 E-mail: drmd.focrg@dswd.gov.ph |
| How feedbacks are processed | Every 1st week of the month, your feedbacks are consolidated and summarized by the designated Admin Staff for onward submission to the Section Head and DRMD Chief for approval and consolidation. |
| How to file a complaint | You can write your complaint/s in the comment section of the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section |
| How complaints are processed | Complaints received are consolidated every 30 th day of every month and will be part of the agenda during the quarterly/ special meetings. |
| Contact Information of CCB, PCC, ARTA | Disaster Response and Rehabilitation Section 3rd Floor, Pag-amoma Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City Tel. Nos.: (085) 342-5619 to 20 loc. 238 Telefax: (085) 815-9173 E-mail: drmd.focrg@dswd.gov.ph |



| ARTA : com PCC: 8888 | nplaints@arta.gov.ph |
|-------------------------|---|
| CONTACT | CENTER NG BAYAN: |
| SMS | : 0908 881 6565 |
| Call | : 165 56 |
| | P 5.00 + VAT per call anywhere in the |
| | Philippines via PLDT landlines |
| Email | : email@contactcenterngbayan.gov.ph |
| Facebook | : https://facebook.com/civilservicegovph/ |
| Web | : https://contactcenterngbayan.gov.ph/ |
| 1102 | . Hepomoonianigaayani.gov.pm |

6. IMMERSION OUTREACH PROGRAM/GOVERNMENT INTERNSHIP PROGRAM

The **Immersion Outreach Program** (IOP) is one of the component program of Kabataan 2000 which aims to instill a sense of volunteerism and community service to the less privileged youth of the society. An opportunity for the youth to learn new life skills and augment daily sustenance and future school needs.

GOVERNMENT INTERNSHIP PROGRAM (GIP) is also a component of Kabataan 2000 Program developed to provide opportunities for in-school youth to have hands-on experience working in various government agencies. This work experience can later help them as they eventually join the workforce.

| Office or Division: | Protective Services Division | | |
|--|--------------------------------|-------------------------------------|--|
| Classification: | Complex | | |
| Type of Transaction: | G2G-Government to Govern | nment | |
| | G2C-Government to Client | | |
| Who May Avail: | 18-25 years old | | |
| | Out of School Youth for Imr | mersion Outreach Program (IOP) | |
| | In-School Youth-Governme | nt Internship Program (GIP) | |
| CHECKLIST OF | F REQUIREMENTS WHERE TO SECURE | | |
| Income Tax Return(ITR)/ Barangay Certificate of | | Bureau of Internal Review/ Barangay | |
| Indigency | | | |
| Birth Certificate | | Local Civil Registrar/ Philippine | |
| | Statistics Authority | | |
| School Records | Last School attended | | |
| Endorsement Letter | | Local Social Welfare and | |
| | | Development Office (LSWDO)s | |
| IOP/ GIP Application Form LSWDO/Sectoral Section | | | |
| | Application Process | | |



| CLIENT STEPS | AGENCY | FEES | PROCESSI | PERSON |
|--|--|--------------|-----------------------|---|
| | ACTIONS | TO BE | NG TIME | RESPONSIBLE |
| 1. The LSWDO will | 1. Review | PAID None | 5 days | Sectoral Section; |
| send an endorsement letter to FO together with the complete requirements of applicant/s. | documents of and preparation of applicant matrix. | None | Juays | Youth Focal Person Technical Working |
| | 1.1 Endorsement of applicants to Technical Working Group for approval | | | Group |
| | 1.2 Inform LSWDOs via call and text regarding the schedule of orientation to the program beneficiaries. | | | |
| Attend program orientation and sign Undertaking and NDA. | 2.1 The youth focal person will conduct a program orientation to all program beneficiaries. 2.2 Facilitate individual signing of undertaking and Non-Disclosure | None | 1 hour | Sectoral Section |
| | Agreement (NDA). | | | |
| Start of internship in their respective area of assignment. | 3.1 Coordinate with LSWDO/YFP on the monitoring of performance program beneficiaries weekly after deployment. | None | 15 minutes per LGU | Sectoral Section; Youth Focal Person |
| TOTAL | | No fees | 6 days | |
| | Release o | | d | |
| CHECKLIST C | F REQUIREMENTS | | WHER | E TO SECURE |



| Daily Time Record | | | Client | |
|--|---|-----------------------|------------------------------|-------------------------------------|
| Accomplishment Report | | Client | | |
| Photo Documentation | | Client | | |
| | back Form | | LSWDO/Division/Unit Assigned | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE |
| Submit the required documents. | Review documents and prepare payroll. | None | 1 day | Youth Focal Person |
| | 1.2 Forward to Division Chief for Review and Recommending Approval. | None | 1 hour | Protective Services Division Chief |
| | 1.3 Forward to Finance Management Division for Financial Transactions. | None | 6 days | Financial Management Division |
| | 1.5 Inform program beneficiaries on the availability of stipend. | None | 2 hours | Youth Focal Person |
| 2. Claim stipend and Fill-out Customer Satisfaction Survey/Feedback | 2.1 Facilitate release of stipend. 2.2 Facilitate filling-out of client satisfaction survey/feedback | None | 10 minutes | Youth Focal Person |
| TOTAL | , | No fees | 7 days | |

| FEEDBACK AND COMPLAINTS MECHANISM | | |
|-----------------------------------|---|--|
| How to send a feedback | Client Satisfaction Survey/Feedback | |
| How feedback is processed | Consolidated every month and forwarded to concerned section if any. | |
| How to file a complaint | Thru 8888 or Client Satisfactory Survey/Feedback | |
| How complaint are processed | Complaints are processed and acted upon 24 hours upon receipt. | |



| ere in the |
|--------------------------------|
| .gov.ph cegovph/ gov.ph/ |
| C |

7. ISSUANCE OF AFFIDAVIT OF CONSENT TO ADOPTION AND PRE-ADOPTION PLACEMENT AUTHORITY

Adoption is a socio-legal process of providing a permanent family to a child whose parents have voluntarily or involuntarily relinquished parental authority over the child.

| Office or Division: | Protective Services Division – Adoption Resource and | | |
|--|--|--|--|
| | Referral Unite (PSD-ARRU) | | |
| Classification: | Highly Technical | | |
| Type of Transaction | G2C – Government to Citizens | | |
| Who may avail: | Any Filipino Citizen o | r alien possessing qualifications | |
| | | 2 or the Domestic Adoption Act of 1998 | |
| CHECKLIST OF RE | QUIREMENTS | WHERE TO SECURE | |
| | | | |
| Original Authenticate | d Birth Certificate | Philippine Statistics Authority | |
| Marriage Contract or | Divorce, Annulment, | Philippine Statistics Authority, | |
| Declaration of Nullity | , or Legal Separation | Regional Trial Court | |
| Documents | | | |
| Written consent to the adoption | | To be executed by the legitimate and adopted sons/ daughters, and illegitimate sons/ daughters if living with the applicant, who are at least ten (10) years old | |
| Physical and medica appropriate, psychological | | Duly licensed physician and duly licensed psychologist | |
| NBI or Police Clearar | nce | NBI or any Police Station where the applicant resides | |
| Latest Income Tax R Employment/ Saving | | Bureau of Internal Revenue, Employer, Banks | |
| 7. Three (3) Character | | Any non-relative member of the immediate community who have known the applicants for at least 3 years | |
| 3x5 sized pictures of his/ her/ their immedi | | Photo printing service provider | |



| within the last | three (3) months | | | |
|--|--|--------------------------|---|--|
| Certificate of attendance at a pre-adoption forum or seminar | | n Ado | Adoption Resource and Referral Unit | |
| Affidavit of Temporary Custody from persons who will provide custody to the adoptee in case of untimely death of adoptive parents | | | Any individual or couple to be identified by the applicant/s | |
| 11. For foreign a | pplicant/s | | | |
| 11.1 Certificat Adopt | ion of Legal Capacity to | | passy in the count licant resides | ry where the |
| 11.2 Certificat Philippine | e of Residence in the es | 1 | eau of Immigration oreign Affairs | n or Department |
| 11.3 Two (2) character reference | | app he/s | From non-relatives who knew the applicant/s in the country of which he/she is a citizen/resident prior to residing in the Philippines | |
| 11.4 Police Clearance | | two Phil | From all places of resident in the past two (2) years prior residing in the Philippines ICAB accredited Foreign Adoption | |
| 11.5 Home Study Report; if not possible/available, a Certification regarding the same should be executed by the Central Authority or Embassy | | Age | ncy or Central Au | • |
| 12. Additional req | uirements as may be | | | |
| needed by the | social worker | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | RESPONSIBLE PERSON |
| 1. Inquiry | 1.1 The ARRU Clerk facilitates the client to log in the logbook and assist the client to any | None | 6 minutes | AA II-ARRU Clerk/ SWO II/III- ARRU Social Worker |

ARRU social worker available 1.2 The social worker conducts initial



| | interview and provides checklist of requirements and schedule of Adoption Forum | 1 hour | SWO II/III- ARRU Social Worker |
|---|--|--------------------------------|--|
| Attendance of the client to the Adoption Forum | 2.1 ARRU social worker conducts Adoption Forum | 1 day | SWO II/III- ARRU Social Worker |
| 3. Submission of the Application for Adoption together with the complete Adoption documentary requirements (2 sets: 1 original and 1 photocopy) | 3.1 Review of the completeness and veracity of the documents submitted 3.2 The social worker to schedule home visit to the applicant | 30 minutes | Prospective Adoptive Parents/ SWO II/III- ARRU Social Worker SWO II/III - ARRU Social Worker/Case Manager |
| Personal interview to the applicant/s | 4.1 Conduct of interview to the applicant/s, members of the family and the character references identified by the applicant/s 4.2 Preparation of Home Study Report (HSR) 4.3 The ARRU head | 15 working days | Prospective Adoptive Parents/ SWO II/III - ARRU Social Worker/Case Manager |
| | review and provide comments on the HSR and other attached documents | days 5 working days | ARRU Social Worker/Case Manager ARRU Head |
| Submission of additional documents | 5.1 Revision of HSR 5.2 Submit the dossier for review by PSD- | 15 working days 6 working days | Prospective Adoptive Parents/ |



| and information based on the review of the ARRU head | Division Chief and for eventual approval/ disapproval of the Regional Director 5.3 If approved; prepare documents and include the applicants in the roster of applicants for matching 5.4 Case presentation to the matching conference | 3 working days | SWO II/III - ARRU Social Worker/Case Manager SWO II/III - ARRU Social Worker/Case Manager |
|--|---|-----------------|--|
| | | 1 hour | Case Manager/ Regional Child Welfare Specialist Group (RCWSG) |
| 6. Comply with RCWSG's recommendati on and comments | 6.1 Submit updated reports and other required documents if there are any. 6.2 Facilitate signing of the Matching Certificate by the RCWSG and endorse for approval by the Regional Director 6.3 Inform the applicant on the matching result | 15 working days | SWO II/III - ARRU Social Worker/Case Manager SWO II- Matching Secretariat |
| | | | SWO II/III - ARRU Social Worker/ SWO II/III -ARRU |



| 7. The applicant submits Acceptance Letter or Letter to Decline Placement of Child | 7.1 Issue Pre-adoption Placement Authority and Affidavit of Consent to Adoption 7.2 Preparation of the applicant for the physical transfer of the child | | 3 working days 5 working days | Social Worker/Case Manager Prospective Adoptive Parents/ SWO II/III - ARRU Social Worker/Case Manager SWO II/III - ARRU Social Worker/Case Manager |
|---|---|------|--|---|
| 8. Physical transfer of the child to the applicant | 8.1 Conduct of case conference during the actual placement of the child to the applicant | | 1 day | Manager Prospective Adoptive Parents/ SWO II/III - ARRU Social Worker/Case Manager |
| File Petition for Adoption in court | 9.1 Guide the Prospective Adoptive Parents in Filing the Petition | | 30 days | Prospective Adoptive Parents |
| 10. Have the custody of the adoptive child | 10.1 Continuous monitoring of the case until the Adoption Decree, Certificate of Finality and New Birth Certificate of the Child be issued. 10.2 Provision of Post- adoption Services | | 2 years | SWO II/III - ARRU Social Worker/Case Manager |
| ТО | TAL | None | 2 years, 117 days, 2 hours and 36 minutes | |

| FEEDBACK AND COMPLAINTS MECHANISM | | |
|-----------------------------------|---|--|
| How to send feedback | Clients/applicants provides feedback through Client | |
| | Satisfaction Survey Form or client sends letter to FO | |



| nel f there are Survey provided ollowing: | | |
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| provided | | |
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| | | |
| ARTA- complaints@arta.gov.ph | | |
| CSC- 0917-839-8272 | | |
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| | | |
| 8932-0111 PCC- 8888 | | |
| | | |
| CONTACT CENTER NG BAYAN: SMS : 0908 881 6565 | | |
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| in the | | |
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8. ISSUANCE OF CERTIFICATE OF AUTHORITY TO CONDUCT REGIONAL FUND RAISING CAMPAIGN TO INDIVIDUAL, CORPORATION, ORGANIZATION OR ASSOCIATION



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

| association eligibility to conduct fund raising campaign. | | | |
|--|--------------------------------|--|--|
| Office or Division: | DSWD Field C Plans Division | Office Caraga - Standards Section (Policy and | |
| Classification: | Complex | | |
| | | nt to Client (G2C) | |
| [2] (1) (프로그램 프리크 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | | nt to Government (G2G) | |
| SECRETARIA CONTRACTOR DE LA CONTRACTOR DE CO | | person/individual, corporation, organization or | |
| | | esiring to solicit funds for charitable and public | |
| | 1007000 | ses in one (1) region | |
| CHECKLIST OF REQUIR | | WHERE TO SECURE | |
| A. For Corporation, Organization or Association desiring to solicit funds for | | | |
| charitable and public w | | | |
| 1. One (1) Duly A | | | |
| Application Form sig | • | DSWD Field Office Caraga - Standards | |
| Agency Head or his/her authorized | | Section Section | |
| representative | | https://www.dswd.gov.ph/downloads- | |
| | | forms-downloads-public solicitation | |
| | | forms/ DSWD-SB- PS-F-001: | |
| | | Application Form | |
| 2. One (1) Certified Tr | ue Copy of | Securities Exchange Commission | |
| Certificate of Regis | | (SEC) - Company Registration and | |
| Articles of Incorporat | and the second second | Monitoring Department Secretariat | |
| laws with the SEC or other regulatory | | Building, PICC Complex, Roxas | |
| government agency which has | | Boulevard, Pasay City, 1307 | |
| jurisdiction to regulate the applicant, if | | | |
| new application | | Any SEC Extension Office (Baguio | |
| *Not applicable to Government | | City, Tarlac City, Legazpi City, Cebu | |
| Agencies. | | City, Iloilo City, Cagayan De Oro City, | |
| | | Davao City, Zamboanga City) | |
| 3. One (1) Photocopy | | Securities Exchange Commission | |
| Certificate of Good Standing, or | | (SEC) Company Registration and | |
| Updated Certificate | | Monitoring Department Secretariat | |
| Filing/Accomplished | General | Building, PICC Complex, Roxas | |
| Information Sheet (GIS | | Boulevard, Pasay City, 1307 | |
| any government regula | | | |
| that has jurisdiction to | | Any SEC Extension Office (Baguio | |
| applicant organization | | City, Tarlac City, Legazpi City, Cebu | |
| Required if the date of re | | | |
| the concerned regulator | | Davao City, Zamboanga City) | |
| more than five (5) y | ears prior to | | |
| application. | Government | | |
| *Not applicable to | Government | | |
| Agencies. | | | |



| 5. | Proposal approved by the Head of Agency on the intended public solicitation activity including the work and financial plan (WFP) on the activity to be undertaken. One (1) Original Copy of Profile of current Governing Board Members or its equivalent in the corporation, certified by the Corporate Secretary or any equivalent officer. | https://www.dswd.gov.ph/downloads- forms-downloads-public solicitation forms/ DSWD-SB- PS-F-002: Project Proposal https://www.dswd.gov.ph/downloads- forms-downloads-public solicitation forms/ DSWD-SB- PS-F-003: Profile of Governing Board |
|----|---|---|
| 6. | *Not applicable to Government Agencies. One (1) Original Copy of Notarized Written Agreement or any similar document signifying the intended beneficiary concurrence as recipient of the fundraising activities. | with intended beneficiary/recipients |
| 7. | One (1) Original Copy of 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 | with the agency that allows applicant to undertake solicitation activities in their jurisdiction |
| 8. | One (1) Original Copy of Fund Utilization Report (DSWD-SB-PSF-007), of proceeds and expenditures duly certified by the agency's auditor/bookkeeper, if applying for renewal of permit/authority | https://www.dswd.gov.ph/downloads- forms-downloads-public solicitation forms/ DSWD-SB- PS-F-007: Fund Utilization Report |
| B. | | Id/relative suffering from chronic diseases |
| 1. | One (1) Original Copy of Endorsement or Certification from Licensed and Accredited SWDA allowing an individual to solicit funds | |



| under their name or responsibility | |
|---|---|
| One (1) Original Copy of Applicant's Social Case Study Report from his/her locality duly signed by the Head of the City/Municipal Social Welfare and Development Office (C/MSWDO) | Office of the City/Municipal Social Welfare and Development in the City/Municipal Local Government Unit of applicant's current residence |
| One (1) Copy of Original/Certified True Copy of Medical Certificate/Abstract and/or Treatment Protocol certified by the attending physician or by the Hospital Records Section | Hospital's Records Section or Attending Physician or Treatment Protocol |
| One (1) Original Copy of Fund Utilization Report (DSWD-SB-PSF- 007), of proceeds and expenditures duly certified by the agency's auditor/bookkeeper, *if applying for renewal of permit/authority | downloads-public solicitation forms/ DSWD- |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSIN G TIME | PERSON RESPONSIBLE |
|--|---|--------------------|---------------------|---|
| A. Assessment P | rocedures for Walk-in A | | | |
| STEP 1: | | | | |
| Secure application form thru the DSWD Website or from the DSWD Field Office Caraga | Client secures or provided with application form and checklist of requirements | None | *5 minutes | Support Staff - Standards Section - DSWD Field Office |
| Payment of Processing Fee | Receive payment for the required processing fee and issue official receipt (OR) | ₱500.00 | *10 minutes | Receiving Staff Cash Division Finance Service Unit - DSWD Field Office |
| STEP 3: | | | | |
| Submit/file application documents | If Complete and Compliant: 1.1 Receive the documentary | None | *15 minutes | Focal Person - Standards Section - DSWD Field |



| CLIENT STEPS | AGENCY ACTIONS | FEES TO | PROCESSIN | PERSON |
|---|---|---------|-----------|--|
| | | BE PAID | G TIME | RESPONSIBLE |
| | requirements including copy of Official Receipt (OR) for payment of processing fee; | | | Office |
| | If found incomplete or non-compliant, | | | |
| | 1.1 Return application documents to person/individual, corporation, organization or association together with the Checklist of Requirements. | | | |
| | 1.2 Provide necessary technical assistance to the applicant to qualify for the issuance of permit. | | | |
| STEP 4: Wait for the result of the assessment | 1.1 Review and evaluate application documents for completeness and compliance to requirements; | None | 3 days | Focal Person - Standards Section - DSWD Field Office |
| | 1.2 Conduct agency visit, if necessary. | | | > 1 |
| STEP 4: | | | | |
| Wait for the result of the assessment | 1.1 If applicant is compliant to requirements: Forward application form together with the assessment report and the Certificate of Authority to Conduct Regional Fund Raising Campaign to the Regional Director or his/her authorized | None | 3 days | Focal Person - Standards Section/Section Head/Division Chief/Regional Director - DSWD Field Office |



| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSIN G TIME | PERSON RESPONSIBLE |
|--------------------|--|--------------------|---------------------|--|
| | representative for approval and signature. | BETAID | O TIME | REOF ONOIDEE |
| | If found incomplete or non-compliant: | | | |
| | 1.1 Return application documents to the person/individual, corporation, organization or association with an acknowledgement letter citing reasons for disapproval; | | | |
| | 1.2 Provide necessary technical assistance to the applicant to qualify for the issuance of permit. As needed. | | | |
| STEP 5: | | N | 4.1 | |
| Issuance of Permit | 1.1 Notify the Applicant Organization on the availability of the Certificate | None | 1 day | Focal Person - Standards Section - DSWD Field Office |
| | 1.2 Issues the Certificate of Accreditation or the Denial Letter | | | Office |
| | 1.3 Provide orientation conforming to the standard operating procedures in the inventory, monitoring and utilization of solicited funds | | | |
| | TOTAL | | | |
| For Co | mplete and Compliant: | ₱500.00 | 7 working days | |
| | If Disapproved: | ₱500.00 | 5 working | |



| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSIN G TIME | PERSON RESPONSIBLE |
|--------------|------------------------|--------------------|---------------------|-----------------------|
| | | | days | |
| For | Incomplete Submission: | None | 30 minutes | |

^{*}The number of minutes shall be included on the total 7 working days.

| | BACK AND COMPLAINTS MECHANISMS |
|---------------------------------------|---|
| How to send feedback | Kindly accomplish the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section |
| | Tel. Nos.: (085) 342-5619 to 20 loc. 105 Telefax: (085) 815-9173 E-mail: standardscaraga@gmail.com |
| How feedbacks are processed | Every 1st week of the month, your feedbacks are consolidated and summarized by the designated Admin Staff for onward submission to the Section Head and PPD Chief for approval and consolidation. |
| How to file a complaint | You can write your complaint/s in the comment section of the Client Satisfaction Survey Form (DSWD – FO Caraga-HRMDD 001-F-001) from the receiving admin staff of the Section |
| How complaints are processed | Complaints received are consolidated every 30 th day of every month and will be part of the agenda during the Section and Division meetings. |
| Contact Information of CCB, PCC, ARTA | Concerned staff/requester may call the designated extension number for Standards Section, to wit: Standards Section 2nd Floor, Pag-amoma Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City Tel. Nos.: (085) 342-5619 to 20 loc. 105 Telefax: (085) 815-9173 E-mail: standardscaraga@gmail.com ARTA: complaints@arta.gov.ph PCC: 8888 |
| | CONTACT CENTER NG BAYAN: SMS : 0908 881 6565 Call : 165 56 P 5.00 + VAT per call anywhere in the Philippines via PLDT landlines |



| Email Facebook | : email@contactcenterngbayan.gov.ph : https://facebook.com/civilservicegovph/ |
|----------------|--|
| Web | : https://contactcenterngbayan.gov.ph/ |

9. PROCESSING OF APPLICATIONS FOR SOLICITATION PERMITS DURING THE DECLARATION OF THE NATIONAL STATE OF PUBLIC HEALTH EMERGENCY (COVID-19) PANDEMIC

The process of assessing the applicant person/individual, corporation, organization or association

eligibility to conduct fund raising campaign.

| Office or Division: | DSWD Field Office Caraga - Standards Section (Policy and Plans Division) | | |
|----------------------|---|--|--|
| Classification: | Simple Transaction | | |
| Type of Transaction: | Government to Client (G2C) Government to Government (G2G) | | |
| Who may avail: | All eligible person/individual, groups, national government agencies, non-government organizations, civil society organizations, social welfare and development agencies business/for-profit corporations/organizations desiring to solici funds for charitable and public welfare purposes in one (1) region | | |
| Fees | None (waived) | | |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
|---|---|
| C. Walk in or Online Applications | |
| 9. One (1) Duly Accomplished Application Form | DSWD Field Office Caraga - Standards Section https://www.dswd.gov.ph/downloads-forms-downloads-public solicitation forms/DSWD-SB-PS-F-001: Application Form |
| 10. Project Proposal | 11. DSWD Field Office Caraga - Standards Section 12. https://www.dswd.gov.ph/downloads-forms-downloads-public solicitation forms/DSWD-SB-PS-F-001: Application Form |
| Simplified Undertaking to Comply with the Requirements on Public Solicitation after the solicitation activity was concluded | 14. DSWD Field Office Caraga - Standards Section 15. https://www.dswd.gov.ph/downloads-forms-downloads-public solicitation forms/DSWD-SB-PS-F-001: Application Form |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE |
|--------------|----------------|-----------------------|---------------------|-----------------------|
|--------------|----------------|-----------------------|---------------------|-----------------------|



| CLIENT STEPS | AGENCY ACTIONS | FEES | PROCESSI | PERSON |
|--|--|-------|----------|---|
| | | TO BE | NG TIME | RESPONSIBLE |
| B. Assessment Pr | ocedures for Walk-in Applicar | PAID | | |
| Receipt of complete and duly accomplished application documentary requirements | Complete the assessment and facilitate the preparation of the permit/certificate of authority to conduct fund raising campaign and forward the same to the concerned Division Chief for endorsement to the Regional Director | None | *5 hours | Technical Staff - Standards Section - |
| Receive endorsement of Permit/Certificate from Standards Section | Receive endorsement of the permit/certificate from the Standards Section and recommends to the Regional Director for the approval of the permit/certificate of authority to conduct fund raising campaign | None | *3 hours | Division Chief- Policy and Plans (PPD) |
| Approval of the Permit/Certificate of authority to conduct fund raising campaign | Approves the permit/certificate of authority to conduct fund raising campaign and send back to the Standards Section for issuance. | None | *3 hours | Regional Director- DSWD Field Office |
| Issuance and sending of the Permit/Certificate of authority to conduct fund raising campaign | Notify the Applicant Organization on the availability of the Certificate For person or individual issued with a permit, a copy of the said permit/authority shall be endorsed to the concerned SWDA or LGU that have jurisdiction over the applicant's fund raising activity for their information and reference in conducting monitoring activities and submission of post- facilitation report/s. | None | 5 hours | Staff -Standards Section - DSWD Field Office |



| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE |
|--------------|-----------------------------|-----------------------|--------------------------------------|-----------------------|
| | TOTAL | | | |
| | For Complete and Compliant: | None (Waived) | Sixteen (16) Hours or (2) days | |

^{*}The number of minutes shall be included on the total 2 working days.

Post Facilitation Procedures

The corporation, organization or association to whom the permit was issued shall, within sixty (60) days after the expiration of the said permit, whether used or unused, submit the following to the DSWD Central Office or the DSWD FO who issued the permit:

- 1.1 Fund Utilization Report, in accordance with the National Government Auditing System, if the soliciting entity is a government agency.
- 1.2 Notarized Fund Utilization Report sworn by the Agency Head and Treasurer, of proceeds and expenditures if the soliciting entity is a non-government organization or individual. Said utilization report should also be included in the Audited Annual Financial Report to be submitted to the concerned DSWD Office, copy furnished the Standards Bureau 120 days after the end of every fiscal year as provided in the organization's constitution and by-laws.
- 1.3 List of Donors, their corresponding addresses, contact numbers and the amount of donation, as applicable.
- 1.4 List of Beneficiaries, their corresponding addresses, contact numbers and the amount and type of assistance extended/received.
- 1.5 Expired original certificate/permit authorizing the conduct of regional/national fund campaign.
- 1.6 If the permit is unused, a <u>Justification</u> for not continuing the fund campaign within the validity period.
- 2. The *person/individual* issued with permit under the National State of Public Health Emergency shall, within sixty (60) days after the expiration date of the authority to conduct fund campaign, whether used or unused, surrender the permit/authority with the following reports:
- 2.1 Notarized Fund Utilization Report sworn by the person/individual issued with Solicitation Permit from the Barangay Local Government Unit which endorsed with his/her application.
- 2.2 List of Donors, their corresponding addresses and contact numbers and the amount of donation, as applicable.
- 2.3 If permit is unused, a justification for not pursuing/continuing with the fund campaign/activity within the validity period.

Monitoring Procedures

For the interest of the general public, the DSWD shall exercise regulatory powers and shall monitor solicitation activities of persons, corporations/organizations issued with solicitation permit:

- For corporations/organizations: The DSWD-FO where the address of the corporation/organization is located shall monitor/visit the conduct of solicitation activities to determine whether solicitation activities are in accordance with the issued permit. A feedback report shall be submitted to the Standards Bureau within seven (7) working days after the monitoring visit.
- 2. On the other hand, persons/individuals endorsed by the Barangay LGU shall be monitored by the concerned LGU/s which has the responsibility and tasks of monitoring of the



person/individual's solicitation activities and submission of the post-facilitation requirements. The LGU shall then submit the consolidated monitoring reports to the Field Office which in turn would submit the regional consolidated report to the Standards Bureau.

3. The DSWD likewise, reserves the right to conduct random monitoring activities to persons/individuals endorsed by the Barangay LGU despite that concerned LGU/s has the responsibility and tasks of their monitoring.

Requirements for those who have completed their fundraising activities

For person/individual, group, corporations/organizations or associations who have completed their fundraising activity, they shall be advised to still submit their application documents to legitimize, account and record their undertakings/activity essentially for monitoring of the Department of Social Welfare and Development (DSWD)

| | BACK AND COMPLAINTS MECHANISMS |
|---------------------------------------|---|
| How to send feedback | Kindly accomplish the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section Tel. Nos.: (085) 342-5619 to 20 loc. 105 Telefax: (085) 815-9173 E-mail: standardscaraga@gmail.com |
| How feedbacks are processed | Every 1st week of the month, your feedbacks are consolidated and summarized by the designated Admin Staff for onward submission to the Section Head and PPD Chief for approval and consolidation. |
| How to file a complaint | You can write your complaint/s in the comment section of the Client Satisfaction Survey Form (DSWD – FO Caraga-HRMDD 001-F-001) from the receiving admin staff of the Section |
| How complaints are processed | Complaints received are consolidated every 30 th day of every month and will be part of the agenda during the Section and Division meetings. |
| Contact Information of CCB, PCC, ARTA | Concerned staff/requester may call the designated extension number for Standards Section, to wit: Standards Section 2nd Floor, Pag-amoma Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City Tel. Nos.: (085) 342-5619 to 20 loc. 105 Telefax: (085) 815-9173 E-mail: standardscaraga@gmail.com ARTA: complaints@arta.gov.ph PCC: 8888 |



| CONTACT | T CENTER NG BAYAN: |
|----------|---|
| SMS | : 0908 881 6565 |
| Call | : 165 56 |
| | P 5.00 + VAT per call anywhere in the |
| | Philippines via PLDT landlines |
| Email | : email@contactcenterngbayan.gov.ph |
| Facebook | : https://facebook.com/civilservicegovph/ |
| Web | : https://contactcenterngbayan.gov.ph/ |

10. ISSUANCE OF FOSTER CARE LICENSE AND FOSTER CARE PLACEMENT AUTHORITY LICENSES TO FOSTER FAMILIES

Foster Care is a planned substitute parental care to a child by a licensed family when his/ her biological parents are unable to care for him/ her temporarily. It is temporary in nature and has a goal to return the child to his/ her biological family or prepare him/ her for permanent placement such as adoption.

| Office or Division | Protective Referral Un | | Division- | Adoption | Resou | rce and |
|---|---------------------------|--|------------------------|-----------------|--------|---------|
| Classification | Complex | | | | | |
| Type of Transaction | G2G-Gove | G2G-Government to Government, G2C-Government to Citizens | | | | |
| Who may avail | Prospective | e Foster Fa | amily/Appl | icants | | |
| CHECKLIST OF REQUIREM | ENTS | | WHER | E TO SEC | URE | |
| Child's Requirements | | | | | | |
| Child Study Report | | Licensed Provincia | Social al/City or M | Worker ISWDO | from | DSWD, |
| Birth/Foundling Certifica | te | Philippine | e Statistics | Authority | | |
| Health and Medical Prof | file | Licensed | Medical D | Octor/Phys | sician | |
| Psychological Evaluat years old and above, if a | | Licensed | Psycholo | gist | | |
| 5. Recent Photograph | | Photo St | udio | | | |
| Consent for Foster (if 1 and above) | 0 years old | Child | | | | |
| Prospective Foster Family R | equirements | 5 | | | | |



| Home Study Report | Licensed Social Worker from DSWD Provincial/City or MSWDO | | | | |
|--|---|--|--|--|--|
| Police Clearance/NBI | Police Station where the applicant resides | | | | |
| Brgy. Certification of Residency | Barangay where the applicant resides | | | | |
| Marriage Contract | Philippine Statistics Authority | | | | |
| Birth Certificate | Philippine Statistics Authority | | | | |
| Medical Certificate | Licensed Medical Doctor | | | | |
| 7. Latest Income Tax | Bureau of Internal Revenue (BIR) | | | | |
| Three Character References | Non-relatives who know the applicant | | | | |
| Certificate of Good Moral Character | Barangay where the applicant resides | | | | |
| 10. Recent Family Picture | Applicant | | | | |
| 11. Certificate of Attendance to Foster Care Forum/Seminar | DSWD Field Office | | | | |
| | | | | | |

| Client Steps | Agency Actions | Fees to be Paid | Processing Time | Person Responsible |
|--|--|-----------------|--------------------|--|
| 1. Inquire | 1.1 Facilitate the client to login the logbook | None | 2 minutes | AA II-ARRU Clerk |
| | | None | 1 minutes | AA II- ARRU Clerk |
| * | 1.2 Assist client to any Social Worker in ARRU | None | 30 minutes | SWO II/III-Foster Care Social |
| 1 | 1.3 Conduct initial interview to the client | None | 5 minutes | Worker SWO II/III-Foster |
| | 1.4 Provide applicants the checklist of requirements | | | Care Social Worker |
| 2. Attend Foster Care Forum/ Seminar | 2.1 Schedule Foster Care Forum | None | 2 minutes | SWO II/III-Foster Care Social Worker |



| | 2. 2 Communicate and confirm Prospective Foster Parents for the scheduled forum 2.3 Assist participants | None | 1 minute | SWO II/III-Foster Care Social Worker |
|--|--|--------------|------------------------|---|
| | in filling-out the Registration Form 2.4 Conduct Foster Care Forum | None None | 2 minutes 3-4 hours | SWO II/III-Foster Care Social Worker SWO II/III-Foster |
| | 2.5 Prepare Foster Forum Certificate | None | 30 minutes | Care Social Worker) |
| | 2.6 Issue approved Foster Forum certificate | None | 3 working days | SWO II/III-Foster Care Social Worker |
| | | | | SWO II/III-Foster Care Social Worker |
| 3. Comply and submit COMPLETE required documents | Check authenticity and completeness of documents | None | 25-30 minutes | SWO II/III-Foster Care Social Worker |
| 4. Respond to interviews and provide relevant information to the questions asked | 4.1 Assess foster family by conducting home visits and interviews and gather collateral information | None | 2 weeks-1 month | SWO II/III-Foster Care Social Worker |
| by the Social Worker assigned | for Home Study Report 4.2 Prepare Foster Care Application and folder containing complete requirements for Home Study Report | None | 30 minutes | SWO II/III-Foster Care Social Worker |



| 5. Follow-up the | 5.1 Prepare Home | None | 30 minutes | SWO II/III-Foster |
|--------------------------------------|-------------------------|--------|-------------|---------------------------------------|
| assigned Social | Study Report | | | Care Social |
| Worker on the | | None | 1 day | Worker |
| status of the | 5.2 ARRU Head review | | | ARRU Focal |
| submitted | and provide comments | N | 0 1: | Person |
| documents to be | for the enhancement of | None | 3 working | |
| updated. | the HSR | Nissa | days | 014/0 11/11/ 5 |
| | 5.3 Revise Home | None | 4 -1 | SWO II/III-Foster |
| | Study Report and | | 1 day | Care Social |
| | endorse back to ARRU | None | 1 day | Worker DCD Chief |
| | Head | None | 1 day | PSD Chief |
| | 5.4 Submit Final report | | | AA III- PSD Clerk |
| | to PSD Chief | | 1 day | AA III- POD CIEIK |
| | | None | 1 day | |
| | 5.6 Endorse the final | NOHE | | Regional Director |
| | HSR to Regional | | | Regional Director |
| | Director | | | |
| | 5.7. A | | | |
| | 5.7 Approval of Home | | | |
| 6 Accept | Study | None | 20 | CIA/O II/III Faataa |
| 6. Accept | 6.1 Prepare Foster | None | 30 minutes | SWO II/III-Foster |
| responsibility and accountability as | Family Care License | | | Care Social Worker |
| indicated in the | for RD's approval | None | 30 minutes | VVOIKEI |
| license | 6.2 Approval of the | None | 30 minutes | Regional Director |
| licerise | Foster Care License | | | Regional Director |
| | (valid for 3 years | | | |
| | unless revoked) | | | |
| 7. Wait for the | 7.1 Prepare documents | None | 30 minutes | SWO II/III-Foster |
| advice of the | to be presented in the | 140110 | oo minatos | Care Social |
| Social Worker for | matching conference | | | Worker |
| the matching of the | matering comercines | None | 5 minutes | · · · · · · · · · · · · · · · · · · · |
| foster child | 7.2 Invite RCWSG | | | SWO II- Regional |
| | committee and Social | | | Matching |
| | Workers for matching | None | 30 minutes | Conference |
| | conference | | to 1 hour | Secretariat |
| | | None | | |
| | 7.3 Case presentation | | 30 minutes- | SWO II/III-Foster |
| | by the case managers | | 1 hour | Care Social |
| | | | | Worker |
| | 7.4 Deliberation of the | | | Child Welfare |
| | case | | | Specialist Group |
| | | | | Members |
| | 7.5 Facilitate the | None | 10 minutes | |
| | signing of matching | | | SWO II-Regional |
| | conference result | None | 15 minutes | Matching |
| | 7.6 Facilitate Signing | | | Conference |
| | of Matching Resolution | | | Secretariat |



| | 7.7 Endorse the matching result to PSD Chief 7.8 Approved matching | None None | 1 day 30 minutes | SWO II-Regional Matching Conference Secretariat Regional Director |
|---|---|--------------|---|--|
| 8. Submit letter expressing acceptance of the matched child | 8.1 Prepare/Issue the Foster Care Placement Authority (valid for 1 year) 8.2 Inform the Foster Parent about the matching result and facilitate an acceptance letter | None | 5 minutes 3 working days | SWO II/III-Foster Care Social Worker SWO II/III-Foster Care Social Worker |
| 9. Execute acceptance letter | 9.1 Received acceptance letter 9.2 Conduct case conference to discuss the case of the child and responsibilities of the foster parents | None | 3 minutes 2 hours | SWO II/III-Foster Care Social Worker SWO II/III-Foster Care Social Worker |
| 10.Receives the child into their care | Facilitate actual Placement of Child with Foster Family | None | 1 working day | ARRU Focal Person; SWO II/III-Foster Care Social Worker |
| TOTAL | | | 1 Year, 1 month, 15 days, 13 hours and 35 minutes | |

| FEEDBACK AND COMPLAINTS MECHANISM | | |
|-----------------------------------|--|--|
| How to send feedback | Clients/applicants provides feedback through Client Satisfaction Survey Form or client sends letter to FO | |
| How feedback are processed | ARRU clerk consolidate feedback in a monthly basis to be approved by the PSD Chief. The approved Consolidated Report will be given to the Personnel Section to be processed for immediate action (if there are | |



| | any) | | | |
|------------------------------|--|--|--|--|
| How to file a complaint | Complaints can be written in Client Satisfaction Survey form, through text/call in the contact information provided and through formal letter complaint stating the following: | | | |
| | Name of complainant (optional) Narration of the complaint | | | |
| How complaints are processed | Complaints are processed and acted upon 24 hours upon receipt. | | | |
| Contact Information | ARRU Section | | | |
| | Protective Services Division 1st Floor Lumilihok Building DSWD Field Office Caraga R.Palma St., Butuan City Tel. Nos.: (085) 342-5619 to 20 loc.115 Telefax: (085) 815-9173 Email: adoption.focrg@dswd.gov.ph ARTA- complaints@arta.gov.ph CSC- 0917-839-8272 Para sa taumBAYAN hotline: 8915-2575 8951-2576 8932-0111 | | | |
| | PCC- 8888 CONTACT CENTER NG BAYAN: SMS : 0908 881 6565 Call : 165 56 | | | |
| | Philippines via PLDT landlines Email : email@contactcenterngbayan.gov.ph Facebook : https://facebook.com/civilservicegovph/ Web : https://contactcenterngbayan.gov.ph/ | | | |

11. ISSUANCE OF PANTAWID PAMILYA CERTIFICATION

This service has been offered in order to facilitate clients inquiring for their membership to the Pantawid Pamilyang Pilipino Program. Pantawid Pamilyang Information System (PPIS) is used as main tool for status verification of applicants categorized as active, inactive, appealable, graduated and even delisted beneficiaries.

| Office or Division: | Promotive Services Division | |
|---------------------|------------------------------|--|
| Classification: | Simple | |
| Type of | G2C – Government to Citizens | |



| Transaction: | | | | |
|--|--|---|-------------------------------------|--|
| Who may avail: | Pantawid Pamilya Mem | bers and/or A | | |
| CHECKLIST O | FREQUIREMENTS | Decienal De | WHERE TO SEC | |
| Request Form | | Regional Program Management Office (RPMO) – Pantawid Pamilyang Pilipino Program | | |
| Pantawid Pamilya I | D | Requester/s | s or Authorized Re | presentative/s |
| Representative | | | | |
| | uire Status with original th Republic Act 10173 of 2012) | Person bein | ng represented | |
| Pantawid ID or any issued IDs (1 origin | valid government- al and 1 photocopy) | DSWD, Pag Comelec | g-IBIG, LTO, BIR, | PhilHealth, |
| Request Form | | | ogram Manageme Pantawid Pamilyar | |
| CLIENT STEPS | AGENCY ACTION | FEES TO | PROCESSING | PERSON |
| | | BE PAID None | TIME 2 minutes | PACC Desk |
| 1. Approach the Public Assistance Complaints Center (PACC) and present the purpose | Attending staff to ask the client's purpose 1.1 Issue referral slip 1.2 Direct the client/s to Pantawid Pamilyang Pilipino Program Office | | | Officer and/or clerk |
| Submit the requirements to the attending staff | Attending staff to check the requirements based on the checklist Issue Acknowledgement Slip to client once checked NOTE: Additional documents may be required under special circumstances. | None | 3 minutes | PDO I / Regional Systems Focal Person |
| 3. Interview with the Attending staff / Regional | Attending Staff conducts interview with the client/s | None | 5 minutes | PDO I / Regional Systems Focal Person |



| How to send feedback? Write your feedback on the services provided through the Client's Satisfactory Survey Form to be provided by our attending Pantawid Pamilya staff. A space below is provided for you to write further comments. Return the fully accomplished Client's Satisfactory Survey Form to | | | be provided by space below is | |
|---|--|---|-------------------------------|--|
| | TOTAL: | No Fees | | |
| 6. Accomplish the Client Satisfaction Survey Form | 6. Administer Client Satisfact Survey Form clients and iss acknowledgeme receipt as p that the transact is success done. | to ues ent roof tion fully | 5 minutes 30 minutes | PDO I / Regional Systems Focal Person |
| 5. Check the correctness of the details/ information reflected in the Certification | 5. Prepare Certification 5.1 Facilitate approval 5.2 Give to the cl the certifica once approved | tion | 5 minutes | PDO I / Regional Systems Focal Person Regional Program Coordinator / Asst. RPC / Alternates |
| Systems Focal Person/s 4. Fill up the Request Form and answer further questions if there is. | acknowledgement to client once accomplished form processed. | and hent ther is or is of the idus id. sue slip the in is | 10 minutes | PDO I / Regional Systems Focal Person |



| | the attending Pantawid Pamilya staff for consolidation. |
|-------------------------------|---|
| How feedback is processed? | Every 5 th day of the month, Administrative Assistant III consolidates all Client's Satisfactory Survey Forms within the Regional Program Management Office (RPMO) - Pantawid Pamilyang Pilipino Program and results are reviewed by Regional Program Coordinator. Approved monthly consolidation is submitted to the Promotive Services Division and to be forwarded to the Human Resource and Management Development Division Chief for further review and consolidation in the regional level. |
| | Feedback requiring responses are communicated to concerned offices for appropriate action. Responses are relayed to the citizen three (3) working days after the receipt of the feedback. |
| How to file complaints? | Citizen with complaints relative to Pantawid Pamilyang Pilipino Program and / or the availed services may file their respective complaints directly to the Regional Program Management Office at DSWD Field Office Caraga. They may also file complaint/s through the Provincial/Municipal Operations Offices for escalation of concern to the abovementioned program using the Grievance / Complaint Form. Complaints can also be filed via Pantawid Hotline (09658354188) or e-mail (pantawid.focrg@dswd.gov.ph) with the following information: |
| | Name of Complainant Address Name of Person/Entity being complained Issue/Concern Evidence |
| How complaints are processed? | Complaints received by respective offices are escalated to the Regional/Provincial Grievance Officer/s for verification and veracity of complaint for at least 72 hours upon receipt of the complaint. |
| | Grievance Officer/s shall send report to the Regional Grievance Officer / Regional Program Coordinator for appropriate action. |
| Contact Information | For Pantawid Pamilyang Pilipino Program concerns, you may contact: Pantawid Hotline - 09658354188 Pantawid e-mail address – pantawid.focrg@dswd.gov.ph |



| CONTACT | CENTER NG BAYAN: |
|----------|--|
| SMS | : 0908 881 6565 |
| Call | : 165 56 |
| | P 5.00 + VAT per call anywhere in the |
| | Philippines via PLDT landlines |
| Email | : email@contactcenterngbayan.gov.ph |
| Facebook | : https://facebook.com/civilservicegovph |
| Web | : https://contactcenterngbayan.gov.ph/ |

12. ISSUANCE OF TRAVEL CLEARANCE TO 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.

| Office or Division: | DSWD Caraga XIII (MTA-Protective Services Division) | | |
|---|---|---|--|
| Classification: | Simple | | |
| Type of Transaction: | G2C-Government to Citiz | zen | |
| Who may avail: | Filipino Minors Travelling | Abroad | |
| CHECKLIST (| OF REQUIREMENTS | WHERE TO SECURE | |
| A. For Minors | Travelling Alone to a Fo | oreign Country for the First Time | |
| 1. Duly Acc Form | omplished Application | Download form at www.caraga.dswd.gov.ph | |
| | VAD Social Worker's t, when necessary | Local Social Welfare and Development Office where minor resides | |
| PSA issued minor | Birth Certificate of the | Philippine Statistics Authority (PSA) | |
| Contract of Court issue Tallaq or F the Sharial Brgy. Or Re | of PSA issued Marriage minor's parents/Copy of ed Legal Guardianship/ asakh Certification from Court or any Muslim eligious leader OMAR for illegitimate | Philippine Statistics Authority (PSA); Court who handled the Legal Guardianship petition, Shariah Court or Religious Leader | |
| 5. Notarized Written parents/leg | Affidavit of Consent or Consent of both a guardian/solo parent, is applicable. Photocopy | Law Office and Notarized at the place where the minor resides/ Philippine Embassy (If minors parents/s are abroad) | |



| of valid passport and valid visa or | |
|---|--|
| valid ID issued abroad, if parents | |
| are working abroad 6. Two (2) original colored passport size photos of the minor (in White, Red or Blue Background) taken within the last 6 months, No Scanned Picture will be accepted | Applicant |
| 7. Affidavit of Support and Certified copy of evidence to show financial capability of sponsor e.g Certificate of Employment, Latest Income Tax Return, Bank Statement etc. | Applicant |
| Certified True Copy of the Death Certificate (for deceased parent/s) on SECPA | Applicant |
| Unaccompanied Minor Certificate from the Airlines | Airline Company where ticket is obtained |
| 10. Waiver from the parents releasing DSWD from any liability/responsibility in case of untoward incident during the travel of the child | |
| For Succeeding Travel of Unac | companied minor or Travelling Alone |
| | Download form at www.caraga.dswd.gov.ph |
| Notarized Affidavit of Consent or Written Consent of both parents/lega guardian/solo parent, whichever is applicable. Photocopy of valid passport and valid visa or valid ID issued abroad, if parents are working abroad | |
| Original Copy of the Previous Travel Clearance | Applicant |
| Two (2) original colored passport size photos of the minor (in White, Red or Blue Background) taken within the last 6 months, No Scanned Picture is allowed | |
| Unaccompanied Minor Certificate from the Airline | Airline Company |
| 6. Waiver from the parents releasing DSWD from any | 100 0 • 0 • 100 0 0 0 0 0 0 0 0 0 0 0 0 |



| untoward incident during the of the child | TIME with persons other than the Parents or Legal |
|--|---|
| Duly Accomplished App | olication Download form at www.caraga.dswd.gov.ph |
| Form 2. Copy of the PSA issued Certificate of the minor | d Birth Philippine Statistics Authority (PSA) |
| Notarized Affidavit of Cons Written Consent of parents/lega guardian/solo whichever is applicable. Pho of valid passport and valid valid ID issued abroad, if are working abroad | both parent, otocopy visa or minor resides/ Philippine Embassy (If minors parents/s are abroad) |
| | ment or minors, case of |
| Two (2) original colored p size photos of the minor (in Red or Blue Background) within the last 6 month Scanned Picture will be accorded. | White, taken ns, No |
| Photocopy of the passport travelling companion | of the Minor's Travelling Companion |
| | ently with a person other than the Parents or Legal Guardian |
| Duly Accomplished App Form | Download form at www.caraga.dswd.gov.ph |
| Original Copy of the P Travel Clearance | |
| Notarized Affidavit of Cons Written Consent of parents/lega guardian/solo whichever is applicable. Pho of valid passport and valid valid ID issued abroad, if are working abroad | both parent, otocopy visa or minor resides/ Philippine Embassy (If minors parents/s are abroad) |



| 4. Two (2) original colored passport size photos of the minor (in White, Red or Blue Background) taken within the last 6 months, No Scanned Picture will be accepted 5. Photocopy of the passport of the travelling companion Additional Requirements for Minors Under Special Circumstances For Filipino Minors Migrating to Another Country 1. Visa Petition Approval Applicant For Minors studying abroad 2. Acceptance or Certificate of Enrolment or Registration from the school where the minor is to be enrolled For minors who will attend Conference, Study Tours, Sports Competition, Student Exchange Program, Summer Camp, Pilgrimage, World Youth Day and other Related Activities 1. Certificate from the Sponsoring Organization 2. Affidavit of Undertaking of companion indicating safety measures under taken by the Sports Agency 3. Signed Invitation from the Sponsoring Agency/Organization Abroad with itinerary of travel and list of participants and duration of the activity/travel For minors going abroad for Medical Purposes 1. Medical Abstract of the minor 2. Recommendation from the Attending Physician that such medical procedure is not available in the country 3. Letter from the Sponsor Minors going Abroad for Inter-Country Adoption Minors going Abroad for Inter-Country Adoption Board (ICAB) | | |
|---|--|---|
| travelling companion Additional Requirements for Minors Under Special Circumstances For Filipino Minors Migrating to Another Country 1. Visa Petition Approval 2. Acceptance or Certificate of Enrolment or Registration from the school where the minor is to be enrolled For minors who will attend Conference, Study Tours, Sports Competition, Student Exchange Program, Summer Camp, Pilgrimage, World Youth Day and other Related Activities 1. Certificate from the Sponsoring Organization 2. Affidavit of Undertaking of companion indicating safety measures under taken by the Sports Agency 3. Signed Invitation from the Sponsoring Agency/Organization Abroad with timerary of travel and list of participants and duration of the activity/travel For minors going abroad for Medical Purposes 1. Medical Abstract of the minor 2. Recommendation from the Attending Physician that such medical procedure is not available in the country 3. Letter from the Sponsor Minors going Abroad for Inter-Country Adoption | size photos of the minor (in White, Red or Blue Background) taken within the last 6 months, No | Applicant |
| Under Special Circumstances For Filipino Minors Migrating to Another Country 1. Visa Petition Approval Applicant For Minors studying abroad 2. Acceptance or Certificate of Enrolment or Registration from the school where the minor is to be enrolled For minors who will attend Conference, Study Tours, Sports Competition, Student Exchange Program, Summer Camp, Pilgrimage, World Youth Day and other Related Activities 1. Certificate from the Sponsoring Organization 2. Affidavit of Undertaking of companion indicating safety measures under taken by the Sports Agency 3. Signed Invitation from the Sponsoring Agency/Organization Abroad with tinerary of travel and list of participants and duration of the activity/travel For minors going abroad for Medical Purposes 1. Medical Abstract of the minor 2. Recommendation from the Attending Physician that such medical procedure is not available in the country 3. Letter from the Sponsor Minors going Abroad for Inter-Country Adoption | travelling companion | Minor's Travelling Companion |
| Another Country 1. Visa Petition Approval For Minors studying abroad 2. Acceptance or Certificate of Enrolment or Registration from the school where the minor is to be enrolled For minors who will attend Conference, Study Tours, Sports Competition, Student Exchange Program, Summer Camp, Pilgrimage, World Youth Day and other Related Activities 1. Certificate from the Sponsoring Organization Organization 2. Affidavit of Undertaking of companion indicating safety measures under taken by the Sports Agency 3. Signed Invitation from the Sponsoring Agency/Organization Abroad with itinerary of travel and list of participants and duration of the activity/travel For minors going abroad for Medical Purposes 1. Medical Abstract of the minor 2. Recommendation from the Attending Physician that such medical procedure is not available in the country 3. Letter from the Sponsor Minors going Abroad for Inter-Country Adoption | | |
| For Minors studying abroad 2. Acceptance or Certificate of Enrolment or Registration from the school where the minor is to be enrolled For minors who will attend Conference, Study Tours, Sports Competition, Student Exchange Program, Summer Camp, Pilgrimage, World Youth Day and other Related Activities 1. Certificate from the Sponsoring Organization 2. Affidavit of Undertaking of companion indicating safety measures under taken by the Sports Agency 3. Signed Invitation from the Sponsoring Agency/Organization Abroad with itinerary of travel and list of participants and duration of the activity/travel For minors going abroad for Medical Purposes 1. Medical Abstract of the minor 2. Recommendation from the Attending Physician that such medical procedure is not available in the country 3. Letter from the Sponsor Minors going Abroad for Inter-Country Adoption | | |
| 2. Acceptance or Certificate of Enrolment or Registration from the school where the minor is to be enrolled For minors who will attend Conference, Study Tours, Sports Competition, Student Exchange Program, Summer Camp, Pilgrimage, World Youth Day and other Related Activities 1. Certificate from the Sponsoring Organization 2. Affidavit of Undertaking of companion indicating safety measures under taken by the Sports Agency 3. Signed Invitation from the Sponsoring Agency/Organization Abroad with itinerary of travel and list of participants and duration of the activity/travel For minors going abroad for Medical Purposes 1. Medical Abstract of the minor 2. Recommendation from the Attending Physician that such medical procedure is not available in the country 3. Letter from the Sponsor Minors going Abroad for Inter-Country Adoption | Visa Petition Approval | Applicant |
| Enrolment or Registration from the school where the minor is to be enrolled For minors who will attend Conference, Study Tours, Sports Competition, Student Exchange Program, Summer Camp, Pilgrimage, World Youth Day and other Related Activities 1. Certificate from the Sponsoring Organization 2. Affidavit of Undertaking of companion indicating safety measures under taken by the Sports Agency 3. Signed Invitation from the Sponsoring Agency/Organization Abroad with itinerary of travel and list of participants and duration of the activity/travel For minors going abroad for Medical Purposes 1. Medical Abstract of the minor 2. Recommendation from the Attending Physician that such medical procedure is not available in the country 3. Letter from the Sponsor Minors going Abroad for Inter-Country Adoption | For Minors studying abroad | |
| Exchange Program, Summer Camp, Pilgrimage, World Youth Day and other Related Activities 1. Certificate from the Sponsoring Organization 2. Affidavit of Undertaking of companion indicating safety measures under taken by the Sports Agency 3. Signed Invitation from the Sponsoring Agency/Organization Abroad with itinerary of travel and list of participants and duration of the activity/travel For minors going abroad for Medical Purposes 1. Medical Abstract of the minor 2. Recommendation from the Attending Physician that such medical procedure is not available in the country 3. Letter from the Sponsor Minors going Abroad for Inter-Country Adoption | Enrolment or Registration from the school where the minor is to be | Applicant |
| Organization 2. Affidavit of Undertaking of companion indicating safety measures under taken by the Sports Agency 3. Signed Invitation from the Sponsoring Agency/Organization Abroad with itinerary of travel and list of participants and duration of the activity/travel For minors going abroad for Medical Purposes 1. Medical Abstract of the minor 2. Recommendation from the Attending Physician that such medical procedure is not available in the country 3. Letter from the Sponsor Sponsor Minors going Abroad for Inter-Country Adoption | Exchange Program, Summer Ca Related Activities | mp, Pilgrimage, World Youth Day and other |
| companion indicating safety measures under taken by the Sports Agency 3. Signed Invitation from the Sponsoring Agency/Organization Abroad with itinerary of travel and list of participants and duration of the activity/travel For minors going abroad for Medical Purposes 1. Medical Abstract of the minor 2. Recommendation from the Attending Physician that such medical procedure is not available in the country 3. Letter from the Sponsor Minors going Abroad for Inter-Country Adoption | , , | - Comment of Garage |
| Sponsoring Agency/Organization Abroad with itinerary of travel and list of participants and duration of the activity/travel For minors going abroad for Medical Purposes 1. Medical Abstract of the minor 2. Recommendation from the Attending Physician that such medical procedure is not available in the country 3. Letter from the Sponsor Minors going Abroad for Inter-Country Adoption | companion indicating safety measures under taken by the | Sports Agency |
| Medical Abstract of the minor Recommendation from the Attending Physician that such medical procedure is not available in the country Letter from the Sponsor Sponsor Minors going Abroad for Inter-Country Adoption | Sponsoring Agency/Organization Abroad with itinerary of travel and list of participants and duration of the activity/travel | |
| Recommendation from the Attending Physician Attending Physician that such medical procedure is not available in the country 3. Letter from the Sponsor Minors going Abroad for Inter-Country Adoption Attending Physician Attending Physician Sponsor | | cal Purposes |
| Attending Physician that such medical procedure is not available in the country 3. Letter from the Sponsor Sponsor Minors going Abroad for Inter-Country Adoption | | Attending Physician |
| Minors going Abroad for Inter-Country Adoption | Attending Physician that such medical procedure is not available | Attending Physician |
| | Letter from the Sponsor | Sponsor |
| Placement Authority issued by Inter-Country Adoption Board (ICAB) | Minors going Abroad for Inter-Country A | doption |
| | Placement Authority issued by | Inter-Country Adoption Board (ICAB) |



| | ICAB | | |
|-------|---|---|--|
| | Authority to escort issued by ICAB | Inter-Country Adoption Board (ICAB) | |
| Minor | under Foster Care | | |
| 1. | Notarized Affidavit of Undertaking Foster Parents by the Foster Parents | | |
| 2. | Notarized Affidavit of Consent from The Regional Director or Authorized Representative | DSWD Regional Director | |
| 3. | Photocopy Foster Placement Authority | Applicant | |
| 4. | Photocopy of Foster Care License of the Family | Applicant | |
| 5. | DSWD Certification of the CDCLAA except those under Kinship Care | DSWD | |
| | Return Ticket | Applicant | |
| Minor | s Under Legal Guardianship | | |
| 1. | Certified True Copy of the Court Order on Legal Guardianship | Court | |
| Minor | s whose parents are Seafarers | | |
| 1. | Certification from the Manning Agency attesting to the parents employment | Manning Agency | |
| 2. | Photocopy of Seaman's Book of the parent/s | Applicant | |
| Mino | rs with alleged missing parent/s | | |
| 1. | SCSR from the LSWDO where the alleged missing parent's last known address | Local Social Welfare and Development Office (LSWDO) | |
| 2. | Blotter Report from either Local Police or Barangay Certification from the locality of the last known address of the alleged missing parent | Local Police or Barangay of the alleged missing parent/s last known address | |
| 3. | One (1) Returned registered mail to the last known address of the alleged missing parent | Applicant | |
| Withi | n the Day Transaction | | |
| CLIE | NT STEPS AGENCY ACTION | FEES PROCESS PERSON TO BE ING TIME RESPONSIBLE PAID | |



| 1.Registration | 1.1Issuance of Service Sequence Number/Logbook | 5 minutes | Officer of the Day |
|--|---|------------|--------------------|
| | 1.2 Encoding of client's information in online spreadsheet | | |
| 2.Screening of documents | 2.1Social Worker will check the presented documentary requirements are complete. If not, the client will be asked to comply | 10 minutes | Social Worker |
| 3.Interview and Assessment | 3.1Social Worker interviews and conducts assessment of the application | 2 hours | |
| | 3.2 Recommends for the approval or disapproval of the application to the Signing Authority | | |
| Review and Approval of Application | 4.1Approves/Disapprov es the application 4.1a. If Approved: | 10 minutes | |
| | Issuance of claim stub schedule of release (Minimum of 1 day processing and maximum of 3 days processing) | | |
| | 4.1b. If Disapproved 4.2 Counseling and Explanation of the reason for disapproval of application | 10 minutes | |
| | 4.3 Notify the nearby DSWD Field Offices | 10 minutes | |
| | 4.3a. If exempted, Prepares the Certificate of Exemption for | 30 minutes | |



| | Approval of the Regional Director | | | |
|--|--|--|------------------------------|--|
| 5.Payment of: Php. 300.00 for 1 year validity; Php.600.00 for 2 years validity | 5.1 Receives and Issues Official Receipt to the Applicant on the Payment Received | Php. 300.00 for 1 year validity; Php 600.00 For 2 years validity | 5 minutes | |
| 6.Preparation of Travel Clearance | 6.1Encodes/Type the details of the Applicant to the Travel Clearance Certificate | • | 10 minutes | |
| 7. Approval of the Regional Director | 7.1Signs/Approves the Application or Certificate of Exemption for Exempted Applicants | | 3 hours | |
| 8.Issuance of Travel Clearance/Certif icate of Exemption | 8.1Releases the Travel Clearance Certificate to the Applicant/ Certificate of Exemption | | 5 minutes | |
| | TOTAL | P 300- 600.00 | 5 hours and 30 minutes | |

*Social Workers may require additional documents from the applicant as basis of assessment whether or not the minor's travel will not constitute trafficking, exploitation and abuse.

| FEEDBACK AND COMPLAINTS MECHANISM | | |
|-----------------------------------|---|--|
| How to send feedback | DSWD Field Office send memo/email to DSWD-PMB Batasan Complex, Constitution Hills 1126, Quezon City Tel. No. 02-951-7437/ 02-931-9141 | |
| How feedback are processed | DSWD PMB send reply letter/memo to the concerned Field Office | |
| How to file a complaint | Complaints can be filed thru sending a letter or email at focrg@dswd.gov.ph | |



| | DSWD Caraga XIII R. Palma St, Dagohoy, Butuan City Tel. No. 085-342-5619/20 | |
|---|---|--|
| Complainant using 8888 | Record Unit will receive the complaint and will forwarded to PSD Head, if the concern is on MTA, to Focal or the concern SW will be the one replying to to complaint. | |
| | DSWD-PSD R. Palma St., Dagohoy, Butuan City 085-342-5619/20 | |
| How complaints are processed | The MTA Unit will conduct a case conference/meeting to discuss the issue/concern. If necessary, to set a meeting with the complainant and discuss the concern. | |
| | -Internal investigation shall be conducted within the PSD, then provide recommendation and officially send reply letter to the complainant | |
| | DSWD-PSD R. Palma St., Dagohoy, Butuan City 085-342-5619/20 | |
| Contact information DSWD FO XIII/ MTA-PSD | Through Telephone No. 085-342-5620/19 Email. Address: focrg@dswd.gov.ph | |
| | CONTACT CENTER NG BAYAN: SMS : 0908 881 6565 Call : 165 56 P 5.00 + VAT per call anywhere in the Philippines via PLDT landlines | |
| | Email : email@contactcenterngbayan.gov.ph Facebook : https://facebook.com/civilservicegovph/ : https://contactcenterngbayan.gov.ph/ | |

13. LICENSING OF PRIVATE SOCIAL WELFARE AND DEVELOPMENT AGENCIES (SWDAS) 1) AUXILIARY SWDA 2) SOCIAL WORK AGENCY

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

| Office or Division: | DSWD Field Office Caraga - Standards Section (Policy and Plans Division |
|---------------------|---|
| | (Covering the area of operation if operating only in one |
| | (1) region) |



| Classification: | Highly Technical |
|---|---|
| Type of Transaction: | Government to Client (G2C) |
| Who may avail: | ALL Private SWDAs Intending to Operate |
| CHECKLIST OF REQUIREMENTS | |
| One (1) Duly Accomplished Appli Form | |
| Worker (RSW) or complement; or (b) Prof Employees and volu whichever is applicable b. Manual of Operation cont the SWDAs program | https://www.dswd.gov.ph/downloads-2/ Annex 22. DSWD-RLA-F022 Profile of Employees https://www.dswd.gov.ph/downloads-2/ Annex 4. DSWD-RLA-F004 Manual of Operation https://www.dswd.gov.ph/downloads-2/ Annex 4. DSWD-RLA-F004 Manual of Operation https://www.dswd.gov.ph/downloads-2/ |
| d. Certified True Copy of G Information Sheet issued by (One (1) copy) Documents issued by different agencies as Securities Exchange Commission and Certification from National Comm on Indigenous People (NCIP) are still re under New Normal. However, if these of be secured due to current situation, the SS or SB shall instead require the ap SWDA to secure and submit the Anno DSWD-SB-RLA-FO30 Undertaking of State of Calamity/Emergency as att herein. For the safety certificates issue the Local Government Units, cann | Department Secretariat Building, PICC Complex, Roxas Boulevard, Pasay City, 1307 • Any SEC Extension Office (Baguio City, Tarlac City, Legazpi City, Cebu City, Iloilo City, Cagayan De Oro City, Davao City, Zamboanga City) • Board resolution by the Organization |



waived for they serve as an assurance that a certain facility, structure or building or occupancy has been duly inspected and deemed complying as prescribed by the law. Further, the said undertaking can only be used at once either for application on Licensing or Accreditation.

 https://www.dswd.gov.ph/downloads-2/ Annex 9. DSWD-RLA-F009 Work and Financial Plan

- Notarized certification from the Board of Trustees and/or the funding agency to financially support the organizations to operate for at least two (2) years
- f. Work and Financial Plan for the two (2) succeeding years

3. ADDITIONAL REQUIREMENTS

a. Basic Documents

- 1. For those operating in more than one region
- a. List of main and satellite/branch offices with contact details, if any
- b. Certified True Copy of the notarized written agreement of partnership or cooperation between the agency and its partner agency e.g. MOA, Contract of Partnership, among others
- b. For Applicant SWA's implementing Child Placement Services

Certification from DSWD or photocopy of the certificate of training attended by the hired RSW related to child placement service.

- c. Documents Establishing Corporate Existence and Regulatory Compliance
- For those operating in more than one region:
 - □ Validation report from concerned DSWD Field Office or Certification from

- https://www.dswd.gov.ph/downloads-2/ Annex 7. DSWD-RLA-F007 List of Main and Satellite Office
- Photocopy of the Memorandum of Agreement/Contract of Partnership and Certified by the Head of Applicant Organization
- https://www.dswd.gov.ph/downloads-2/ Annex 22. DSWD-RLA-F022 Profile of Employees
- https://www.dswd.gov.ph/downloads-2/ Annex 23. DSWD-RLA-F023 ABSNET Active Membership



Regional ABSNET/Cluster or LGUs attesting to the existence and status of operation of the organization in the area/s of jurisdiction.

- ☐ There is no need to get a validation report/certification of existence for the region where the main office of the applicant is located.
- For Center Based (Residential and Non-Residential Based)
 Copy of the valid safety certificates namely:
 - Occupancy permit (only for new buildings) or Annual Building Inspection/Structural Safety Certificate (for old buildings)
 - b. Fire Safety Inspection Certificate
 - c. Water Potability Certificate or Sanitary Permit
- For applicant serving within the Ancestral Domains of Indigenous People (IP) – Photocopy of NGO Accreditation from NCIP.
- For applicant with past and current partnership with the DSWD that involved transfer of funds
 - a. Certification from DSWD
 Office and/or other
 concerned government
 agencies that the applicant
 is free from any financial
 liability/obligation

- City/Municipal Engineering Office of Local Government Unit covering the SWDAs area of operation or Private Engineer
- Office of the Bureau of Fire Protection in the City/Municipal Local Government Unit covering the SWDAs area of operation
- City/Municipal Health Office of Local Government Unit covering the SWDAs area of operation or Private Service Provider
- National Commission of Indigenous People (NCIP) Regional Office where the NGO operates.
- DSWD Central Office Financial and Management Service IBP Road, Constitution Hills, Batasan Pambansa Complex, Quezon City Government Agency where the Organization implemented or implements



| | | projects and programs. | | |
|--|---|------------------------|---|--|
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME (under normal circumstances) | PERSON RESPONSIBLE |
| A. Assessment Pro | cedures for Walk-in Applie | cants | on our notarioos) | |
| STEP 1: Secure application form thru the DSWD Website or DSWD Field Office Caraga | Provides client application form, and | None | *10 minutes | Support Staff Standards Section- Field Office) |
| STEP 2: | | | | |
| 1.1 Submit/ file application and supporting documents. 1.2 For applicant organization with complete requirements, shall have the copy of the checklist of the submitted requirements. | 1.1 Receive the documentary requirements and provide the applicant organization with the checklist of completed requirements with filing code for easy tracking and reference. | | *20 minutes | Support Staff in charge of al incoming documents Standards Section- Field Office) Officer of the day Standards Section- Field Office) |
| 1.3 For incomplete requirements, it shall be returned to applicant organization and the checklist indicating the lacking requirements for compliance. | 1.2 Determine whether the submitted documents are complete. 1.3 If complete, provide the organization the copy of the checklist indicating that the application is ready for endorsement 1.4 If incomplete, return all documents submitted accompanied by a checklist of requirements for applicant Organization's | | | |



| CLIENT STEPS | AGENCY ACTIONS | FEES TO | PROCESSING | PERSON |
|--|--|-----------|----------------|--|
| | | BE PAID | TIME | RESPONSIBLE |
| | | | (under normal | |
| OTED A. If O | D Dilli Gi i | | circumstances) | |
| STEP 3: If Complete, Settle the required processing fee. | Prepare Billing Statement and instruct applicant to proceed to the Financial and Management division for the issuance of the payment order | None | *20 minutes | Support Staff in charge on the issuance of Billing Statement (Standards Section- Field Office) |
| | Process payment and issues Official Receipt. | ₱1,000.00 | *15 minutes | Cashier /Cash Section-DSWD FO Caraga |
| STEP 4: Provide the DSWD Standards Section the photocopy of the Official Receipt (OR). | Acknowledge the photocopy of the Official Receipt from the applicant Organization. | None | *15 Minutes | Support Staff (Standards Section- Field Office) |
| Step 5: Accomplish and drop the Customer's Feedback Form on the dropbox. | Provide the applicant Organization the Customer's Feedback Form | None | *5 minutes | Support Staff Standards Section- Field Office) |
| STEP 6: Wait for the result of the documents review and notice of Online virtual assessment. | 1.1 Review the submitted documents as to completeness and compliance, both in form and substance. The submitted complete documents must satisfy the following Criteria: i. Applicant must be engaged mainly or generally in Social Welfare and Development Activities. ii. In case a new applicant SWDA applying to operate a residential care facility, the applicant must establish the need for a | None | 2 working days | Technical Staff Standards Section- Field Office) |



| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME (under normal circumstances) | PERSON RESPONSIBLE |
|--------------|---|--------------------|---|-----------------------|
| | residential facility serving a particular sector and the absence of related facility to cater them. e.g. Situationer iii. 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. iv. Applicant must submit a duly certified financial statement that at least seventy percent (70%) of its funds are disbursed for direct social work services while thirty percent (30%) of the funds are disbursed for administrative services. | | | |



| CLIENT STEPS | AGENCY ACTIONS | FEES TO | PROCESSING | PERSON |
|---------------------|--|---------|------------------|-----------------|
| | | BE PAID | TIME | RESPONSIBLE |
| | | | (under normal | |
| | | | circumstances) | |
| | v. The SWDA must have a financial capacity to operate for at least two (2) years. vi. Applicant keeps record of all social development and/or welfare activities it implements. Note: Criteria iv and vi are only applicable for those SWDAs that are already in operation prior to application for License | | on connictances) | 7 |
| | to Operate. 1.2.1 If complete and compliant, call the concerned SWDA to inform or notify them on the proposed schedule on the conduct of Validation Visit or Online Virtual Assessment. | | | |
| | 1.2.2 If found incomplete or non-compliant, send checklist of requirements to be secured and complied. This will be sent to the applicant SWDA together with all the application documents submitted. | | | |
| STEP 7: Confirm the | For those with | None | *30 minutes | Technical Staff |



| CLIENT STEPS | AGENCY ACTIONS | FEES TO | PROCESSING | PERSON |
|--|--|---------|---|---|
| | AGENOT ACTIONS | BE PAID | TIME | RESPONSIBLE |
| | | | (under normal | |
| Aveilebility on the | | | circumstances) | |
| Availability on the proposed Validation Visit/Online Virtual assessment | requirements that are complete and compliant, Confirmation of Validation Visit/Online virtual assessment. | | | (Standards Section- Field Office) |
| STEP 8: Assist the Assessor during the conduct of Validation visit/Online Virtual assessment | Conduct of Validation visit/Online Virtual Assessment With the current situation, | None | 1 working day per agreed schedule | Technical Staff Standards Section- Field Office) |
| | it is encouraged to conduct virtual assessment. This will be the online version of the traditional validation visit, accreditation assessment and monitoring of sustained compliance using appropriate digital platforms to preserve the core process of licensing, accreditation and monitoring. The main purpose of the video documentation during | | | |
| | assessment is merely to ensure whether they are compliant within prescribed standards. The SWDA shall submit a floor plan to guide the assessor or accreditor relative to the arrangement of rooms in a building. Nevertheless, during the assessment, kindly ensure that the video will be the same as the floor plan. | | | |
| | For the recording of the virtual assessment, the concerned FO-SS or SB shall ensure the Annex 31 DSWD-SB-RLA-FO31 Data Privacy Consent as attached herein is | | | |



| CLIENT STEPS | AGENCY ACTIONS | FEES TO | PROCESSING | PERSON |
|---|---|---------|---|--|
| | | BE PAID | TIME | RESPONSIBLE |
| | | | (under normal | |
| | and from the | | circumstances) | |
| | secured from the applicant SWDA in compliance with the Data Privacy Act of 2012. | | | |
| | The conduct of a focus group discussion (FGD) with beneficiaries and selected staff of SWDAs shall be excluded from the recording, since there are beneficiaries of the SWDA whose case are sensitive in nature particularly those in residential care facilities. | | | |
| Step 9: Accomplish and place the Customer's Feedback Form on a sealed envelope. | Provide the applicant Organization the Customer's Feedback Form | None | *5 minutes | Technical Staff Standards Section- Field Office) |
| STEP 10: Awaits the result of the licensing assessment | 1.1 Prepare Confirmation Report 1.2.1 If favorable, the Technical Staff shall draft Confirmation Report and Draft Certificate of License to Operate. 1.2.2 If not favorable, the Technical Staff shall detail the Assessors Findings and the agreed compliance date of the Action Plan. | None | 3 working days | Technical Staff Standards Section- Field Office) |
| | 1.3.1 If favorable, review and approval of the Confirmation Report and the Draft Certificate of License to Operate. 1.3.2 If unfavorable, review and approval of the Confirmation Report. | None | Favorable; 8 working days Unfavorable; 7 working days | Section Head/Division Chief (Standards Section- Field Office) |
| | 1.4.1 If favorable, for approval and signature of the Certificate of License | | Favorable; 3 working days | Regional Director (Standards |



| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME (under normal | PERSON RESPONSIBLE |
|--|---|--------------------|---|--|
| | to Operate. 1.4.2 If unfavorable, the Support Staff shall send the Confirmation Report to the SWDA through email and via courier. | | Unfavorable; 2 working days | Section- Field Office) Support Staff (Section- Field Office) |
| STEP 11: Acknowledge the receipt of the Certificate of License to Operate. | Send the Confirmation Report and notify the availability of the Certificate of License to Operate for release through various means per preference indicated in the application form. (direct pick-up or courier) | None | 1 working day (depending on the choice of the applicant) | Support Staff (Standards Section- Field Office) |
| For Complete and Compliant: | | ₱1,000.00 | 20 working days | |
| F | or Incomplete Submission: | None | | |

| FEEDE | BACK AND COMPLAINTS MECHANISMS |
|---------------------------------------|---|
| How to send feedback | Kindly accomplish the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section Tel. Nos.: (085) 342-5619 to 20 loc. 105 Telefax: (085) 815-9173 E-mail: standardscaraga@gmail.com |
| How feedbacks are processed | Every 1st week of the month, your feedbacks are consolidated and summarized by the designated Admin Staff for onward submission to the Section Head and PPD Chief for approval and consolidation. |
| How to file a complaint | You can write your complaint/s in the comment section of the Client Satisfaction Survey Form (DSWD – FO Caraga-HRMDD 001-F-001) from the receiving admin staff of the Section |
| How complaints are processed | Complaints received are consolidated every 30 th day of every month and will be part of the agenda during the Section and Division meetings. |
| Contact Information of CCB, PCC, ARTA | Concerned staff/requester may call the designated extension number for Standards Section, to wit: |



Standards Section

2nd Floor, Pag-amoma Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City

Tel. Nos.: (085) 342-5619 to 20 loc. 105

Telefax: (085) 815-9173

E-mail: standardscaraga@gmail.com

ARTA: complaints@arta.gov.ph

PCC: 8888

CONTACT CENTER NG BAYAN:

SMS : 0908 881 6565

Call : 165 56

P 5.00 + VAT per call anywhere in the

Philippines via PLDT landlines

Facebook
Web

: email@contactcenterngbayan.gov.ph
: https://facebook.com/civilservicegovph/
: https://contactcenterngbayan.gov.ph/

14. PROVISION OF NHTS NAME-MATCHING RESULT FOR WALK-IN CLIENTS

This service has been offered in order to facilitate client's inquiry regarding their status (poor or non-poor) on Listahanan database. Listahanan database is an information management system that identifies who and where the poor are in the country.

| Office or Division: | National Household Targeting Section/Policy and Plans Division | | | |
|---|---|---|--------------------|-----------------------|
| Classification: | Simple | | | |
| Type of Transaction: | G2C- Government to Citizen | | | |
| Who may avail: | -Any member of the household 18 years old and above | | | |
| | -Any HH member below 18 years old, with written authorization letter or | | | |
| | government-issued ID | of any adult HH | member | |
| | (In instances where the | HH is compos | ed of minor member | s only, the elders |
| | member may file the gr | ievance.) | | |
| CHECKLIST OF REQUIREMENTS WHERE TO SECURE | | | IRE | |
| NHTS-Indigent PhilHealth ID or any valid | | (PhilHealth, SSS, Pag-ibig, LTO, BIR, Comelec | | |
| government-issued ID (1 | original and 1 | | | |
| photocopy) | | | | |
| Name-matching Request | Form | NHTS Office | | |
| | | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1.Approach the | Attending staff to | None | 15 minutes | PACC Desk |
| Public Assistance | ask the client's | | | Officer and/ or |
| Complaints Center | purpose | | | clerk |
| (PACC) and present | | | | |



| 2.Attending staff to check the | None | 2 main de - | |
|---|--|---|--|
| requirements based on the checklist Note: Additional documents may be required under special circumstances | | 3 minutes | Admin Assistant III NHTS Office |
| 3.Attending staff conducts interview with the clients 3.1 Conduct interview to client/s and records pertinent information 3.2 Answers further queries, issues or concerns | None | 15 minutes | Admin Assistant III NHTS Office |
| Forward the said request to the RITO | None | 2 minutes | Admin Assistant III NHTS Office |
| name matching request 5.1 Checks the name of the requestor in the Listahanan database 5.2 Asks complete name of at most three other members of the requestor's household 5.3 Verifies the information provided by the requestor 5.4 Print the namematching request | None | 50 minutes | RITO NHTS Office |
| Forward the name- matching results to RFC for approval | None | 5 minutes | RFC NHTS Office |
| 2. Approved the result to PPD-Chief for approval | None | 10 minutes | OIC-PPD Chief PPD Office |
| Informs the client on the result of the name-matching | None | 15 minutes | Admin Assistant III NHTS Office |
| | Note: Additional documents may be required under special circumstances 3. Attending staff conducts interview with the clients 3.1 Conduct interview to client/s and records pertinent information 3.2 Answers further queries, issues or concerns 4. Forward the said request to the RITO 5. Facilitates the name matching request 5.1 Checks the name of the requestor in the Listahanan database 5.2 Asks complete name of at most three other members of the requestor's household 5.3 Verifies the information provided by the requestor 5.4 Print the namematching request 1. Forward the namematching request 1. Forward the namematching regults to RFC for approval 2. Approved the result to PPD-Chief for approval 3. Informs the client on the result of the | Note: Additional documents may be required under special circumstances 3. Attending staff conducts interview with the clients 3.1 Conduct interview to client/s and records pertinent information 3.2 Answers further queries, issues or concerns 4. Forward the said request to the RITO 5. Facilitates the name of the requestor in the Listahanan database 5.2 Asks complete name of at most three other members of the requestor's household 5.3 Verifies the information provided by the requestor 5.4 Print the namematching request 1. Forward the namematching request 1. Forward the namematching results to RFC for approval 2. Approved the result to PPD-Chief for approval 3. Informs the client on the result of the name-matching | Note: Additional documents may be required under special circumstances 3. Attending staff conducts interview with the clients 3.1 Conduct interview to client/s and records pertinent information 3.2 Answers further queries, issues or concerns 4. Forward the said request to the RITO 5. Facilitates the name of the requestor in the Listahanan database 5.2 Asks complete name of at most three other members of the requestor's household 5.3 Verifies the information provided by the requestor 5.4 Print the namematching request 1. Forward the namematching request 1. Forward the namematching results to RFC for approval 2. Approved the result to PPD-Chief for approval 3. Informs the client on the result of the namematching |



| | TOTAL: | No Fees | 2 hours | The state of the s |
|---|---|---------|-----------|--|
| 5. Accomplish the Client Satisfactory Form | process of the household assessment and the result of the interview 4. Administer the Client Satisfactory Survey Form to clients and issues acknowledgement receipt as proof that the transaction is successfully done | None | 5 minutes | Admin Assistant III NHTS Office |

| FE | EDBACK AND COMPLAINTS MECHANISMS |
|---------------------------------------|---|
| How to send feedback | Kindly accomplish the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section |
| | Tel. Nos.: (085) 342-5619 to 20 loc. 247 |
| | Telefax: (085) 815-9173 E-mail: nhts.focrg@dswd.gov.ph |
| How feedbacks are processed | Every 1st week of the month, your feedbacks are consolidated and summarized by the designated Admin Staff for onward submission to the Section Head and PPD Chief for approval and consolidation. |
| How to file a complaint | You can write your complaint/s in the comment section of the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section |
| How complaints are processed | Complaints received are consolidated every 30 th day of every month and will be part of the agenda during the quarterly/ special meetings. |
| Contact Information of CCB, PCC, ARTA | Concerned staff/requester may call the designated extension number: |
| | National Household Targeting Section 3rd Floor, Pahigayon Building DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City |



Tel. Nos.: (085) 342-5619 to 20 loc. 247
Telefax: (085) 815-9173
E-mail: nhts.focrg@dswd.gov.ph

ARTA: complaints@arta.gov.ph
PCC: 8888

CONTACT CENTER NG BAYAN:
SMS: 0908 881 6565
Call: 165 56
P 5.00 + VAT per call anywhere in the Philippines via PLDT landlines

: email@contactcenterngbayan.gov.ph

: https://contactcenterngbayan.gov.ph/

: https://facebook.com/civilservicegovph/

Email

Web

Facebook

15. PROVISION OF ASSISTANCE TO INDIVIDUALS IN CRISIS SITUATION

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 Department. 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 | Crisis Intervention Sec | ction - Protective Services Division | |
|-----------------|---|--------------------------------------|--|
| Division: | | | |
| Classification: | Simple | | |
| Type of | G2C-Government to C | 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. | | |
| CHECKLISTOF | REQUIREMENTS | WHERE TO SECURE | |



| TVI T | | |
|---------|--|--|
| Medica | Assistance for Hospital Bill | |
| 1 | Medical Certificate/Clinical Abstract with complete name, icense number, and signature of the Physician | Attending Physician from a hospital/clinic or from Medical Records |
| | Hospital bill with name and signature | Billing clerk of the hospital |
| _ | Any valid government issued I. | Government agencies issuing an identification card (SSS, Philhealth, LTO, PAG-IBIG, COMELEC, NBI, DFA, among others) |
| a | Social Case Study Report (if the assistance to be provided is 5,000 above) | Licensed Social Worker from any government/non-government welfare agencies |
| 1/20 | gay Certificate of Residency or cy of the Client may be d. | Office of the Barangay Captain |
| Medica | I Assistance for Medicine/Assis | stive Device |
| A li | Medical Certificate/Clinical Abstract with complete name, icense number, and signature of the Physician | Attending Physician from a hospital/clinic or from Medical Records |
| 2. F | Prescription with complete name, license number, and signature of the Physician | Attending Physician from a hospital/clinic |
| _ | Any valid government issued I. | Government agencies issuing an identification card (SSS, Philhealth, LTO, PAG-IBIG, COMELEC, NBI, DFA, among others) |
| a | Social Case Study Report (if the assistance to be provided is 5,000 above) | Licensed Social Worker from any government/non-government welfare agencies |
| | gay Certificate of Residency or cy of the Client may be d. | Office of the Barangay Captain |
| Medica | I Assistance for Laboratory Re | quests |
| 1. I | Medical Certificate/Clinical Abstract with complete name, icense number, and signature of the Physician | Attending Physician from a hospital/clinic or from Medical Records |
| (| Laboratory Requests with complete name, license number, and signature of the Physician | Attending Physician from a hospital/clinic |
| 3. I | Price quotation with complete name and signature of the authorized staff from | The authorized staff of the hospital/clinic |



| hospital/clinic | |
|---|--|
| Any valid government issued I. D | Government agencies issuing an identification card (SSS, Philhealth, LTO, PAG-IBIG, COMELEC, NBI, DFA, among others) |
| Social Case Study Report (if the assistance to be provided is 5,000 above) | Licensed Social Worker from any government/non-government welfare agencies |
| *Barangay Certificate of Residency or Indigency of the Client may be required. | Office of the Barangay Captain |
| Burial Assistance for Funeral Bill | |
| Registered Death Certificate/Certification from the Tribal Chieftain (for IPs), Imam (for Moro) or Doctor or authorized medical practitioner, in the absence of a death certificate | City/Municipal Hall, Hospital, Funeral Parlor of Tribal Chieftain |
| Muslim and Indigenous People performing customary practices) | The authorized staff of the Funeral Parlor of Tribal Chieftain |
| Any valid government issued I. | Government agencies issuing an identification card (SSS, Philhealth, LTO, PAG-IBIG |
| | COMELEC, NBI, DFA, among others) |
| Indigency of the Client may be | COMELEC, NBI, DFA, among others) |
| Indigency of the Client may be required. | COMELEC, NBI, DFA, among others) Office of the Barangay Captain |
| *Barangay Certificate of Residency or Indigency of the Client may be required. Burial Assistance for Transfer of Cada 1. Registered Death Certificate/Certification from the Tribal Chieftain (for IPs), Imam (for Moro) or Doctor or authorized medical practitioner, in the absence of a death certificate | COMELEC, NBI, DFA, among others) Office of the Barangay Captain aver City/Municipal Hall, Hospital, Funeral Parlor of Tribal Chieftain |
| Indigency of the Client may be required. Burial Assistance for Transfer of Cada 1. Registered Death Certificate/Certification from the Tribal Chieftain (for IPs), Imam (for Moro) or Doctor or authorized medical practitioner, in the absence of a death | COMELEC, NBI, DFA, among others) Office of the Barangay Captain aver City/Municipal Hall, Hospital, Funeral Parlor of Tribal Chieftain |
| Indigency of the Client may be required. Burial Assistance for Transfer of Cada 1. Registered Death Certificate/Certification from the Tribal Chieftain (for IPs), Imam (for Moro) or Doctor or authorized medical practitioner, in the absence of a death certificate 2. Funeral Contract (except for Muslim and Indigenous People | Office of the Barangay Captain aver City/Municipal Hall, Hospital, Funeral Parlor of Tribal Chieftain The authorized staff of the Funeral Parlor of the Standard Parlor of the Stand |
| Indigency of the Client may be required. Burial Assistance for Transfer of Cada 1. Registered Death Certificate/Certification from the Tribal Chieftain (for IPs), Imam (for Moro) or Doctor or authorized medical practitioner, in the absence of a death certificate 2. Funeral Contract (except for Muslim and Indigenous People performing customary practices) | COMELEC, NBI, DFA, among others) Office of the Barangay Captain aver City/Municipal Hall, Hospital, Funeral Parlor of Tribal Chieftain The authorized staff of the Funeral Parlor of Tribal Chieftain City/Municipal Hall, Hospital, Funeral Parlor of City/Municipal Hall, Hall, Hospital, Funeral Parlor of City/Municipal Hall, |
| Indigency of the Client may be required. Burial Assistance for Transfer of Cada 1. Registered Death Certificate/Certification from the Tribal Chieftain (for IPs), Imam (for Moro) or Doctor or authorized medical practitioner, in the absence of a death certificate 2. Funeral Contract (except for Muslim and Indigenous People performing customary practices) 3. Transfer Permit 4. Any valid government issued I. | COMELEC, NBI, DFA, among others) Office of the Barangay Captain aver City/Municipal Hall, Hospital, Funeral Parlor of Tribal Chieftain The authorized staff of the Funeral Parlor of Tribal Chieftain City/Municipal Hall, Hospital, Funeral Parlor of Tribal Chieftain City/Municipal Hall, Hospital, Funeral Parlor of Tribal Chieftain Government agencies issuing an identification card (SSS, Philhealth, LTO, PAG-IBIG COMELEC, NBI, DFA, among others) |
| Indigency of the Client may be required. Burial Assistance for Transfer of Cada 1. Registered Death Certificate/Certification from the Tribal Chieftain (for IPs), Imam (for Moro) or Doctor or authorized medical practitioner, in the absence of a death certificate 2. Funeral Contract (except for Muslim and Indigenous People performing customary practices) 3. Transfer Permit 4. Any valid government issued I. D *Barangay Certificate of Residency or Indigency of the Client may be required. Educational Assistance | COMELEC, NBI, DFA, among others) Office of the Barangay Captain aver City/Municipal Hall, Hospital, Funeral Parlor of Tribal Chieftain Tribal Chieftain City/Municipal Hall, Hospital, Funeral Parlor of Tribal Chieftain City/Municipal Hall, Hospital, Funeral Parlor of Tribal Chieftain Government agencies issuing an identification card (SSS, Philhealth, LTO, PAG-IBIG COMELEC, NBI, DFA, among others) |



| 0-4:5-45 5 1 | |
|--|---|
| Certificate of Enrolment or Registration | |
| Validated school ID of the student/beneficiary | Registrar, authorized staff from the school, |
| Statement of Account for College Students | Registrar, authorized staff from the school |
| Any valid government issued I. D | Government agencies issuing an identification card (SSS, Philhealth, LTO, PAG-IBIG, COMELEC, NBI, DFA and among others) |
| *Barangay Certificate of Residency or Indigency of the Client may be required. | Office of the Barangay Captain |
| Food Assistance | |
| Any valid government issued I. D | Government agencies issuing an identification card (SSS, Philhealth, LTO, PAG-IBIG, COMELEC, NBI, DFA and among others) |
| Project Proposal and Food Distribution List (CRCF client) | Head of the Residential Center |
| *Barangay Certificate of Residency or Indigency of the Client may be required. | Office of the Barangay Captain |
| Cash Assistance for other Support Se | rvices |
| 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 of the client: Police Report or Bureau of Fire Protection (BFP) | Police Station, Barangay, Bureau of Fire, Philippine Embassy/Consulate, Social Worker from welfare agencies. |



Within the Day Transactions

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESS TIME | PERSON RESPONSIBLE |
|--|---|-----------------------|-----------------|--|
| Queueing number and screening of documents 2. Verification on | 1.1 Determine the assistance needed and screen the completeness of the requirements. 1.2 If requirements are complete, issue queueing number for the client to proceed to CIS Verifier. If incomplete, provide list of requirements for client to comply. 1.3 Forward the client to the assigned Grievance Officer of the Day at the Crisis Intervention Section (CIS) for assessment by a social worker, for complicated cases that are beyond the capacity of the PACC Personnel to determine and assess if the client is eligible for assistance | None | 2 minutes | PACC Desk Officer/CIS Staff CIS Verifier |
| the non- duplication of assistance and fill-out General Intake Sheet | client's name into the CrIMS and/or the Regional Clients Database to ensure no | | | |



| | duplication of | | | |
|--|---|------|------------|---------------|
| | provided services. | | | |
| | 2.2 If client is not yet eligible to avail, fill-out the Assistance Availment Slip indicating the date when the client should return. 2.3 Orient the client in filling-out the General Intake Sheet (GIS) 2.4 Enter the queuing number of | | | |
| | the client to CIU | | | |
| | Processing for interview and | | | |
| | assessment. | | | |
| 3.Interview, Assessment and Recommendation | 3.1 Interview the client using the prescribed General Intake Sheet (GIS). The Social Worker may gather collateral information about the client or life circumstances from the immediate family members, relatives, referring parties and other sources, if necessary. | None | 25 minutes | Social Worker |



| | psychosocial processing to the client as needed, to lessen their anxieties brought about by the crisis situation 3.3Release the assistance in the form of Cash, Cash Voucher or Guarantee Letter based on the amount recommended. Cash release is subject to availability of cash advance. | | | |
|---|---|------|-----------|--|
| 4.Picture taking and fill-out Satisfaction Survey | 4.1 Take photo of the client for entry into the database for recording purposes. 4.2Assist the client to write his/her name at the logbook indicating the guarantee letter, cash voucher or cash received with corresponding signature. 4.3 Request the client to accomplish the Satisfaction | None | 3 minutes | CIS Satisfaction Survey Administrator |



| TOTAL | No Fees | 33 minutes | |
|--|---------|---------------|--|
| 4.4For clients who have been seeking assistance to AICS many times already, they will be requested to answer the Monitoring Tool on the Responsiveness of Service Providers purposely to assess the quality of service of the different service providers. | | | |
| Survey Form. | * | | |

| FEED | BACK AND COMPLAINTS MECHANISMS |
|------------------------------|---|
| How to send feedback | Kindly accomplish the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section |
| | Tel. Nos.: (085) 342-5619 to 20 loc. 103 or 241 |
| | Telefax: (085) 815-9173 |
| | E-mail: protective.focrg@dswd.gov.ph |
| How feedbacks are processed | Every 1st week of the month, your feedbacks are consolidated and summarized by the designated Admin Staff for onward submission to the Section Head and HRMDD Chief for approval and consolidation. |
| How to file a complaint | You can write your complaint/s in the comment section of the Client Satisfaction Survey Form (DSWD – FO Caraga-HRMDD 001-F-001) from the receiving admin staff of the Section |
| How complaints are processed | Complaints received are consolidated every 30 th day of every month and will be part of the agenda during Section/Division meetings. |
| Contact Information | Crisis Intervention Section |



1st Floor, Pag-amoma Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City

Tel. Nos.: (085) 342-5619 to 20 loc. 103 or 241

Telefax: (085) 815-9173

E-mail: protective.focrg@dswd.gov.ph

ARTA: complaints@arta.gov.ph

PCC: 8888

CONTACT CENTER NG BAYAN:

SMS : 0908 881 6565

Call : 165 56

P 5.00 + VAT per call anywhere in the

Philippines via PLDT landlines

Facebook
Web

: email@contactcenterngbayan.gov.ph
: https://facebook.com/civilservicegovph/
: https://contactcenterngbayan.gov.ph/

16. PROVISION OF ASSISTANCE TO RETURNING OVERSEAS FILIPINOS

The International Social Service Office (ISSO) implements the system in providing assistance to overseas Filipinos in distressed situations and their families (documented and undocumented workers) in all foreign countries. This is in line with RA 8042 and was amended by RA 10022 otherwise known as the "Migrant Workers and Overseas Filipino Act of 1995 provides the mandate to improve the country's standard of protection and promotion of the welfare of OFs and their families.

| Office or Division: | Protective Services Division | | |
|---|--|------------------------|--|
| Classification: | Simple | | |
| Type of Transaction: | G2C-Government to Citizen | | |
| Who May Avail: | Distressed and Recently Rep | patriated OFWs | |
| CHECKLIST O | F REQUIREMENTS | WHERE TO SECURE | |
| Primary Documents | | | |
| (2 copies photocopy and original a | Iso for validation) | | |
| Valid ID (Voter's ID, UMID) | | COMELEC, SSS | |
| Philippine Passport | | DFA | |
| OWWA or NRCO Certification | | OWWA, NRCO | |
| Secondary Documents | Secondary Documents (Any of the following) | | |
| (2 copies photocopy and original also for validation) | | | |
| Barangay Certification | | BLGU | |
| POLO Referral Letter | | POLO-Embassy | |
| 3. Medical Certificate and Medical Prescription | | Doctor/Hospital/Clinic | |



| CLIENT STEPS | AGENCY ACTIONS | FEES TO | PROCESSING | PERSON |
|---|---|---------|------------|---------------------------------------|
| | | BE PAID | TIME | RESPONSIBLE |
| Inquire about OFW Cash Assistance | CBSS Clerk lets the client register in the logbook for reference | None | 3 minutes | CBSS Clerk |
| | Clerk refers the Client to appropriate Social Worker | None | 3 minutes | CBSS Clerk |
| | Social Worker conducts initial assessment to client | None | 15 minutes | ISSO Social Worker |
| | Social Worker provides Checklist of Requirements to Client | None | 2 minutes | ISSO Social Worker |
| | 5. Client will fill-out the GIS Page 1 then Social Worker will print out the filled-up forms such as General Intake Sheet Page 2, Certificate of Eligibility and Petty Cash Voucher | None | 20 minutes | ISSO Social Worker |
| | 6. Social Worker will conducts thorough assessment | | 45 minutes | ISSO Social Worker |
| | 7. Endorse client to the Petty Cash Custodian/SDO for provision of assistance | None | 3 minutes | ISSO Social Worker |
| ÷ | 8. Client will receive the cash assistance then to register her name and signature | None | 3minutes | Petty Cash Custodian, CIS Clerk |



| in the logbook and also picture-taking | | | |
|--|------|----------------------------------|-----------|
| 9. Client to fill out the monitoring tool on Responsiveness of Service Providers purposely to assess the quality | None | 6 minutes | CIS Clerk |
| • | | Total: 1 hour & 40 minutes | |

| FEEDBACK | AND COMPLAINTS MECHANISM | |
|-----------------------------|---|--|
| How to send a feedback | Client Satisfaction Survey/Feedback | |
| How feedback is processed | Consolidated every month and forwarded to concerned section if any. | |
| How to file a complaint | Thru 8888 or Client Satisfactory Survey/Feedback | |
| How complaint are processed | Complaints are processed and acted upon 24 hours upon receipt. | |
| Contact Information | (085) 342 5619 loc. 106 CONTACT CENTER NG BAYAN: | |
| | SMS : 0908 881 6565 Call : 165 56 P 5.00 + VAT per call anywhere in the Philippines via PLDT landlines | |
| | Email : email@contactcenterngbayan.gov.ph Facebook : https://facebook.com/civilservicegovph/ Web : https://contactcenterngbayan.gov.ph/ | |

17. PROVISION OF ASSISTANCE TO VICTIMS OF HUMAN TRAFFICKING

Direct assistance and services that will be extended to victim-survivors of trafficking. These includes logistical support during and post-rescue operation, psychosocial, support services such as medical, educational, legal, protective custody and economic reintegration services that will better enable the clients to recover from their traumatic experiences. Multi-sectoral approach is applied in order to maximize existing programs and services for victim-survivors of trafficking.

| Office or | Recovery Reintegration Program For Trafficked Persons |
|--|---|
| Street St | |



| Division: | | | |
|--|--|--------------------------------------|--|
| Classification: | Highly Technical | | |
| Type of | Government to Citizens | | |
| Transaction: | | | |
| Who May | TIP Victim-Survivors | | |
| Avail: | Families of the victim-survivor of | f trafficking | |
| | Witnesses of cases of human tra | afficking | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | |
| Medical Assistance: | | | |
| 2 photocopies of Valid ID (original ID must be presented | | Any Government issued ID | |
| upon claiming of | | | |
| Social Case Stud | | DSWD Social Worker | |
| | nal copy and 1 photocopy) of Hospital | | |
| | t of hospital bill) or Prescription (for | | |
| | poratory requests (for procedure) | Hospital where client/patient was | |
| | nal copy and 1 photocopy) of Clinical | admitted. | |
| | Certificate with signature and license | | |
| months. | nding physician (issued within three | | |
| | al copy and 1 photocopy) of Barangay | Office of the Barangay Captain | |
| Certificate of Indig | | Office of the barangay Captain | |
| Educational Ass | | | |
| | nal copy and 1 photocopy) of School | Office of the Registrar or Principal | |
| | ertificate of Enrollment | where the client is enrolled. | |
| Social Case Stud | | SWO II-RRPTP DSWD Social | |
| | | Worker | |
| | ment of Account for tertiary Education | School Accounting Office | |
| 2 photocopies of | | School issued ID | |
| | Valid ID of the parent/guardian(original | Any government issued ID | |
| | nted upon claiming the assistance) | Pantawid ID | |
| Livelihood Assis | | | |
| | They may write using their vernacular | | |
| | They may be assisted by the social | | |
| worker in prepara | ition of the said proposal. | | |
| | | | |
| | | | |
| | | SWO II-RRPTP DSWD | |
| | | | |
| Result of Handa | Ka na Bang Magnegosyo? The client | | |
| scores 75 and above in order to be eligible for the | | | |
| | m, to determine the preparedness of | | |
| | their business. Re-assessment will be | | |
| | ents who will have a score of 74 and | | |
| | may be considered to avail financial | | |
| assistance for employment. | | | |
| Social Case Study Report | | | |



| survivors of trafficking may visit | Log Book 1.1.1 CBSU clerk refers the | NONE | | |
|--|---|------------|--------------------------------|--|
| 1. The Victim- | 1.1Log name in the visitor's | None | _ | |
| CLIENT STEPS | AGENCY ACTIONS | TO BE PAID | E TIME RESPONSIBLE | |
| | | FFF | DDOCESSING DEDCON | |
| 2 copies (1 original and 1 photocopy) of Certificate of Indigency | | ate of | Office of the Barangay Captain | |
| lodging | not and 1 photocopy) of Cartific | ata of | Office of the Parengay Cantain | |
| | fficial Receipt of the Client's boar | d and | | |
| Social Case Stud | y Report | | RRPTP-DSWD Social Worker | |
| 2 photocopy of valid ID (original ID must be presented upon claiming the assistance) | | | Any Government issued ID | |
| Support for Transportation A | Victim-survivors/Witness Assistance | and | | |
| facilities for protect | ctive custody. | | | |
| Victims-survivors | of trafficking may be placed in Densed and accredited residential | | DSWD | |
| reintegration. Provision of Ten | nporary Shelter | | | |
| _ | oughout the process from recover | ery to | | |
| | nseling and assist victim-survivo | | | |
| Social workers | of trafficking during rescue oper are highly needed to pr | ovide | DSWD | |
| | tim-survivors of trafficking: | ation | | |
| Logistical Sup | port During and Post-Re | scue | | |
| upon claiming the | | cineu | Agency issued iD | |
| | alid ID (original ID must be pres | ented | employed Agency issued ID | |
| | f Employment or any similar docu ates that they are hired | iment | Agency where the client is | |
| etc.): | f Employment or any similar day | um c = 1 | | |
| license, NBI and | police clearance, Medical Certi | | | |
| | laiming the assistance) ance for Employment (e.g. dr | iver's | | |
| | valid school ID (original ID mu | st be | School issued ID | |
| | | | | |
| accredited training | | | 3 | |
| Skills Training: Official receipt from | om the training school (TESDA/0 | CHED | Training school | |
| upon claiming of a | assistance | | Pantawid ID | |
| | alid ID (original ID must be pres | ented | Any government issued ID | |
| 2 copies (1 original Certificate of Indig | al copy and 1 photocopy) of Barangay | | Office of the Barangay Captain | |
| | | | | |



| the DSWD | client to RRPTP social | | 1 |
|-----------------------------|--|-----------|-----------------|
| Field Office | worker for the routing of | 5 minutes | Security |
| Caraga. | concern to the specific | Personnel | |
| 3 | program. | duty | |
| *Log name in | | | |
| the RRPTP | 1.1.2 Once routed to | | |
| Customer's | Recovery Reintegration | 5 minutes | CBSU Clerk |
| Logbook | Program for Trafficked | | |
| | Persons (RRPTP). RRPTP social worker will let the client | | |
| | log his/her name and date of | | |
| | submission in the Log Book | | |
| | for Walk-in Clients and | | |
| | conducts intake/initial | | |
| | interview. | | - |
| | | | SWO II- |
| *Inquire and | 1.1.3 RRPTP Social Worker | 3 hours | RRPTP |
| request for an assistance | will fill-out the intake sheet | | Social |
| assistance | and completes the information of the client | | Worker |
| | during the conduct of | | |
| | interview to walk-in/referred | | |
| | clients. And conducts initial | | |
| | assessment of the case | | |
| *Respond | taken from the interview, and | | |
| /answer with | collateral information of the | | |
| the interview | client, if needed. | | |
| of the Social | | | |
| Worker (Intake Sheet and | | | |
| SCSR) | | | |
| occi, | | | |
| | | | |
| *Submit | 1.1.5 RRPTP Social Worker | | |
| requirements | will present the needed | | |
| based on the | documents (checklist) and | 1 hour | SWO II- |
| needed | other supporting papers needed to avail of immediate | | RRPTP Social |
| services | assistance like livelihood, | | Worker |
| | educational, medical, food | | WOINGI |
| | and transportation materials. | | |
| | If documents are available, | | |
| | provide the immediate | | |
| | assistance base on need. | | |
| *Answer | 1.1.6 Facilitate the | | SWO II- |
| Customer | Customer | 5 minutes | RRPTP |
| Satisfaction | Satisfaction | | Social |



| Survey | Survey Form | | Worker |
|-----------------------------|---|---------------|-------------------------------|
| *Wait for the approved SCSR | 1.2 Preparation of Social Case Study Report through given template. | 2 days | SWO II-RRPTP Social Worker |
| SUSK | 1.2.1 Submit draft of Initial SCSR to RRPTP focal person. | 10 minutes | SWO II-RRPTP Social Worker |
| | 1.2.2 RRPT focal/PSD Chief reviews and provides inputs on SCSR submitted. | 1 day | SWO IV/OIC- CHIEF,PSD |
| | 1.2.3Social Worker finalizes corrected report and endorses to RRPTP focal and PSD for review and approval. | 2 hours | SWO II-RRPTP Social Worker |
| | 1.3 Provision of needed services to the client | 8 days | SWO II-RRPTP Social Worker |
| | 1.3.1 Social worker will conduct counselling/psycho education to TIP clients | | |
| | 1.3.2 Social worker will provide the services based on the assessment. Preparation of vouchers for assistance that appropriately cater the needs of the TIP victim-survivors. (Provision of Educational and Livelihood Assistance) | | SWO II-RRPTP Social Worker |
| | a. Hot meals b. Medical c. Education d. Transportation e. Livelihood | | |
| | 1.3.3 PSD Division Chief | 3 hours | SWO IV/OIC- |



| | reviews and recommends the provision of assistance for the approval of the Regional Director | | | Chief, PSD |
|---------------------------------------|--|------|--------------------------------------|---------------------------------------|
| *Receive the | 1.3.4 ARDO will signs and recommends for financial assistance. | | 1 day | Assistant Regional Director for |
| assistance and attend case conference | 1.3.5 The Regional Director approved the provision of assistance to the victim-survivors of trafficking | | 3days | Operations Regional Director |
| | 1.3.6 Turn-over of assistance and conduct of case conference together with the P/C/MSWDO and the client | | 3hours | SWO II-RRPTP Social Worker |
| | 1.3.7 In the cases where the services needed are beyond the Department's program, SW coordinates with other partner agencies through telephone or referral letter. | | 1hour | SWO II-RRPTP Social Worker |
| TOTAL | | NONE | 16 days 5 hours and 25 minutes | |

| FEEDBACK AND COMPLAINTS MECHANISM | | | |
|-----------------------------------|---|--|--|
| How to send feedback | Clients/applicants provides feedback through Client Satisfaction Survey Form or client sends letter to FO. | | |
| How to send feedback is processed | AA clerk consolidate feedback in a monthly basis to be approved by the PSD Chief. The approved Consolidated Report will be given to the HRMDD to be processed for immediate action (if there are any) | | |
| How to file a complaint | ARTA-Recovery Reintegration Program for Trafficked Persons (RRPTP) Protective Services Division 1st Floor Lumilihok Building DSWD Field Office Caraga R. Palma Street, Butuan City | | |



| | CSC-0917-839-8272 Para sa taumBAYAN hotline: 8951-2575 / 8951-2576 / 8932-0111 PCC- 8888 |
|-----------------------------|--|
| How complaint are processed | Complaints are processed and acted upon 24 hours upon receipt. |
| Contact information | Ms. Bernape C. Bantayan SWO II/RRPTP Focal 0918-947-3954 blairebantayan@gmail.com Through Telephone No. 085-342-5620/19 Email Address: focrg@dswd.gov.ph CONTACT CENTER NG BAYAN: |
| | SMS : 0908 881 6565 Call : 165 56 P 5.00 + VAT per call anywhere in the Philippines via PLDT landlines |
| | Email : email@contactcenterngbayan.gov.ph Facebook : https://facebook.com/civilservicegovph/ Web : https://contactcenterngbayan.gov.ph/ |

18. PROVISION OF ASSISTIVE DEVICES TO ELIGIBLE PERSONS WITH DISABILITIES (CANES, CRUTCHES, WHEELCHAIR, HEARING AIDS AND PROSTHESIS)

In support to the RA 7277 or the Magna Carta for Persons with Disabilities, the office provides for auxiliary services this sector. The provision of assistive devices is part of the efforts along their physical restoration and self and social enhancement to promote their capability to attain a more meaningful, productive and satisfying way of life with the end goal of ultimately becoming self-reliant and contributing members of the society.

| Office or Division: | Protective Services Division | | | |
|------------------------------|--|------------------------------|--|--|
| Classification: | Simple/Complex | Simple/Complex | | |
| Type of Transaction: | G2C-Government to Citizen | | | |
| Who May Avail: | Persons with Disabilities and Senior Citizens who are in need of | | | |
| | assistive devices | | | |
| CHECKLIST O | OF REQUIREMENTS WHERE TO SECURE | | | |
| FO | R CANES, CRUTCHES AND | WHEELCHAIR | | |
| Intent Letter | | Client | | |
| Whole Body Picture | | Client | | |
| Medical Abstract/Certificate | | Medical Doctor, Hospital and | | |



| 0.45-4 | | | Municipal Health (Office/ Barangay H | | |
|--|---|--------------------------|--|--|--|
| Barangay Certification of Indigency Social Case Study Report Requisition and Issuance Slip (RIS) | | | Sectoral Section or Referring LGU Sectoral Section | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| Submission of complete document requirements | Review, Log Submitted Documents and attach additional forms | None | 15 minutes | Sectoral Section Administrative Aide IV | |
| | 2.1 Forward to Social Worker for Assessment | None | 2 hours | Sectoral Section Social Worker | |
| | 1.2 Forward to Protective Services Division Chief for Approval | None | 20 minutes | Protective Services Division Chief | |
| | 1.3 Forward to Assistant Regional Director for Administration (ARDA) for Approval of RIS. | None | 2 hours | Assistant Regional for Administration | |
| Claim Assistive Device | 3. Demonstration of Use and Release of Assistive Device | None | 20 minutes | Sectoral Section Administrative Aide IV | |
| Fill-out Client Satisfaction Survey | Provide Gatepass | None | 10 minutes | Sectoral Section Administrative Aide IV | |
| TOTAL | | 0 | 5 hours and 5 minutes | | |
| | FOR HEARING AIDS | and P | ROSTHESIS | | |



| CHECKLIST (| OF REQUIREMENTS | | WHERE TO | O SECURE | |
|--|--|------------------|--|--|--|
| Intent Letter | | | Client | | |
| Whole Body Picture | | | Client | | |
| Social Case Study Report | | | Sectoral Section or Referring LGU | | |
| Medical Abstract/Certif | | | | lospital and Office/City Health Health Center/ | |
| Barangay Certification | of Indigency | | Barangay | | |
| Price Quotation | | | Medical Equipme | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES | THE RESIDENCE OF THE PARTY OF T | PERSON | |
| | | TO BE PAID | TIME | RESPONSIBLE | |
| Submission of complete document requirements | Review and Log Submitted Documents | None | 10 minutes | Sectoral Section Administrative Aide IV | |
| | 1.1 Forward to Social Worker for Assessment | None | 2 hours | Sectoral Section Social Worker | |
| | 1.2 Forward to Division Chief for Review and Recommending Approval | None | 20 minutes | Protective Services Division Chief | |
| | 1.3 Forward to Regional Director for Approval | None | 1 day | Regional Director | |
| | 1.4 Forward to Finance Management Division for financial transactions. | None | 5 days | Finance Management Division | |
| | 1.5 Inform the client and supplier on the availability of cheque. | None | 10 minutes | Sectoral Section Administrative Aide IV | |
| Claim copy of Voucher and fill-out Client Satisfaction | Photocopy voucher and log transaction. | None | 20 minutes | Sectoral Section Administrative Aide IV | |



| Survey/ Feedback. | | | |
|----------------------|------------|--------|--|
| TOTAL | No Fees | 7 days | |

| FEEDBACK | AND COMP | LAINTS MECHANISM | |
|-----------------------------|---|---|--|
| How to send a feedback | Client Satis | faction Survey/Feedback | |
| How feedback is processed | Consolidated every month and forwarded to concerned section if any. | | |
| How to file a complaint | Thru 8888 | or Client Satisfactory Survey/Feedback | |
| How complaint are processed | Complaints upon receip | are processed and acted upon 24 hours ot. | |
| Contact Information | (085) 342 5619 loc. 106 | | |
| | CONTACT CENTER NG BAYAN: | | |
| | SMS | : 0908 881 6565 | |
| | Call | : 165 56 P 5.00 + VAT per call anywhere in the Philippines via PLDT landlines | |
| | Email : email@contactcenterngbayan.gov.ph | | |
| | Facebook | : https://facebook.com/civilservicegovph/ | |
| | Web | : https://contactcenterngbayan.gov.ph/ | |

19. PROVISION OF CENTENARIAN GIFT TO ELIGIBLE CENTENARIAN

Provision of cash gift amounting to one hundred thousand pesos (P100,000.00) to all living Filipinos who have turned 100 years old in the current fiscal year whether residing in the Philippines or abroad, and those deceased centenarians who died in the current fiscal year shall be honored.

| Office or Division: | Protective Services Division | | | | |
|---|---------------------------------|-------------------------------------|--|--|--|
| Classification: | Simple | Simple | | | |
| Type of Transaction: | G2C-Government to Citizen | | | | |
| Who May Avail: | Centenarian Applicants and | or their Authorized Representatives | | | |
| CHECKLIST O | OF REQUIREMENTS WHERE TO SECURE | | | | |
| Primary Documents (| Any 1 of the following) | | | | |
| Registered Birth Certificate | | PSA / Local Registrar | | | |
| Philippine Passp | ort | DFA | | | |
| Senior Citizen's Identification Card issued by OSCA | | OSCA | | | |
| Any other Philippine Government -issued ID (at least 1) | | Any Government Agency | | | |
| Secondary Document | s (Any 2 of the following) | | | | |
| Registered Marri | age Certificate issued by | PSA / Local Registrar | | | |



Focal Person/

Social Worker

2 minute

| | PSA | | | | | | |
|----|--|--|---|-------------------|-------------|------------------|--------------------------------|
| 5. | Registered Birth Certificate of Children (At least 2 Children) | | | PSA / | Local Regis | trar | |
| 6. | Affidavit executed Persons (At least | | | | Notary | Public Law | yer |
| 7. | Old School Reco | ords or Employment Records birth of the Centenarian | | School / Employer | | | |
| 8. | Certified Baptism Certificate / Reco | | Confirmation | | Churc | h | |
| | ional Supporting letion of the abo | | ents (Upon | | | | |
| 1. | One Whole-Body Applicant (Latest | | of the Centena | arian | Client | | |
| 2. | Certificate of Res Barangay | sidency is | sued by the | 11 | Barangay | | |
| 3. | Endorsement Let C/MSWDO | ter issue | ssued by the | | C/MSWDO | | |
| CL | IENT STEPS | AGENC | Y ACTIONS | TO BE PAIL | | OCESSING TIME | PERSON RESPONSIBLI |
| 5. | Inquire about Centenarian Program | le lo lo | BSS Clerk ts the client g in the gbook for eference. | None | 2 | ? minutes | CBSS Clerk |
| | | th a F | lerk refers the Client to oppropriate ocal Person/ ocial Worker | None | | 1 minute | CBSS Clerk |
| | | S | ocal Person/ ocial Worker onducts | None | 1 | 5 minutes | Focal Person/ Social Worker |

None

assessment to client and referring party

7. Focal Person/

provides Checklist of Requirements

to Client

Social Worker



| Total | 20 minutes | |
|-------|------------|--|
| | | |

| FEEDBACK A | ND COMPLAINTS MECHANISM | | |
|-----------------------------|--|--|--|
| How to send a feedback | Client Satisfaction Survey/Feedback | | |
| How feedback is processed | Consolidated every month and forwarded to | | |
| | concerned section if any. | | |
| How to file a complaint | Thru 8888 or Client Satisfactory Survey/Feedback | | |
| How complaint are processed | Complaints are processed and acted upon 24 hours | | |
| | upon receipt. | | |
| Contact Information | (085) 342 5619 loc. 106 | | |
| | CONTACT CENTER NG BAYAN: SMS : 0908 881 6565 Call : 165 56 | | |

20. PROVISION OF RESIDENTIAL CARE SERVICES TO CHILDREN IN CONFLICT WITH THE LAW (CICL)

This service is provided to male children in conflict with the law with ages above 15 but below 18 upon commission of offense who are ordered by the court for temporary shelter and rehabilitation. This is located in the Regional Rehabilitation Center for Youth (RRCY) Prosperidad, Agusan del Sur.

Office or Division: Protective Services Division: RRCY



| Classification: | G2C-Government to Citizens |
|----------------------|--|
| Type of Transaction: | Complex |
| Who May Avail: | Male children in conflict with the law with ages above 15 but below 18 upon commission of offense who are ordered by the court for temporary shelter and rehabilitation. |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
|--|---|
| Referral Letter | Local Social Welfare and Development |
| Social Case Study Report (SCSR) | Office |
| Birth Certificate | 2. Licensed Social Worker from LGU |
| Medical Records | Philippine Statistics Authority |
| Commitment Order | 4. Attending Physician from a hospital/clinic |
| PNP Related Document | 5. Department of Justice/Regional Trial Court |
| 7. School Records | 6. Philippine National Police |
| Rapid Test Result and other Laboratory | 7. School last attended |
| Results | 8. Health Center / Hospital |
| | |

Within Six Months Residential Care Services

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|----------------------------|--|-----------------------|--------------------|---|
| | 1.1 Record referral letter in the incoming logbook | none | 1 min | Administrative Assistant |
| | 1.2 Assessment of referral by the Multi- Disciplinary Team | none | 30 min | Multi-Disciplinary Team Members |
| Receipt of referral | 1.3 If referred case is for admission, inform the referring party by phone and set the schedule of admission conference | none | 10 min | Center Head or Senior Social Worker |
| | 1.4 If referral is not accepted, a written reply will be sent to the referring party | none | Within 2 days | Center Head or Senior Social Worker |
| | 1.5 Assignment of case to the handling social worker | none | 3 min | Senior Socal worker |
| 2. Admission Conference | 2.1 Review of documentary requirements | None | 10 min | Handling Social Worker |



| | 2.2 Conduct of admission conference | None | 3 hours | Multi-Disciplinary Team Members |
|--|---|------|--------------------|--|
| | 2.3 Taking of photo of the client and her family/escort | None | 5 min | Administrative Assistant |
| | 2.4 Turn-over of client to Homelife and Medical Services for regular new admission procedure | None | 5 min | Handling Social Worker |
| Intake interview and preparation of SCSR | 3.1 Conduct of intake interview | None | 1 hour | Handling Social Worker |
| | 3.2 Preparation of SCSR | None | Within 5 days | Handling Social Worker |
| Implementation of Residential Care | 4.1 Provision of homelife, psychocological, medical, education, livelihood, social services, legal and referral for specialized interventions | None | At least 11 months | Multi- Disciplinary Team Members |
| Intervention/ Rehabilitation | 4.2 Review and monitoring of client's progress based on the intervention/ rehabilitation plan thru Social Functioning Indicators | None | Monthly | Multi- Disciplinary Team Members |



| | 4.Administration of progress reports to court once every three months | None | 2 days | Handling Social |
|--|---|------|--|--|
| | 4.4 Administration of client's satisfaction survey form | None | 30 min | Handling Social |
| | 4.5 Dialogue with family members through case conference and homevisits | None | At least once per quarter | Handling Social Worker and selected MDT members |
| 5. Conduct of Pre- discharge activities | 5.1 Request for Parenting Capability Assessment Report (PCAR) | None | On the 8th month after admission | Handling Social Worker |
| | 5.2 Preparation and submission of Final Report to court | None | 2 days | Handling Social Worker |
| | 5.3 Conduct of pre- discharge session with the client | None | 30 min per session | Handling Social Worker ; Psychometrician |
| 6. Discharge Case | 6.1 Preparation and submission of closing summary for Field Office approval | None | 2 days | Handling Social Worker |
| | 6.2 Medical Check- up | None | 3 hours | Nurse |



| | 6.3 Coordination to TESDA for NCII issuance | None | 2 hours | Manpower Development Officer / Handling Social Worker |
|-------------------------|---|---------|--|---|
| | 6.4 Approval of discharge documentary requirements | None | 30 min | Handling Social Worker |
| | 6.5 Administration of client's satisfaction survey form | None | 15 min | Handling Social Worker |
| | 6.6 Conduct of Discharge Conference cum advocacy session | None | 3 hours | Multi- Disciplinary Team Members |
| | 6.7 Turn-over of client to identified custodian | None | 30 min | Multi- Disciplinary Team Members |
| 7. After Care Follow-up | 7.1 Send follow-up letter to LSWDO | None | 6 months after the actual discharge | Handling Social Worker |
| titor ouro i onom up | 7.2 Closure of the case | None | One year after the discharge | Handling Social Worker |
| То | otal | No Fees | (11 months o | ar and 11 months of stay in RCF and care by the LGU) |



| FEEDB/ | ACK AND COMPLAINTS MECHANISMS | | | |
|---------------------------------------|--|--|--|--|
| How to send feedback | Kindly accomplish the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section Tel. Nos.: (085) 342-5619 to 20 loc. 115 Telefax: (085) 815-9173 E-mail: rrcy.focrg@dswd.gov.ph | | | |
| How feedbacks are processed | Every 1st week of the month, your feedbacks are consolidated and summarized by the designated Admin Staff for onward submission to the Center Head and PSD Chief for approval and consolidation. | | | |
| How to file a complaint | You can write your complaint/s in the comment section of the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section (Table 1) | | | |
| How complaints are processed | Complaints received are consolidated every 30 th day of every month and will be part of the agenda during the quarterly/ special meetings. | | | |
| Contact Information of CCB, PCC, ARTA | Center-Based Section 1st Floor, Pahigayon Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City Tel. Nos.: (085) 342-5619 to 20 loc. 115 Telefax: (085) 815-9173 | | | |
| | RRCY Prosperidad, Agusan del Sur E-mail: rrcy.focrg@dswd.gov.ph | | | |
| | ARTA : complaints@arta.gov.ph PCC: 8888 | | | |
| | CONTACT CENTER NG BAYAN: SMS : 0908 881 6565 Call : 165 56 P 5.00 + VAT per call anywhere in the Philippines via PLDT landlines | | | |
| | Email : email@contactcenterngbayan.gov.ph Facebook : https://facebook.com/civilservicegovph/ Web : https://contactcenterngbayan.gov.ph/ | | | |



21. PROVISION OF RESIDENTIAL CARE SERVICES TO CHILDREN SEXUALLY ABUSED AND EXPLOITED

The establishment of Home for Girls situated in Purok 4, Barangay Bonbon, Butuan City as mandated by law provides programs and service on the welfare and development of female children in need of special protection such as sexually abused and exploited, neglected and emotionally maltreated, physical abused, child labor, and trafficked children.

| Protective Services Division: Home for Girls | | |
|--|---|--|
| G2C-Government to Citizens | | |
| Transaction: Complex | | |
| Female children ages 5 | years to below 18 years old needing special | |
| protection and temporary | y care, recovery and healing. | |
| REQUIREMENTS | WHERE TO SECURE | |
| eport (SCSR) nents ent | 1.Local Social Welfare and Development Office or Head of Non-government organization 2. Licensed Social Worker from any government/non-government welfare agencies 3. Philippine Statistics Authority 4. Attending Physician from a hospital/clinic 5. Department of Justice/Regional Trial Court 6. Philippine National Police 7. School last attended 8. Health Center / Hospital | |
| | G2C-Government to Citize Complex Female children ages 5 y protection and temporary REQUIREMENTS eport (SCSR) | |

| | Within Six Months Residential Care Services | | | |
|---------------------|---|-----------------------|--------------------|---|
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| | 1.1 Record referral letter in the incoming logbook | none | 1 min | Administrative Assistant |
| | 1.2 Assessment of referral by the Multi- Disciplinary Team | none | 30 min | Multi-Disciplinary Team Members |
| Receipt of referral | 1.3 If referred case is for admission, inform the referring party by phone and set the schedule of admission conference | none | 10 min | Center Head or Senior Social Worker |
| | 1.4 If referral is not accepted, a written reply will be sent to the referring party | none | Within 2 days | Center Head or Senior Social Worker |



| | 1.5 Assignment of case to the handling social worker | none | 3 min | Senior Socal worker |
|---|---|------|-------------------|--|
| | 2.1 Review of documentary requirements | None | 10 min | Handling Social Worker |
| | 2.2 Conduct of admission conference | None | 4 hours | Multi-Disciplinary Team Members |
| 2. Admission Conference | 2.3 Taking of photo of the client and her family/escort | None | 10 min | Administrative Assistant |
| | 2.4 Turn-over of client to Homelife and Medical Services for regular new admission procedure | None | 5 min | Handling Social Worker |
| Intake interview and preparation of SCSR | 3.1 Conduct of intake interview | None | 1 hour | Handling Social Worker |
| | 3.2 Preparation of SCSR | None | Within 5 days | Handling Social Worker |
| Implementation of Residential Care Intervention/ Rehabilitation | 4.1 Provision of homelife, psychocological, medical, education, livelihood, social services, legal and referral for specialized interventions | None | At least 6 months | Multi- Disciplinary Team Members |
| | 4.2 Review and monitoring of client's progress | None | Monthly | Multi- Disciplinary Team Members |



| | based on the intervention/ rehabilitation plan | | A.1. | |
|--|---|------|--|---|
| | 4.3 Dialogue with family members through case conference and homevisits | None | At least once per quarter | Handling Social Worker and select members of MDT |
| | 5.1 Call for case conference and advocacy with the family, LSWDO and significant members of the community | None | On the 4th month after admission | Handling Social Worker and select members of MDT |
| 5. Conduct of Pre- discharge activities | 5.2 Request for Parenting Capability Assessment Report (PCAR) | None | On the 5th month after admission | Handling Social Worker |
| | 5.3 Conduct of pre- discharge session with the client | None | 30 min per session | Handling Social Worker ; Psychometrician |
| | 6.1 Preparation Medical Check-up discharge summary report (if PCAR has positive recommendation) | None | 2 days | Handling Social Worker |



| | 6.2 Submission of the discharge summary report to Field Office for approval | None | 1 hour | Admin Staff/Driver |
|-------------------------|---|------|--|--|
| | 6.3 Medical Check- up | None | 3 hours | Nurse |
| | 6.4 Provision and final orientation on livelihood related items | None | 2 hours | Manpower Development Officer |
| | 6.5 Approval of discharge documentary requirements | None | 30 min | Handling Social Worker |
| | 6.6 Administration of client's satisfaction survey form | None | 15 min | Handling Social Worker |
| | 6.7 Conduct of Discharge Conference cum advocacy session | None | 3 hours | Multi- Disciplinary Team Members |
| | 6.8 Turn-over of client to identified custodian | None | 30 min | Multi- Disciplinary Team Members |
| 7. After Care Follow-up | 7.1 Send follow-up letter to LSWDO | None | 3 months after the actual discharge | Handling Social Worker |



| | 7.2 Closure of the case | None | Within 1 month after 6 mos of discharge | Handling Social Worker |
|--------------------------|-------------------------|------|--|--|
| Total Processing Time | | | months of sta | onths (6 months by in RCF and 6 care by the LGU) |

| | FEEDBACK AND COMPLAINTS MECHANISMS |
|---------------------------------------|--|
| How to send feedback | Kindly accomplish the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section |
| | Tel. Nos.: (085) 342-5619 to 20 loc. 115 Telefax: (085) 815-9173 E-mail: hfg.focrg@dswd.gov.ph |
| How feedbacks are processed | Every 1st week of the month, your feedbacks are consolidated and summarized by the designated Admin Staff for onward submission to the Center Head and PSD Chief for approval and consolidation. |
| How to file a complaint | You can write your complaint/s in the comment section of the <i>Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001)</i> from the receiving admin staff of the Section |
| How complaints are processed | Complaints received are consolidated every 30 th day of every month and will be part of the agenda during the division and monthly center meetings. |
| Contact Information of CCB, PCC, ARTA | Center-Based Section 1st Floor, Pahigayon Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City Tel. Nos.: (085) 342-5619 to 20 loc. 115 Telefax: (085) 815-9173 |
| | HFG Purok 4, Barangay Bonbon, Butuan City E-mail: hfg.focrg@dswd.gov.ph |
| | ARTA : complaints@arta.gov.ph PCC: 8888 |
| | CONTACT CENTER NG BAYAN: SMS : 0908 881 6565 |



| Call | : 165 56 |
|--------|--|
| | P 5.00 + VAT per call anywhere in the |
| | Philippines via PLDT landlines |
| Email | : email@contactcenterngbayan.gov.ph |
| Facebo | ok : https://facebook.com/civilservicegovph/ |
| Web | : https://contactcenterngbayan.gov.ph/ |

22. PROVISION OF ON-SITE DIRECT RELEASE OF STIPEND FOR INDIGENT SENIOR CITIZENS PROGRAM BENEFICIARIES

Memorandum Circular No. 4 series of 2019 or also known as the "Omnibus Guidelines for the Implementation of Social Pension for Indigent Senior Citizens Program" accentuated the delivery of stipend to Social Pension beneficiaries in a semestral basis through but not limited to direct release of stipend. Thus, Special Disbursing Officers together with the paymasters are conducting on-site direct release of stipend to the beneficiaries. This mode of payment is usually conducted in a plaza-type or clustering dependent on the need per municipality. The On-Site Direct Release of Stipend to The Beneficiaries service of the DSWD Field Office Caraga is conducted only in the designated venue of pay-out. Thus, no release of stipend is conducted within the vicinity of the said office to avoid further financial cost and other possible risk that the claimant may encounter.

| Office or Division: | Protective Services Div | sion |
|---|------------------------------|--|
| Classification: | Simple | |
| Type of Transaction: | G2C – Government to Citizens | |
| Who may avail: | Social Pension Benefici | ary and/or Authorized Representative |
| CHECKLIST O | FREQUIREMENTS | WHERE TO SECURE |
| Principal | | |
| OSCA I.D. or any valid government-issued I.D. (1 original copy) | | OSCA, Pag-IBIG, LTO, BIR, PhilHealth, Comelec, DSWD, LGU / BLGU |
| For beneficiaries with erroneous name | | Local Social Welfare and Development |
| based on the OSCA ID or in the payroll: Certificate of Oneness (1 original | | Office (LSWDO) – LGU Focal Person for Social Pension Office of the Senior Citizens Affairs (OSCA) |
| copy) | | - OSCA Head |
| | | Department of Social Welfare and Development – Field Office Caraga (DSWD- FO Caraga) – Social Pension Program Management Office (SPPMO) |
| Authorized Representative for Bedridden, Frail, Sickly or with Disability | | |
| | | Local Social Welfare and Development |
| Pagtugot from the | e OSCA/LSWDO with | Office (LSWDO) – LGU Focal Person for |



| original signatures (1 original copy) | Social Pension Office of the Senior Citizens Affairs (OSCA) - OSCA Head Department of Social Welfare and Development - Field Office Caraga (DSWD- FO Caraga) - Social Pension Program Management Office (SPPMO) |
|---|--|
| OSCA ID or any valid government-issued ID of the beneficiary (1 photocopy and 1 original copy) | OSCA, Pag-IBIG, LTO, BIR, PhilHealth, Comelec, DSWD, LGU / BLGU |
| Valid government-issued ID of representative (1 photocopy and 1 original copy) | OSCA, Pag-IBIG, LTO, BIR, PhilHealth, Comelec, DSWD, LGU / BLGU |
| For out-patients or under medication beneficiaries only: Medical Certificate with stipulated license number issued within 3 months before the date of the Social Pension pay-out (1 photocopy and original copy) | Medical Certificate from the hospital where the beneficiary undergone medication/check-up |
| For confined or hospitalized beneficiaries only: Certificate of Confinement with stipulated license number of the attending physician (1 photocopy and original copy) | Attending Physician where beneficiary is confined/admitted |
| For beneficiaries who are not under medical care but is not in a vigorous state to personally claim the stipend only: Certification issued by the Barangay Midwife or Nurse attesting the beneficiary's physical and health condition with stipulated license number (1 photocopy and original copy) | Assigned Barangay Midwife or Nurse where beneficiary resides |
| Nearest Kin of the Deceased Beneficiary | |
| Filled-out Release of Warranty and Liability Form from LSWDO or OSCA with original signature (1 original copy) | Local Social Welfare and Development Office (LSWDO) – LGU Focal Person for Social Pension Office of the Senior Citizens Affairs (OSCA) – OSCA Head Department of Social Welfare and Development – Field Office Caraga (DSWD- FO Caraga) – Social Pension Program Management Office (SPPMO) |
| Death Certificate of the beneficiary (1 photocopy or Certified True Copy) Representative's valid government-issued | Local Civil Registrar (LCR) or Philippine Statistics Authority (PSA) OSCA, Pag-IBIG, LTO, BIR, PhilHealth, |



| ID (1 photocopy and 1 original copy) | | Comelec, DSWD, LGU / BLGU | | |
|--|--|---------------------------|--------------------|--|
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Present original IDs with the completed and filled-out documents required to the paymaster. | Look for the beneficiary's name in the payroll and fill-out payroll with its corresponding information needed. | None | 3 minutes | Paymaster DSWD Field Office Caraga |
| 2. Sign the payroll that corresponds receipt of the stipend | Secure the needed information and signature of beneficiary | None | 1 minute | Paymaster DSWD Field Office Caraga |
| Count received stipend | Provide the amount of stipend due for the beneficiary | None | 1 minute | Paymaster DSWD Field Office Caraga |
| | TOTAL: | No fees | 5 minutes | |

| FEEDBACK AND COMPLAINTS MECHANISM | | | |
|-----------------------------------|--|--|--|
| How to send feedback? | Write your feedback on the services provided through the Client's Satisfactory Survey Form to be provided by our SPPMO staff. A space below is provided for you to write further comments. Return the fully accomplished Client's Satisfactory Survey Form to the SPPMO staff for consolidation of feedback. You may also provide feedback through our SPPMO Hotline with numbers – 09094522711 / 09061211859 or e-mail at us focrg.socialpension@gmail.com. | | |
| How feedback is processed? | Every 5 th day of the month, Administrative Officer III consolidates all Client's Satisfactory Survey Forms within the Social Pension Program Management Office (SPPMO) and results are reviewed by SPPMO Focal Person. Approved monthly consolidation is submitted to the Protective Services Division and to be forwarded to the Human Resource and Management Development Division Chief for further review and consolidation in the regional level. | | |
| | Feedback requiring responses are communicated to concerned offices for appropriate action. Responses are relayed to the citizen three (3) working days after the receipt of the feedback. | | |



| How to file complaints? | Citizen with complaints relative to Social Pension for Indigent Senior Citizens Program may file their respective complaints directly to the Social Pension Program Management Office of DSWD Field Office Caraga. They may also file complaint/s through the Office of Senior Citizens Affairs / Local Social Welfare and Development Office for escalation of concern to the abovementioned program using the Grievance / Complaint Form. Complaints can also be filed via SPPMO Hotline (09094522711 / 09061211859) or e-mail (focrg.socialpension@gmail.com) with the following information: Name of Complainant Address Name of Person/Entity being complained Issue/Concern | | |
|-------------------------------|---|--|--|
| How complaints are processed? | Evidence Complaints received by respective offices are escalated to the SPPMO Grievance Officer for verification and veracity of complaint for at least 72 hours upon receipt. | | |
| | Grievance Officer shall send report to the SPPMO Focal Person for appropriate action. | | |
| Contact Information | For Social Pension Program concerns, you may contact: SPPMO Hotline - 09094522711 / 09061211859 SPPMO e-mail address – focrg.socialpension@gmail.com | | |
| | CONTACT CENTER NG BAYAN: SMS : 0908 881 6565 Call : 165 56 P 5.00 + VAT per call anywhere in the Philippines via PLDT landlines | | |
| | Email : email@contactcenterngbayan.gov.ph Facebook : https://facebook.com/civilservicegovph/ Web : https://contactcenterngbayan.gov.ph/ | | |

23. REGISTRATION OF PRIVATE SOCIAL WELFARE AND DEVELOPMENT AGENCIES (SWDAS)

The process of assessing the applicant organization to determine whether its intended purpose is within the purview of Social Welfare and Development.

| Office or Division: | DSWD Field Office Caraga - Standards Section (Policy and Plans |
|---------------------|--|
| | Division |
| | (Covering the area of operation if operating only in one (1) region) |



| Classification: | Simple | |
|--|--|---|
| Type of Transaction: | Government to Cli | ent (G2C) |
| Who may avail: | | zation that intends to engage in Social Welfare and |
| CHECKLIST OF REQU | | WHERE TO SECURE |
| One (1) Duly Accomplished Application Form | | DSWD Field Office Caraga - Standards Section https://www.dswd.gov.ph/downloads-2/ Annex 1. DSWD-RLA-F001 Application Form for Registration |
| 2. One (1) Updated Copy Registration and late Incorporation and by-late the organization's print within the purview of sequelopment issued by juridical personality to a profit organization to Philippines Documents issued by different as Securities Exchange Control and Certification from Nation Indigenous People (NCIP) under New Normal. However the secured due to current sitt or SB shall instead require that to secure and submit the ASB-RLA-FO30 Undertaking Calamity/Emergency as attempted the safety certificates issued Government Units, cannot be serve as an assurance that structure or building or occiduly inspected and deem prescribed by the law. Fundertaking can only be used application on Licensing or An Action Plan indication requirements and timeframes shall be prepared by the concurrence by the | dest Articles of two indicating that mary purpose is social welfare and SEC that gives a a non-stock non — operate in the ent agencies such ommission (SEC) al Commission on are still required er, if these cannot the ent agencies such ommission on are still required er, if these cannot the ent agencies of action, the FO-SS enter applicant SWDA and surpose of the enter a certain facility, the said of at once either for correction. In the lacking the lacking the of compliance SWDA and for the enter and for the enter a certain facility, the said of at once either for correction. In the lacking the lacking the of compliance SWDA and for the enter a certain facility, the said of at once either for correction. | Securities Exchange Commission (SEC) - Company Registration and Monitoring Department Secretariat Building, PICC Complex, Roxas Boulevard, Pasay City, 1307 Any SEC Extension Office (Baguio City, Tarlac City, Legazpi City, Cebu City, Iloilo City, Cagayan De Oro City, Davao City, Zamboanga City) |
| Handbook or Mai its programs | nual Operations of policies and | |



| | procedures to attain its purposes | Operation |
|---|--|---|
| • | Brochure | https://www.dswd.gov.ph/downloads-2/ Annex 5. DSWD-RLA-F005 Brochure |
| • | Duly signed Work and Financial Plan for at least two (2) years | https://www.dswd.gov.ph/downloads-2/ Annex 9. DSWD-RLA-F009 Work and Financial Plan |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME (under normal circumstance) | PERSON RESPONSIBLE |
|---|--|--------------------|--|--|
| A. Assessment Pr | ocedures for Walk-in Appl | licants | | |
| STEP 1: Secure application form thru the DSWD Website or from the DSWD Field Office Caraga | | None | *10 minutes | Support Staff Standards Section- Field Office Caraga |
| STEP 2: 1.1 Submit/ file application and supporting documents. 1.2 For applicant organization with complete requirements, shall have the copy of the checklist of the submitted requirements. 1.3 For incomplete requirements, it shall be returned to applicant organization and the checklist indicating the lacking requirements for compliance | 1.3 Receive the documentary requirements and provide the applicant organization with the checklist of completed requirements with filing code for easy tracking and reference. 1.4 Determine whether the submitted documents are complete. 1.5 If complete, provide the organization the copy of | None | *1 hour | Support Staff in charge of all incoming documents (Standards Bureau-Central Office/ Standards Section- Field Office) |



| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME (under normal circumstance) | PERSON RESPONSIBLE |
|--|---|--------------------|--|---|
| | the checklist indicating that the application is ready for endorsement. | | | |
| | 1.6 If incomplete, return all documents submitted accompanied by a checklist of requirements for applicant/ Organization's compliance. | | | |
| STEP 3: If Complete, pay the required processing fee. | Prepare Billing Statement and instructs applicant to proceed to the Financial Management Division for the issuance of Payment Order and proceed to the cashier for payment. | None | *1 hour | Receiving Staff – Cash Division Finance Service Unit - DSWD Field Office Section- Field Office) |
| | Process payment and issues Official Receipt. | ₱1,000.00 | *1 hour | Receiving Staff – Cash Division Finance Service Unit - DSWD Field Office |
| STEP 4: Provide the DSWD Standards Section the photocopy of the Official Receipt (OR). | Acknowledge the copy of the Official Receipt from the applicant Organization. | None | *5 Minutes | Support Staff in charge of all incoming documents (Standards Section- Field Office) |
| Step 5: Accomplish and drop the Customer's Feedback Form on the dropbox. | Provide the applicant Organization the Customer's Feedback Form | None | *5 minutes | Support Staff (Standards Bureau-Central Office/ Standards Section- Field Office) |
| STEP 6: Issuance of Registration | 1.2 Once the applicant Organization satisfies the | None | 3 hours | Technical Staff Standards |



| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME (under normal circumstance) | PERSON RESPONSIBLE |
|--|---|--------------------|--|--|
| Certificate and Preparation of Confirmation Letter | 1 | | | Section- Field Office) |
| | Review and approval of the Confirmation Report; endorsement for approval of the Registration Certificate. | None | 3 hours | Technical Staff/ Section Head/ Division Chief/ Standards Section- Field Office) |
| | Approval and Signing of Registration Certificate | None | 5 hours | Regional Director (Field Office) |
| STEP 7: Receive the Certificate and confirmation letter. | Send the Confirmation Report and notify the availability of the Certificate of Registration for release through various means per preference indicated in the application form. (direct pick-up or courier) | None | 2 hours | Support Staff incharge of outgoing documents (Standards Section-Field Office) |
| | TOTAL | | | |
| For C | Complete and Compliant: | ₱1,000.00 | 2 days or 16 ho minutes | urs and 20 |

| FEE | DBACK AND COMPLAINTS MECHANISMS |
|-----------------------------|---|
| How to send feedback | Kindly accomplish the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section |
| | Tel. Nos.: (085) 342-5619 to 20 loc. 105 |
| | Telefax: (085) 815-9173 E-mail: standardscaraga@gmail.com |
| How feedbacks are processed | Every 1st week of the month, your feedbacks are consolidated and summarized by the designated Admin Staff for onward submission to the Section Head and PPD Chief for approval and consolidation. |
| How to file a complaint | You can write your complaint/s in the comment section of the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section |



| How complaints are processed | Complaints received are consolidated every 30 th day of every month and will be part of the agenda during the Section and Division meetings. | | |
|---------------------------------------|--|--|--|
| Contact Information of CCB, PCC, ARTA | Standards Section 2 nd Floor, Pag-amoma Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City Tel. Nos.: (085) 342-5619 to 20 loc. 105 Telefax: (085) 815-9173 E-mail: standardscaraga@gmail.com ARTA: complaints@arta.gov.ph PCC: 8888 | | |
| | CONTACT CENTER NG BAYAN: SMS : 0908 881 6565 Call : 165 56 | | |

24. PROVISON OF NHTS STATISTICAL DATA TO EXTERNAL USERS

This service provides the national government agencies, development partners, and social protection stakeholders, academe and researchers with statistical data on poor households/ individuals in Caraga region based on the result of the 2nd round household assessment, which was conducted in 2015. Statistical request shall be supported by a letter citing the reasons for the request, enumerating the kinds of data needed and a reasonable timeline for the expected release of the data.

| Office or Division: | National Household Tai | National Household Targeting Section/Policy and Plans Division | | | |
|----------------------|---|--|--------------------|-----------------------|--|
| Classification: | Simple | Simple | | | |
| Type of Transaction: | G2C/G2G- Governmen | G2C/G2G- Government to Citizen/Government to Government | | | |
| Who may avail: | -NGAs; -P/C/M/BLGUs; -NGOs/CSOs; -Private Foundation; -Academe; and -Researchers | | | | |
| CHECKLIST O | FREQUIREMENTS | | WHERE TO SE | CURE | |
| Request Letter (Anne | ex A) | NHTS Office | е | | |
| | | | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| 1. Sends request | 5. Receives and | None | 15 minutes | Admin Assistant | |



| letter through email add nhts.focrg@dswd. gov.ph or submits to the record section | check for completeness 1.1 Forwards the request to PPD Chief | | | Records Section Office |
|---|--|------|--------------------------|---|
| | 2. Endorses the request to RFC for appropriate action | None | 5 minutes | OIC-PPD Chief PPD Office |
| | 3.Records and forward the request to RFC | None | 2 minutes | Admin Assistant III NHTS Office |
| | Reviews and endorse for statistical generation | None | 5 minutes | RFC NHTS Office |
| | 5. Facilitates statistical request 5.1 Generate s statistical table 5.2Drafts reply letter/memorandum | None | 1 day and 4 hours | RAS NHTS Office |
| | Reviews and countersign reply letter/memorandum | None | 15 minutes | RFC NHTS Office |
| | 7.Endorses reply memorandum | None | 5 minutes | OIC-PPD Chief PPD Office |
| | 8. Signs reply memorandum | None | 4 hours | Regional Director Office of the Regional Director |
| | 9. Tracks response letter and send reply letter along the requested datasets to the email address provided by the requesting party | None | 10 minutes | Admin Assistant III NHTS Office |
| | TOTAL | | 2 Days and 57 Minutes | |

| FEEDBACK AND COMPLAINTS MECHANISMS | | | | |
|------------------------------------|---|--|--|--|
| How to send feedback | Kindly accomplish the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section | | | |
| | Tel. Nos.: (085) 342-5619 to 20 loc. 247 | | | |
| | Telefax: (085) 815-9173 | | | |
| | E-mail: nhts.focrg@dswd.gov.ph | | | |
| How feedbacks are processed | Every 1st week of the month, your feedbacks are consolidated and summarized by the designated Admin Staff for onward submission to the Section Head and PPD Chief for approval and consolidation. | | | |
| How to file a complaint | You can write your complaint/s in the comment section of the | | | |



| | Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section |
|---------------------------------------|---|
| How complaints are processed | Complaints received are consolidated every 30 th day of every month and will be part of the agenda during the quarterly/ special meetings. |
| Contact Information of CCB, PCC, ARTA | Concerned staff/requester may call the designated extension number: |
| | National Household Targeting Section 3rd Floor, Pahigayon Building DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City Tel. Nos.: (085) 342-5619 to 20 loc. 247 Telefax: (085) 815-9173 E-mail: nhts.focrg@dswd.gov.ph ARTA: complaints@arta.gov.ph PCC: 8888 |
| | CONTACT CENTER NG BAYAN: SMS : 0908 881 6565 Call : 165 56 |
| | Facebook Web : email@contactcenterngbayan.gov.ph : https://facebook.com/civilservicegovph/ : https://facebook.com/civilservicegovph/ : https://facebook.com/civilservicegovph/ |

25. RISK RESILIENCY PROGRAM – CLIMATE CHANGE ADAPTATION AND MITIGATION (RRP-CCAM) THRU CASH-FOR-WORK MODALITY (CFW)

This refers to the provision of Cash-for-Work assistance to local government units identified by the Field Office to implement projects relating to risk resiliency and climate change adaptation and mitigation.

| Office or Division | Disaster Response Management Division | | |
|---|---------------------------------------|-----------------|--|
| Classification | Highly Technical | | |
| Type of Transaction | G2G – Government to Government | | |
| Who may avail | Local Government Units | | |
| CHECKLIST OF REQUIREMENT | | WHERE TO SECURE | |
| Sangguniang Bayan (SB) Resolution | | Client | |
| * Duly notarized Specific Implementation Agreement (SIA) | | Client | |



| * Certificate of Eligibility of Beneficiaries | Client |
|--|--|
| * Project Proposal signed by the Local Chief Executive or any authorized representative | Client |
| Photos (Before, During and After) with specified vantage point of the project area | Client |
| Work Accomplishment Report with complete signatories, to wit: | Client |
| ** Certificate of Eligibility (COE) for Replacement ** Summary of Replacement | Client |
| *** Waiver | Client |
| Barangay Resolution | Client |
| Minutes of Meeting and Attendance Sheets | Client |
| Completion and Acceptance Certificate | Client |
| Notarized MOA from the Land Owner (if the land is owned by a private individual) | Client |
| * Client may according to with the office /division for | the amount to real stee of the decourse of |

^{*} Client may coordinate with the office/division for the proper template of the documents.

transfer it to other beneficiaries.

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|----------------------------------|---|--------------------|--------------------|--|
| Submission of required documents | Receiving of the document | None | 2 minutes | Administrative Assistant |
| | Review the completeness of the submitted CFW requirements | None | 30 minutes | RRP-CCAM Focal |
| | Technical Review and Approving of the documents | None | 2 days | DRRS Head, DRMD Chief and Regional Director/Approving Officer |

^{**} This requirement only applies if some of the beneficiaries are replacing the original beneficiaries listed in the submitted Certificate of Eligibility

*** This requirement only applies if some of the project beneficiaries opt to waive the assistance and



| | Preparation of Cash Assistance Payroll (CAP), Disbursement Vouchers (DV), Cash Advance (CA) and Time Tally Sheets | None | 30 minutes | Administrative Assistant |
|---|--|------|--|--|
| | Approving of CAP, DV and CA to the Finance and Management Division and the Regional Director/Approving Officer | None | 3 days | Finance and Management Division, Regional Director/Approving Officer |
| | Coordinate with the LGU thru the C/MSWDO on the schedule of payout | None | 15 minutes | RRP-CCAM Staff |
| 2. Assist in the conduct of payout to the beneficiaries | Distribution of CFW to the beneficiaries | None | 1 day | DRMD Staff and payout masters |
| TOTAL | | None | 6 working days, 1 hour and 17 minutes | |

Remarks: Cash-for-work activities will commence after the approval of the Project Proposal.

| FEEDBACK AND COMPLAINTS MECHANISMS | | | | |
|------------------------------------|--|--|--|--|
| How to send feedback | Kindly accomplish the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section Disaster Response and Rehabilitation Section Tel. Nos.: (085) 342-5619 to 20 loc. 238 Telefax: (085) 815-9173 | | | |
| | E-mail: drmd.focrg@dswd.gov.ph | | | |
| How feedbacks are processed | Every 1st week of the month, your feedbacks are consolidated and summarized by the designated Admin Staff for onward submission to the Section Head and DRMD Chief for approval and consolidation. | | | |
| How to file a complaint | You can write your complaint/s in the comment section of the | | | |



| | Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section |
|---------------------------------------|--|
| How complaints are processed | Complaints received are consolidated every 30 th day of every month and will be part of the agenda during the quarterly/ special meetings. |
| Contact Information of CCB, PCC, ARTA | Disaster Response and Rehabilitation Section 3rd Floor, Pag-amoma Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City Tel. Nos.: (085) 342-5619 to 20 loc. 238 Telefax: (085) 815-9173 E-mail: drmd.focrg@dswd.gov.ph ARTA: complaints@arta.gov.ph PCC: 8888 CONTACT CENTER NG BAYAN: SMS: 0908 881 6565 Call: 165 56 P 5.00 + VAT per call anywhere in the Philippines via PLDT landlines Email: email@contactcenterngbayan.gov.ph Facebook: https://facebook.com/civilservicegovph/ Web: https://contactcenterngbayan.gov.ph/ |

26. STUDENT TRAINING SERVICES

Student Training Service is a component of the National Service Training Program whose program of activities are contributory to the general welfare and betterment of life for the members of the community, or the enhancement of its facilities, especially those devoted to improving health, education, environment, entrepreneurship, safety, recreation and morals of the citizenry.

| Office or Division: | Capacity Building Section (CBS) | | | | |
|-------------------------|---------------------------------|---------|------|---------------------|--------------|
| Classification: | Simple | Simple | | | |
| Type of Transaction: | Government to Acade | | | | |
| Who May Avail: | All Students from any | State & | Priv | vate Universities a | and Colleges |
| CHECKLIST O | OF REQUIREMENTS WHERE TO SECURE | | | | |
| Application Form | DSWD | | | | |
| Memorandum of Agreem | ment (with the School) DSWD | | | | |
| Internship Agreement (w | | | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES | TO | PROCESSING | PERSON |
| | | BE PA | ID | TIME | RESPONSIBLE |



| Submits letter of intent, endorsement letter from academe and personal information | Section processes on received student training applications | none | 1 hour | Records Section |
|---|--|------|------------|------------------------------------|
| | Receives routed pertinent documents from applicant | none | 1 hour | Administrative Assistant of CBS |
| | Validates the application and forwards it to the Student Training Coordinator | none | 1 hour | CBS Head |
| | Receives validated application and checks if the Field Office can still accommodate new student trainees | none | 10 minutes | Student Training Coordinator |
| Receives letter stating declination of application (if there is no available unit or section for placement) | Conducts Inventory of Agency's Learning Resources | none | 1 hour | Student Training Coordinator |
| Confirms attendance to orientation | Contacts applicant and informs him/her of the final orientation schedule | none | 10 minutes | Student Training Coordinator |
| Attends orientation as scheduled | Conducts orientation on the DSWD Programs and Services and the Student Training Services | none | 4 hours | Student Training Coordinator |
| Fills-out Agreement Form and other STP requirements | Provides agreement form to OJT | none | 1 hour | Student Training Coordinator |
| | Contacts Agency Field Instructors needing OJT | none | 10 minutes | Student Training Coordinator |
| | Deploys applicant to Agency Field Instructor's workplace | none | 10 minutes | Student Training Coordinator |
| | Accept student trainees | none | 10 minutes | Agency Field Instructors |



| TOTAL | | Php 500 | 15 hours | |
|---|--|---------------|------------|------------------------------------|
| | Updates STP Portal | none | 10 minutes | Student Training Coordinator |
| Receives certificate of completion | Prepares certificate of completion | none | 15 minutes | Administrative Assistant of CBS |
| Attends exit conference | Facilitates exit conference | none | 2 hours | Student Training Coordinator |
| | Approves and attends exit conference | none | 10 minutes | CBS Head |
| | Prepares schedule, venue and other logistical requirements for exit conference | none | 30 minutes | Student Training Coordinator |
| | Fills-out Assessment of the Student and Field Placement or OJT experience | none | 30 minutes | Agency Field Instructor |
| Complies with initial requirements for the evaluation & fills-out Student Trainee's Evaluation form | Checks requirements according to completeness | Php 500.00 | 1 hour | Student Training Coordinator |
| Render required OJT hours | Validates number of rendered OJT hours | none | 10 minutes | Student Training Coordinator |
| | Encodes OJT applicants in the STP Portal | none | 20 minutes | Student Training Coordinator |
| Get STP identification card and handbook | Issues STP identification card and handbook to trainees | none | 20 minutes | Student Training Coordinator |

| FEEDBACK AND COMPLAINTS MECHANISM | | | | |
|-----------------------------------|---|--|--|--|
| How to send a feedback | Answer the client feedback form and drop it at the designated drop box in the Regional Learning Commons. Contact information: (085) 342-5619 local 132 | | | |
| How feedback is processed | Every end of OJT period, the Student Training Coordinator opens the drop box and compiles and records all feedback | | | |



| | submitted. Feedback requiring answers are forwarded to the relevant offices and they are required to answer within three (3) days of the receipt of the feedback. The answer of the office is then relayed to the citizen. For inquiries and follow-ups, clients may contact the following telephone number: (085) 342-5619 local 132 |
|--|--|
| How to file a complaint | Answer the client Complaint Form and drop it at the designated drop box at the Regional Learning Commons Complaint can also be filed via telephone. Make sure to provide the following information: - Name of person being complained - Incident - Evidence For inquiries and follow-ups, clients may contact the following |
| | telephone number: (085) 342-5619 local 132 |
| How complaint are processed Contact Information | The Student Training Coordinator opens the complaints box on daily basis and evaluate each complaint. Upon evaluation, the Student Training Coordinator shall start the investigation and forward the complaint to the relevant office for their explanation. The Student Training Coordinator will make a report after the investigation and shall submit it to the Head of Agency for appropriate action. The Student Training Coordinator will give feedback to the client. For inquiries and follow-ups, clients may contact the following telephone number: (085) 342-5619 local 132 For inquiries and follow-ups, clients may contact the following |
| Contact Information | telephone number: (085) 342-5619 local 132 CONTACT CENTER NG BAYAN: SMS : 0908 881 6565 Call : 165 56 P 5.00 + VAT per call anywhere in the Philippines via PLDT landlines Email : email@contactcenterngbayan.gov.ph Facebook : https://facebook.com/civilservicegovph/ Web : https://contactcenterngbayan.gov.ph/ |



27. TRAINING SERVICES FOR EXTERNAL PARTNERS

This covers the entire process of training development and management that covers administration of learning needs assessment, development of training design, pretraining preparations, training management and monitoring and evaluation of learning of all training services implemented at the Field Office level or as requested by the local government units.

| Office or Division: | Capacity Building Section (CBS) | | | |
|-------------------------|---------------------------------|-----------------------------------|--|--|
| Classification: | Highly Technical | | | |
| Type of Transaction: | Government to Academe | | | |
| Who May Avail: | All Students from any State 8 | Private Universities and Colleges | | |
| CHECKLIST O | F REQUIREMENTS | WHERE TO SECURE | | |
| Application Form | | DSWD | | |
| Memorandum of Agreen | nent (with the School) | DSWD | | |
| Internship Agreement (w | vith the Student) | Concerned School | | |
| | * | | | |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---|--|--------------------|--------------------|------------------------------------|
| Submits letter of intent, endorsement letter from academe and personal information | Section processes on received student training applications | none | 1 hour | Records Section |
| | Receives routed pertinent documents from applicant | none | 1 hour | Administrative Assistant of CBS |
| | Validates the application and forwards it to the Student Training Coordinator | none | 1 hour | CBS Head |
| | Receives validated application and checks if the Field Office can still accommodate new student trainees | none | 10 minutes | Student Training Coordinator |
| Receives letter stating declination of application (if there is no available unit or section for placement) | Conducts Inventory of Agency's Learning Resources | none | 1 hour | Student Training Coordinator |



| Confirms attendance to orientation Contacts applicant and informs him/her of the final orientation schedule | | none | 10 minutes | Student Training Coordinator | |
|--|--|---------------|------------|---------------------------------|--|
| Attends orientation as scheduled | Conducts orientation on the DSWD Programs and Services and the Student Training Services | none | 4 hours | Student Training Coordinator | |
| Fills-out Agreement Form and other STP requirements | Provides agreement form to OJT | none | 1 hour | Student Training Coordinator | |
| | Contacts Agency Field Instructors needing OJT | none | 10 minutes | Student Training Coordinator | |
| | Deploys applicant to Agency Field Instructor's workplace | none | 10 minutes | Student Training Coordinator | |
| | Accept student trainees | none | 10 minutes | Agency Field Instructors | |
| Get STP identification card and handbook | Issues STP identification card and handbook to trainees | none | 20 minutes | Student Training Coordinator | |
| | Encodes OJT applicants in the STP Portal | none | 20 minutes | Student Training Coordinator | |
| Render required OJT hours | Validates number of rendered OJT hours | none | 10 minutes | Student Training Coordinator | |
| Complies with initial requirements for the evaluation & fills-out Student Trainee's Evaluation form | Checks requirements according to completeness | Php 500.00 | 1 hour | Student Training Coordinator | |
| | Fills-out Assessment of the Student and Field Placement or OJT experience | none | 30 minutes | Agency Field Instructor | |
| | Prepares schedule, venue and other logistical requirements for exit conference | none | 30 minutes | Student Training Coordinator | |



| TOTAL | | Php 500 | 15 hours | |
|------------------------------------|--------------------------------------|---------|------------|------------------------------------|
| | Updates STP Portal | none | 10 minutes | Student Training Coordinator |
| Receives certificate of completion | Prepares certificate of completion | none | 15 minutes | Administrative Assistant of CBS |
| Attends exit conference | Facilitates exit conference | none | 2 hours | Student Training Coordinator |
| | Approves and attends exit conference | none | 10 minutes | CBS Head |

| FEEDBA | FEEDBACK AND COMPLAINTS MECHANISM | | | | |
|-----------------------------|---|--|--|--|--|
| How to send a feedback | Answer the client feedback form and drop it at the designated drop box in the Regional Learning Commons. Contact information: (085) 342-5619 local 132 | | | | |
| How feedback is processed | Every end of OJT period, the Student Training Coordinator opens the drop box and compiles and records all feedback submitted. Feedback requiring answers are forwarded to the relevant offices and they are required to answer within three (3) days of the receipt of the feedback. The answer of the office is then relayed to the citizen. For inquiries and follow-ups, clients may contact the following telephone number: (085) 342-5619 local 132 | | | | |
| How to file a complaint | Answer the client Complaint Form and drop it at the designated drop box at the Regional Learning Commons Complaint can also be filed via telephone. Make sure to provide the following information: - Name of person being complained - Incident - Evidence For inquiries and follow-ups, clients may contact the following telephone number: (085) 342-5619 local 132 | | | | |
| How complaint are processed | The Student Training Coordinator opens the complaints box on daily basis and evaluate each complaint. Upon evaluation, the Student Training Coordinator shall start the investigation and forward the complaint to the relevant office for their explanation. The Student Training Coordinator will make a report after the investigation and shall submit it to the Head of Agency for appropriate action. The Student Training Coordinator will give feedback to the client. For inquiries and follow-ups, clients may contact the following telephone number: (085) 342-5619 local 132 | | | | |
| Contact Information | For inquiries and follow-ups, clients may contact the following | | | | |



telephone number: (085) 342-5619 local 132

CONTACT CENTER NG BAYAN:

SMS : 0908 881 6565

Call : 165 56

P 5.00 + VAT per call anywhere in the

Philippines via PLDT landlines

Email : email@contactcenterngbayan.gov.ph
: https://facebook.com/civilservicegovph/
: https://contactcenterngbayan.gov.ph/

Regional Office
Internal Services



1. ISSUANCE OF "CERTIFICATE OF NO PENDING CASE"

This service is offered only to those who are presently employed in the DSWD Field Office -Caraga irrespective of their status of employment and area of assignment.

| Office or Division: | Legal Unit | | | | |
|--|--|-----------------------|----------------------|--|--|
| Classification: | Simple | | | | |
| Type of Transaction: | G2G – Government to Go | vernment | | | |
| Who may avail: | Internal Staff | | | | |
| CHECKLIST C | OF REQUIREMENTS | | WHERE TO SE | CURE | |
| Request Form | | Legal Un | it | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| Approach the Administrative Assistant of the Legal Unit | Require the client to fill-out the request form | None | 2 minutes | Administrative Assistant | |
| 2. Fill-out the Request Form | 2.Provide guidance and/ or answer further queries about completing the form | None | 3 minutes | Administrative Assistant | |
| 3.Double check the correctness of the details/ information reflected in the Certificate | 3.Name match in the Inventory of Cases 3.1Prepare the Certificate or Denial Letter | None | 5 minutes 10 minutes | Administrative Assistant Legal Officer | |



| | 3.2Impress the seal in the Ce | | | | |
|---|---|--|-------------------------------------|------------------|--|
| 4.Receive the Certificate or the Denial Letter | Issue the Certificate of No Pending Case or Denial Letter | | None | 5 minutes | Legal Officer Administrative Assistant |
| 5. Accomplish the Client Satisfaction Survey Form | 5. Administer the Client Satisfaction Survey Form | | None | 5 minutes | Administrative Assistant |
| TOTAL | | No Fees | 30 minutes | | |
| F | EEDBACK A | ND COM | PLAINTS | MECHANISM | |
| How to send feedback? | | The client of Survey (CS | gives feedb SS) Form | back through the | Client Satisfaction ged to make their |
| | | A designated portion of the form is provided for client's suggestion(s) or comment(s). | | | |
| | | The client will then returns the fully accomplished CSS Form and drop it to the designated CSS feedback box The attending Administrative Assistant (AA) assists the client. | | | |
| colle | | Every 30 th day of the month, the AA of the Unit will collect all the CSS form in the designated feedback box and make a report out from the feedback of the clients written in the CSS form. | | | |
| | | The report shall be reviewed and signed by the Unit Head before forwarding to the Administrative Assistant at the Office of the Regional Director (ORD). | | | |
| | | The AA in the ORD will make a consolidated report ou from the submitted reports from the different Units Sections. | | | |
| | | Regional I action. Eve | Director for ery 5 th da | or signature, re | submitted to the ference, and for ing month is the |
| How to file compla | ints? | The staff s | hall fill out | a Complaint/s F | form requiring the |



| | following information: Optional (Name of Complainant) Narration of Complaint/s | | | |
|-------------------------------|--|--|--|--|
| How complaints are processed? | Complaints received are consolidated every 25 th day of every month and will be part of the agenda during the monthly/ emergency meeting. | | | |
| Contact Information | Legal Services Section 2nd Floor, Pahigayon Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City Tel. Nos.: (085) 342-5619 to 20 loc. 130 Telefax: (085) 815-9173 ARTA: complaints@arta.gov.ph PCC: 8888 | | | |
| | CONTACT CENTER NG BAYAN: | | | |
| | SMS : 0908 881 6565 Call : 165 56 | | | |
| | P 5.00 + VAT per call anywhere in the Philippines via PLDT landlines Email : email@contactcenterngbayan.gov.ph Facebook : https://facebook.com/civilservicegovph/ Web : https://contactcenterngbayan.gov.ph/ | | | |

2. ISSUANCE OF EMPLOYMENT CERTIFICATIONS

This service is offered to all employees of DSWD Field Office Caraga irrespective of their status of employment and area of assignment. The following certifications are available in the office, to wit:

- a. Certificate of employment for resigned/ end of contract employees
- b. Certificate of employment for current employees' request
- c. Certificate of employment and compensation
- d. Certificate of last salary received
- e. Certificate of Available Leave Credits
- f. Certificate of Good Moral Character
- g. Certificate of Employment and Oneness for merging of Pag-IBIG records
- h. Certificate of Employment for GSIS Educational Subsidy Program Application

| Office or Division: | Personnel Administration | Personnel Administration Section / HRMDD | | | |
|---------------------------|--------------------------|--|--|--|--|
| Classification: | Simple | Simple | | | |
| Type of Transaction: | G2G – Government to | G2G – Government to Government Employee | | | |
| Who May Avail: | All DSWD employees | All DSWD employees | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | | |



| | | | nnel Administ on | tration |
|---|---|-----------------------|---------------------|--|
| E-mail/ text/ call requests | | Emplo | oyee | |
| Additional Requirements: For Pag-IBIG Certificate of Onenes: -1 photocopy of Employee's St Value | | Emplo | oyee / represe | entative |
| Representative 1 signed authorization letter and 1 phoenical employee and the representative | otocopy of ID of the | Repre | esentative | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESS ING TIME | PERSO N RESPO NSIBLE |
| Ask for the Certification Request Slip to the Public Assistance and Complaint Center/Desk Officer (PACC/DO) located in the entrance gate for walk-in clients; or text/call/email your request | Greets clients and gives the Certification Request Slip | No fees | 2 minutes | PACC/D O or COE Focal |
| 2. Fills out and submits the Certification Request Slip and present Valid ID and other applicable requirements For text/email requests, please provide the following information: *Name | 2.1 Receives filled out COE Request Slip and requirements and examines to determine its completeness and inform staff that the request needs to be validated first. | No fees | 5 minutes | PACC/D O or COE Focal |
| *Type of Request *Purpose *Contact Number/Email-address and send to 09485890907 or personneldocs.focaraga@gmail.com | 2.2 Verifies the information in the request slip/email/text/call with the payroll-in-charge and the database/Per 16 and prepare the certification *If the verification process falls during the payroll period, an allowance of additional 1 day will be given to give ample time to the verifiers and the COE focal who is also a | No Fees | 2 days | COE Focal and Payroll- in- charge |



| ne No ne | o fees o fees o fees | 5 minutes 2 minutes 3 minutes 5 minutes | PAS Admin Staff COE Focal PACC/D O or COE Focal PACC/D O or COE Focal |
|---|----------------------|---|--|
| ne No ne list pick-up. email to the nd gives atisfaction | o fees | 2 minutes | Admin Staff COE Focal PACC/D O or COE |
| ne No ail that the is | | | Admin Staff |
| ification | o fees | 5 minutes | Admin |
| | | | |
| and signs No | o fees | 4 hours | HRMDD Chief |
| to HRMD | Fees | 3 minutes | PAS Admin Staff |
| | o fees | 2 hours | PAS Head |
| | s and No | s and No Fees en to HRMD | s and No Fees 3 minutes en to HRMD |

| FEEDBACK AND COMPLAINTS MECHANISMS | | |
|------------------------------------|--|--|
| How to send feedback | Accomplish the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section (Table 1) | |
| | Telephone: (085) 342-5619 loc. 113 Cellphone Number: 09485890907 | |



| | E-mail: personnel.focrg@dswd.gov.ph | | |
|---------------------------------------|--|--|--|
| How feedbacks are processed | Every 1st week of the month, your feedbacks are consolidated and summarized by the designated Admin Staff for onward submission to the Section Head and HRMDD Chief for approval and consolidation. | | |
| How to file a complaint | You can write your complaint/s in the comment section of the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section (Table 1) | | |
| How complaints are processed | Complaints received are consolidated every 30 th day of every month and will be part of the agenda during the quarterly/ special meetings. | | |
| Contact Information of CCB, PCC, ARTA | Personnel Administration Section 2nd Floor, Pahigayon Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City Telephone: Tel. Nos.: (085) 342-5619 to 20 loc. 113 Telefax: (085) 815-9173 E-mail: personnel.focrg@dswd.gov.ph ARTA: complaints@arta.gov.ph PCC: 8888 | | |
| | CONTACT CENTER NG BAYAN: SMS : 0908 881 6565 Call : 165 56 | | |

3. ISSUANCE OF CERTIFIED TRUE COPY OF STATEMENT OF ASSETS, LIABILITIES AND NET WORTH (SALN)

A SALN is a public official or employees' declaration of his/her wealth. This service is offered to all internal staff of DSWD FO Caraga either for application of fidelity bond, requirements for educational subsidy, requirements for nominations and other work-related purposes.

| Office or Division: | Personnel Administration Section / HRMDD | | |
|----------------------|--|-----------------|--|
| Classification: | Simple | | |
| Type of Transaction: | G2G – Government to Government Employee | | |
| Who May Avail: | All DSWD regular and contractual employees | | |
| CHECKLIST | F REQUIREMENTS | WHERE TO SECURE | |



| SALN Request Form (PERSONNEL FORM 1-SALN REQUEST FORM) | Personnel Administration Section |
|---|----------------------------------|
| Valid Identification Card (original) | Employee |
| Representative 1 signed authorization letter and 1 photocopy of ID of the employee and the representative | Representative |
| CLIENT STEPS ACENCY ACTIONS | FEES TO DROCESS! DEDOON |

| | and the representative | | | |
|--|--|--------------------|---------------------|---|
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBL E |
| Asks for the SALN request form, fills out the form and submits it together with the Valid ID | 1. Receives fill out SALN Request Form and ID for verification, examines to determine its completeness and tells client to take a seat and wait | No fees | 10 minutes | Records Custodian |
| 2. Takes a seat and wait | 2.1 Verifies the availability of the requested SALN from the SALN database and/or employee Per16 files *If available, retrieves SALN, photocopy and certifies copy of SALN *If not available, indicate non-availability of the SALN in the request form and explain the reason hereof and then return the request form to the client. 3.2 Routes the SALN Request Form and photocopied SALN to Personnel Administration Section | No Fees | 30 minutes | Records Custodian |
| 4 Maita for the | Head for signature | No foco | E minutes | Domonal |
| 4. Waits for the release of the SALN | 4. Signs the certified true copy of the SALN | No fees | 5 minutes | Personnel Administration Section Head |



| TOTAL | | No fees | 51 minutes | |
|---|--|---------|---------------|----------------------|
| 6. Accomplishes Customer Satisfaction Survey Form | 6. Receives the Customer Satisfaction Survey Form | No fees | 5 minutes | Records Custodian |
| 5. Receives certified copy of the SALN in the logbook | 5. Release requested copy of the SALN to the client and reminds client to accomplish the customer satisfaction survey form | No fees | 1 minute | Records Custodian |

| 1 === | DBACK AND COMPLAINTS MECHANISMS |
|---------------------------------------|--|
| How to send feedback | Accomplish the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section (Table 1) Telephone: (085) 342-5619 loc. 113 Cellphone Number: 09489748507 E-mail: personnel.focrg@dswd.gov.ph |
| How feedbacks are processed | Every 1st week of the month, your feedbacks are consolidated and summarized by the designated Admin Staff for onward submission to the Section Head and HRMDD Chief for approval and consolidation. |
| How to file a complaint | You can write your complaint/s in the comment section of the Client Satisfaction Survey Form (DSWD – FO Caraga-HRMDD 001-F-001) from the receiving admin staff of the Section (Table 1) |
| How complaints are processed | Complaints received are consolidated every 30 th day of every month and will be part of the agenda during the quarterly/ special meetings. |
| Contact Information of CCB, PCC, ARTA | Personnel Administration Section 2nd Floor, Pahigayon Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City Telephone: Tel. Nos.: (085) 342-5619 to 20 loc. 113 Telefax: (085) 815-9173 E-mail: personnel.focrg@dswd.gov.ph ARTA: complaints@arta.gov.ph PCC: 8888 |



| CONTACT SMS Call | CENTER NG BAYAN: : 0908 881 6565 : 165 56 P 5.00 + VAT per call anywhere in the Philippines via PLDT landlines |
|--------------------------|--|
| Email Facebook Web | : email@contactcenterngbayan.gov.ph : https://facebook.com/civilservicegovph/ : https://contactcenterngbayan.gov.ph/ |

4. PROVISON OF NHTS STATISTICAL DATA TO DSWD FO CARAGA INTERNAL USERS

Office or Division: National Household Targeting Section/Policy and Plans Division

This service provides the offices within the DSWD Field Office-Caraga statistical data on poor households/ individuals in Caraga region based on the result of the 2nd round household assessment, which was conducted in 2015. Statistical request shall be supported by a letter citing the reasons for the request, enumerating the kinds of data needed and a reasonable timeline for the expected release of the data.

| | Transfial Floadoriola Tal | goung coolin | in oney and i lane | DIVIDIOII |
|---|---|--------------------|--|---------------------------------|
| Classification: | Simple | | | |
| Type of | G2G-Government to Government | | | |
| Transaction: | | | | |
| Who may avail: | -Offices within the DSWD Field Office Caraga | | | |
| | REQUIREMENTS | | WHERE TO SE | CURE |
| Request Letter (Annex | (A) | NHTS Office | 9 | |
| | | | | |
| | | | PROCESSINO | DEBOON |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 2. Sends request letter through email add nhts.focrg@dswd.gov.ph or submits to the record section | Receives and check for completeness 1.1 Forwards the request to PPD Chief | None 15 minutes | Admin Assistant Records Section Office | |
| | Endorses the request to RFC for appropriate action | None | 5 minutes | OIC-PPD Chief PPD Office |
| | 3.Records and forward the request to RFC | None | 2 minutes | Admin Assistant III NHTS Office |
| | Reviews and endorse for statistical generation | None | 5 minutes | RFC NHTS Office |
| | 5. Facilitates statistical request 5.1 Generate s | None | 1 day and 4 hours | RAS NHTS Office |



| 5.2Dra | ical table afts reply memorandum | | | |
|---|--|------|--------------------------|---|
| counte | views and ersign reply memorandum | None | 15 minutes | RFC NHTS Office |
| | orses reply orandum | None | 5 minutes | OIC-PPD Chief PPD Office |
| | ns reply erandum | None | 4 hours | Regional Director Office of the Regional Director |
| letter a letter a reque the en provid | cks response and send reply along the sted datasets to nail address led by the sting party | None | 10 minutes | Admin Assistant III NHTS Office |
| TOTA | L | | 2 Days and 57 Minutes | |

| FEI | EDBACK AND COMPLAINTS MECHANISMS |
|---------------------------------------|---|
| How to send feedback | Kindly accomplish the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section Tel. Nos.: (085) 342-5619 to 20 loc. 247 Telefax: (085) 815-9173 |
| How feedbacks are processed | E-mail: nhts.focrg@dswd.gov.ph Every 1st week of the month, your feedbacks are consolidated and summarized by the designated Admin Staff for onward submission to the Section Head and PPD Chief for approval and consolidation. |
| How to file a complaint | You can write your complaint/s in the comment section of the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section |
| How complaints are processed | Complaints received are consolidated every 30 th day of every month and will be part of the agenda during the quarterly/ special meetings. |
| Contact Information of CCB, PCC, ARTA | Concerned staff/requester may call the designated extension number: National Household Targeting Section 3rd Floor, Pahigayon Building DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City Tel. Nos.: (085) 342-5619 to 20 loc. 247 Telefax: (085) 815-9173 E-mail: nhts.focrg@dswd.gov.ph |



ARTA: complaints@arta.gov.ph
PCC: 8888

CONTACT CENTER NG BAYAN:
SMS: 0908 881 6565
Call: 165 56
P 5.00 + VAT per call anywhere in the Philippines via PLDT landlines
Email: email@contactcenterngbayan.gov.ph
Facebook: https://facebook.com/civilservicegovph/
Web: https://contactcenterngbayan.gov.ph/

5. PROVISION OF NAME-MATCHING RESULT TO DSWD FO CARAGA INTERNAL USERS

Name-matching will be undertaken primarily to determine if a household is in the Listahanan database and what its corresponding poverty status is; to confirm inclusion in a particular program; and to determine extent of availment of programs and services. Requesting party shall prepare a letter of request indicating the reasons for name-matching and enclosing an electronic copy of the names of households to be matched. The e-file must shall follow the prescribed name-matching template. All requests for name-matching are subject for review by the designated Regional Data Protection Officer (RDPA). If approved, the request will be facilitated by the Regional Information Technology Officer (RITO). The section will then coordinate the requesting party regarding the scheduled conduct of Orientation on Salient Provisions of the Data Privacy Act. The Certificate of Orientation shall be signed by the focal person representing the Division Chief and shall serve as basis for releasing the requested data.

| Office or Division: | National Household Targeting Section/Policy and Plans Division | | | |
|---|--|--------------------|--------------------|----------------------------------|
| Classification: | Complex | | | |
| Type of Transaction: | G2G-Government to Government | | | |
| Who may avail: | -Offices within the DSWD Field Office Caraga | | | |
| CHECKLIST OF REQUIREMENTS | | | WHERE TO S | ECURE |
| Request Letter (Annex A copy of filled-in name-ma | | NHTS Office | • | |
| Data Requirements (Annex B) | | NHTS Office | | |
| Certificate of Orientation of 2012 (Annex D) | on Data Privacy Act | NHTS Office |) | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| Submit hard copy of the request letter to Regional Director's office and send | Receives and check completeness of requirements | None | 10 minutes | Admin Assistant III RD Office |



| electronic copy of filled-in name-matching template through the email add nhts.focrg@dswd.gov.ph | 1.1 Forwards the request to the Regional Data Protection Officer (RDPO) | | | |
|--|--|------|---|--|
| | 2.Reviews and make recommendations to Regional Director for appropriate action | None | 15 minutes | RDPO ARD Office |
| | 3.Forwards the request to PPD Chief for appropriate action | None | 10 minutes | Regional Director Office of the Regiona Director |
| | 4.Endorses the request to RFC for appropriate action | None | 5 minutes | OIC-PPD Chief PPD Office |
| | 5. Review request for data generation. If request is approved, proceed to step 6-10. If denied, proceed to step no. 11 | None | 5 minutes | RFC NHTS Office |
| | 6. Facilitates the name matching request | None | 2 days-less than 1000 data 4 days-more than 1000 data but not greater than 2000 data 5 days- more than 2000 data but not greater than 3000 data | RITO NHTS Office |
| | 7. Generate and accomplish Data Release Form (DRF) | None | 30 minutes | RITO NHTS Office |
| | 8. Encrypt Data Files | None | 30 minutes | RITO NHTS Office |
| | Draft reply memorandum | None | 30 minutes | RITO NHTS Office |
| | 10.Review and countersign reply memorandum | None | 30 minutes | RFC NHTS Office |
| | 11. Accomplish denial of request | None | 30 minutes | RFC NHTS Office |



| | (Annex C) | | | |
|---|---|---------|--------------------------------------|------------------------------------|
| | 12.Sign reply memorandum | None | 15 minutes | OIC-PPD Chief PDPS Office |
| | 13. Track and send reply memorandum For denied request, process ends here otherwise, proceed to the next step. | None | 10 minutes | Admin Assistant III NHTS Office |
| | 14. Conduct Orientation on Data Privacy Act and issue Certificate of on Orientation (Annex D) | None | 1 day | RFC NHTS Office |
| | 15. Release the CD with encrypted and password-protected Listahanan data along with the DRF | None | 5 minutes | Admin Assistant III NHTS Office |
| Receives encrypted CD and contact the focal person indicated in the DRF to decrypt the data | 16.Provide Password | None | 30 minutes | RITO NHTS Office |
| Sign the DRF and forward the said document to NHTS | 17. File the DRF | None | 2 minutes | Admin Assistant III NHTS Office |
| | TOTAL: Approved Request -less than 1000 data | No Fees | 3 days, 4 hours and 17 minutes | |
| | -more than 1000 data but not greater than 2000 data | No Fees | 5 days, 4 hours and 17 minutes | |
| | -more than 2000 data but not greater than 3000 data | No Fees | 6 days, 4 hours and 17 minutes | |
| Note: Processing time n | Denied Request | | 1 hour and 40 minutes | |



Central Office

| FE | EDBACK AND COMPLAINTS MECHANISMS | |
|---------------------------------------|---|--|
| How to send feedback | Kindly accomplish the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section | |
| | Tel. Nos.: (085) 342-5619 to 20 loc. 247 Telefax: (085) 815-9173 E-mail: nhts.focrg@dswd.gov.ph | |
| How feedbacks are processed | Every 1 st week of the month, your feedbacks are consolidated and summarized by the designated Admin Staff for onward submission to the Section Head and PPD Chief for approval and consolidation. | |
| How to file a complaint | You can write your complaint/s in the comment section of the Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001) from the receiving admin staff of the Section | |
| How complaints are processed | Complaints received are consolidated every 30 th day of every month and will be part of the agenda during the quarterly/ special meetings. | |
| Contact Information of CCB, PCC, ARTA | Concerned staff/requester may call the designated extension number: National Household Targeting Section 3rd Floor, Pahigayon Building DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City Tel. Nos.: (085) 342-5619 to 20 loc. 247 Telefax: (085) 815-9173 E-mail: nhts.focrg@dswd.gov.ph ARTA: complaints@arta.gov.ph PCC: 8888 | |
| | CONTACT CENTER NG BAYAN: SMS : 0908 881 6565 Call : 165 56 P 5.00 + VAT per call anywhere in the Philippines via PLDT landlines Email : email@contactcenterngbayan.gov.ph Facebook : https://facebook.com/civilservicegovph/ Web : https://contactcenterngbayan.gov.ph/ | |



I. List of Offices

| Office | Address | Contact Information | |
|--|---|---|--|
| Promotive Services Division | | | |
| Office of the Promotive Services Division Chief | 3 rd Floor, Lumilihok Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City | Tel. Nos.: (085) 342-5619 to 20 loc. 126 Telefax: (085) 815-9173 | |
| Pantawid Pamilyang Pilipino Program Program Management office | 3 rd Floor, Lumilihok Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City | Tel. Nos.: (085) 342-5619 to 20 loc. 119 Telefax: (085) 815-9173 | |
| Pantawid Encoding Station | 3 rd Floor, Pahigayon Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City | Tel. Nos.: (085) 342-5619 to 20 loc. 120 Telefax: (085) 815-9173 | |
| KALAHI CIDSS Program Management office | 2 nd Floor, Lumilihok Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City | Tel. Nos.: (085) 342-5619 to 20 loc. 108 or 109 Telefax: (085) 815-9173 | |
| Sustainable Livelihood Program Management office | 1 st Floor, Lumilihok Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City | Tel. Nos.: (085) 342-5619 to 20 loc. 125 Telefax: (085) 815-9173 | |
| | Protective Services Divis | sion | |
| Office of the Protective Services Division Chief Community-Based Section Supplementary Feeding | 1 st Floor, Pahigayon Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City | Tel. Nos.: (085) 342-5619 to 20 loc. 106 Telefax: (085) 815-9173 Tel. Nos.: (085) 342-5619 to 20 loc. 106 Telefax: (085) 815-9173 Tel. Nos.: (085) 342-5619 to 20 | |
| Program Management Office Social Pension Program Management Office Adoption Resource and | | Ioc. 106 Telefax: (085) 815-9173 Tel. Nos.: (085) 342-5619 to 20 Ioc. 106 Telefax: (085) 815-9173 Tel. Nos.: (085) 342-5619 to 20 | |
| Referral Unit | | loc. 115 Telefax: (085) 815-9173 | |



| Minors Travelling Abroad | = <u>#</u> | Tel. Nos.: (085) 342-5619 to 20 loc. 115 Telefax: (085) 815-9173 |
|--|---|---|
| Center-Based Section | | Tel. Nos.: (085) 342-5619 to 20 loc. 115 Telefax: (085) 815-9173 |
| Capacity Building Section | 2 nd Floor, Pahigayon Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City | Tel. Nos.: (085) 342-5619 to 20 loc. 131 Telefax: (085) 815-9173 |
| Regional Learning Commons | 3 rd Floor, Pahigayon Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City | Tel. Nos.: (085) 342-5619 to 20 loc. 132 Telefax: (085) 815-9173 |
| Crisis Intervention Section | 1 st Floor, Pag-amoma Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City | Tel. Nos.: (085) 342-5619 to 20 loc. 103 Telefax: (085) 815-9173 |
| | Policy and Plans Division | (PPD) |
| Office of the PPD Chief | 3 rd Floor, Pahigayon Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City | Tel. Nos.: (085) 342-5619 to 20 loc. 247 Telefax: (085) 815-9173 |
| Policy Development and Planning Section | 2 nd Floor, Pag-amoma Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City | Tel. Nos.: (085) 342-5619 to 20 loc. 244 Telefax: (085) 815-9173 |
| National Household Targeting Section | 3 rd Floor, Pahigayon Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City | Tel. Nos.: (085) 342-5619 to 20 loc. 247 Telefax: (085) 815-9173 |
| Information and Communications Technology Section | 2 nd Floor, Pahigayon Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City | |
| Standards Section | 2 nd Floor, Pag-amoma Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City | Tel. Nos.: (085) 342-5619 to 20 loc. 105 Telefax: (085) 815-9173 |
| Disaste | er Response Management D | |
| Office of the DRMD Chief | 1 st Floor, Pahigayon Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City | Tel. Nos.: (085) 342-5619 to 20 loc. 106 or 115 Telefax: (085) 815-9173 |
| Disaster Response and Rehabilitation Section Disaster Response Information and Management Section Regional Resource | 3 rd Floor, Pag-amoma Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City | Tel. Nos.: (085) 342-5619 to 20 loc. 238 Telefax: (085) 815-9173 Tel. Nos.: (085) 342-5619 to 20 loc. 238 Telefax: (085) 815-9173 Tel. Nos.: (085) 342-5619 to 20 |



| Operation Section | | loc. 238 Telefax: (085) 815-9173 | | |
|--|----------------------------------|---|--|--|
| | Financial Management Division | on (FMD) | | |
| Office of the FMD Chief | 2 nd Floor, Pahigayon | Tel. Nos.: (085) 342-5619 to 20 | | |
| | Building, DSWD Caraga, R. | loc. 104 Telefax: (085) 815-9173 | | |
| Accounting Section | Palma Street, Barangay | Tel. Nos.: (085) 342-5619 to 20 | | |
| | Dagohoy, Butuan City | loc. 104 Telefax: (085) 815-9173 | | |
| Budget Section | | Tel. Nos.: (085) 342-5619 to 20 | | |
| | | loc. 104 Telefax: (085) 815-9173 | | |
| Cash Section | 1 st Floor, Pahigayon | Tel. Nos.: (085) 342-5619 to 20 | | |
| | Building, DSWD Caraga, R. | loc. 118 Telefax: (085) 815-9173 | | |
| | Palma Street, Barangay | | | |
| | Dagohoy, Butuan City | | | |
| 0.65 | Administrative Division | | | |
| Office of the Admin | 1st Floor, Pahigayon | Tel. Nos.: (085) 342-5619 to 20 | | |
| Division Chief and OIC | Building, DSWD Caraga, R. | loc. 129 Telefax: (085) 815-9173 | | |
| ARDA | Palma Street, Barangay | | | |
| Droporty and Cumply | Dagohoy, Butuan City | Tol Nos : (005) 242 5640 to 00 | | |
| Property and Supply Section | 1st Floor, Pag-amoma | Tel. Nos.: (085) 342-5619 to 20 | | |
| | Building, DSWD Caraga, R. | loc. 243 Telefax: (085) 815-9173 | | |
| Reproduction Room | Palma Street, Barangay | Tel. Nos.: (085) 342-5619 to 20 | | |
| Pacards Management | Dagohoy, Butuan City | loc. 214 Telefax: (085) 815-9173 Tel. Nos.: (085) 342-5619 to 20 | | |
| Records Management Section | | loc. 240 Telefax: (085) 815-9173 | | |
| Dormitory | 2 nd Floor, Pag-amoma | Tel. Nos.: (085) 342-5619 to 20 | | |
| Dominiory | Building, DSWD Caraga, R. | loc. 122 Telefax: (085) 815-9173 | | |
| | Palma Street, Barangay | 100. 122 Tololax. (000) 010 0170 | | |
| | Dagohoy, Butuan City | | | |
| Guard on Duty | Main Entrance DSWD | Tel. Nos.: (085) 342-5619 to 20 | | |
| | Caraga, R. Palma Street, | loc. 124 Telefax: (085) 815-9173 | | |
| Public Assistance and | Barangay Dagohoy, Butuan | Tel. Nos.: (085) 342-5619 to 20 | | |
| Complaints Center | City | loc. 245 Telefax: (085) 815-9173 | | |
| Procurement Section | 1st Floor, Pahigayon | Tel. Nos.: (085) 342-5619 to 20 | | |
| | Building, DSWD Caraga, R. | loc. 101 Telefax: (085) 815-9173 | | |
| General Services | Palma Street, Barangay | Tel. Nos.: (085) 342-5619 to 20 | | |
| Section | Dagohoy, Butuan City | loc. 117 Telefax: (085) 815-9173 | | |
| Human Resource Management and Development Division | | | | |
| Office of the Division | 2 nd Floor, Pahigayon | Tel. Nos.: (085) 342-5619 to 20 | | |
| Chief, HRMDD | Building, DSWD Caraga, R. | loc. 113 Telefax: (085) 815-9173 | | |
| Personnel | Palma Street, Barangay | Tel. Nos.: (085) 342-5619 to 20 | | |
| Administration Section | Dagohoy, Butuan City | loc. 113 Telefax: (085) 815-9173 | | |
| Learning and | | Tel. Nos.: (085) 342-5619 to 20 | | |
| Development Section | and El . | loc. 113 Telefax: (085) 815-9173 | | |
| Human Resource | 2 nd Floor, Pag-Amoma | Tel. Nos.: (085) 342-5619 to 20 | | |
| Planning and | Building, DSWD Caraga, R. | loc. 114 Telefax: (085) 815-9173 | | |
| Performance | Palma Street, Barangay | | | |
| Management Section | Dagohoy, Butuan City | Tol. Nos : (095) 242 5640 to 20 | | |
| Human Resource | | Tel. Nos.: (085) 342-5619 to 20 | | |



| Welfare Section | | loc. 114 Telefax: (085) 815-9173 | |
|---------------------------------|---|--|--|
| Office of the Regional Director | | | |
| Office of the Regional Director | 2 nd Floor, Pahigayon Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City | Tel. Nos.: (085) 342-5619 to 20 loc. Telefax: (085) 815-9173 | |
| Internal Audit Section | 2 nd Floor, Pahigayon Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City | Tel. Nos.: (085) 342-5619 to 20 loc. Telefax: (085) 815-9173 | |
| Social Marketing Section | 3 rd Floor, Lumilihok Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City | Tel. Nos.: (085) 342-5619 to 20 loc. 248 Telefax: (085) 815-9173 | |
| Legal Services Section | 2 nd Floor, Pahigayon Building, DSWD Caraga, R. Palma Street, Barangay Dagohoy, Butuan City | Tel. Nos.: (085) 342-5619 to 20 loc. 130 Telefax: (085) 815-9173 | |

Approved by:

RAMEL F. JAMEN Officer-in-Charge