



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT FIELD OFFICE CARAGA

CITIZEN'S CHARTER

2021 (5th Edition)





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I. 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.



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Regional Office

Frontline Services



1. Issuance of Gate Pass for Service Providers and Suppliers

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

| Office/Division: Administrative Division – Property and Supply Section (AD-PSS) | | | | | | |
|--|---|---------|-----------------------|--------------------|--|--|
| Classification: Simple | | | | | | |
| Type ofG2C – Government tTransaction :Government to Busin | | | • | Government to Go | vernment; G2B - | |
| Who may avail: Department of Socia are: | | | re and Dev | elopment (DSWD |) Employees who | |
| | a. DSWD emp b. DSWD serv c. DSWD supp | ice pro | | ls | | |
| CHECKLIST OF | REQUIREMENTS | | V | VHERE TO SECU | RE | |
| accomplished (2. Number of Propoutside 3. Two (2) copies Equipment Bor email from acco authorizing the property | accomplished Gate Pass Property and Supply Custodian (DPSC) through the Property Records and Equipment Monitoring Inventory System (PREMIS) with prescribed format Two (2) copies of duly accomplished Equipment Borrower Slip/ printed email from accountable person authorizing the borrower to bring the property One (1) photocopy of Special Order Property and Supply Custodian (DPSC) through the Property Records and Equipment Monitoring Inventory System (PREMIS) with prescribed format To be prepared by the client OBSUs' DPSC through PREMIS with prescribed format Administrative Division-Records Management | | | | (DPSC) through oment Monitoring th prescribed hout any SSUs' DPSC of format | |
| CLIENT STEPS AGENCY ACTION | | N | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| Submit duly accomplished gate pass with attachments and present property for checking | 1. Receive and review submitted duly accomplished gate p and attachments vis property presented | | None | 15 Minutes | PSS staff | |





| | 1.1 Update the Property Records and Equipment Monitoring Inventory System (PREMIS) regarding the gate pass through scanning the barcode of the Gate Pass to record the time of receipt of request in and endorse the same to the PSS Head for approval. | | | |
|---|--|------|------------|---------------------------|
| | 1.2 Approve Gate Pass | None | 5 Minutes | PSS Head |
| | 1.3 Scan the Gate Pass barcode to record the time of approval. | None | 2 Minutes | PSS Staff |
| | 1.4 Forward copy of the approved Gate Pass to: a. Original copy – Security Guard b. Duplicate copy – Person who shall take the equipment out of DSWD premises to present to Security Guard On-Duty/Property Officer c. Triplicate – PSS copy | None | 5 Minutes | PSS Staff |
| 2.Present property together with the duplicate copy of the approved Gate Pass to the security guard | 2.1 Review the presented property vis-a-vis the duplicate copy of the approved Gate Pass a. With discrepancy – Return gate pass the borrower/person who shall take the equipment out of the DSWD premises and | None | 10 Minutes | Security Guard On-Duty |





| | instruct the latter to secure new gate pass reflecting the correct details of the property to be borrowed/brought outside the DSWD premises b. Without discrepancy – Security Guard On-Duty shall sign the gate pass, both the original and duplicate copy, return signed duplicate copy to the borrower/personnel | | | |
|--|--|------|------------|-----------------------------|
| | 2.2 Scan the barcode of the Gate Pass to record the time of bringing out of the equipment in the PREMIS. | None | 2 Minutes | Security Guard On-Duty |
| 3. Upon return of property brought outside the DSWD premises, present to the Security Guard On-Duty signed duplicate copy of gate pass together with the property | 3. Review and validate returned property vis-à- vis signed duplicate copy of gate pass a. With discrepancy – Go to AD-PSS and inquire on how to proceed b. Without discrepancy – sign the gate pass, both the original and duplicate copy and indicate the date of return | None | 10 Minutes | Security Guard On-Duty |
| | 3.1. Scan the barcode in the Gate Pass to record the time of return of equipment | None | 2 Minutes | Security Guard on Duty – |



| 3.2 Surrender original copies of gate pass for returned property to AD-PSS | None | 5 Minutes | Security Guard on Duty |
|---|------|-----------------------|---------------------------|
| 3.3 Update record of gate pass in PREMIS indicating the actual the date of return of the property | None | 10 Minutes | PSS staff |
| 3.4 File gate pass for safe keeping and future reference | None | 10 Minutes | PSS staff |
| TOTAL: | None | 1 HOUR, 16 MINUTES | |

| FEEDBACK AND COMPLAINTS MECHANISMS | | | |
|------------------------------------|---|--|--|
| How to send a feedback | Customer Feedback Form may be provided to the client upon request or from the designated location of Customer Feedback Form tray | | |
| How feedback is processed | Duly accomplished customer feedback forms shall be consolidated once a month, identify issues and concerns of the clients which shall be discussed for appropriate action. Status on the identified issues and concerns shall be monitored on a monthly basis. | | |
| How to file a complaint | Requesting OBSU, Satellite/Cluster Offices may submit an appeal for the request that have been denied or may send a complaint letter to the Administrative Division – Property and Supply Section DSWD FO Caraga, R. Palma Street, Capitol Site, Butuan City with email address: property.focrg@dswd.gov.ph Tel No. 342-5619 local 243 | | |
| How complaints are processed | Upon receipt of complaint the concerned section shall make necessary evaluation and investigation to create a report for | | |



| | information and appropriate action of the concerned officials. Feedback shall be provided to the client. For inquiries and follow-ups, clients may contact AD-PSS through 342-5619 local 243 or through email address: property.focrg@dswd.gov.ph | | |
|---------------------|---|--|--|
| Contact information | email address: property.focrg@dswd.gov.ph contact number: <u>342-5619 local 243</u> ARTA : <u>complaints@arta.gov.ph</u> PCC: 8888 | | |
| | CONTACT CENTER NG BAYAN:SMS: 0908 881 6565Call: 165 56P 5.00 + VAT per call anywhere in the Philippines via PLDT landlinesEmail: email@contactcenterngbayan.gov.phFacebook: https://facebook.com/civilservicegovph/Web: https://contactcenterngbayan.gov.ph/ | | |

2. Issuance of Property Clearance for Separated Employees

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

| Office/Division: | Administrative Division – Property and Supply Section (AD-PSS) |
|--------------------------|---|
| Classification: | Simple |
| Type of Transaction : | G2C – Government to Citizen |
| Who may avail: | Department of Social Welfare and Development (DSWD) Employees who are: 1. Resigned 2. Transferred to other Government Offices 3. Non-renewal of Contract 4. Terminated 5. Retired |



| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
|--|---|
| | |
| A. Without Property Accountability | A. Without Property Accountability |
| 1. Three (3) copies of Clearance | 1. Personnel Administration Section through |
| Form | PORTAL with prescribed format. |
| B. With Property Accountability | B. With Property Accountability |
| | 1. Personnel Administration Section through |
| 1. Three (3) copies of Clearance Form | PORTAL prescribed format |
| 2. One (1) Original Copy of Duly | 2. To be prepared by the client OBSUs' |
| Accomplished Furniture and | Designated Property and Supply Custodian |
| Equipment Transfer Slip (FETS) | through the Property Records and Equipment |
| to transfer/turnover of property | Monitoring Inventory System (PREMIS) with |
| accountabilities | prescribed format |
| 3. With request for relief from | 3. DSWD Commission on Audit without any |
| property accountability due to | prescribed format |
| loss - one (1) copy of COA | |
| decision | |
| 4. With request for replacement of | 4. Property and Supply Section without any |
| lost property - One (1) photo | prescribed format |
| copy of request for replacement | presended format |
| approved by the Regional | |
| Director | |
| Director | |

| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|--|--|-----------------------|-----------------------|-----------------------|
| Submit duly approved request for transfer, resignation/ retirement or approved reply | 1. Receive and record the submitted duly approved request for transfer, resignation and/or retirement | None | 15 Minutes | PSS Staff |
| letter from HRPPMS 2 months before the effectivity of retirement, 30 days of resignation or transfer | 1.1 Review and validate recorded accountability/ies on file using Property Records and Equipment Monitoring Inventory System (PREMIS) and individual folder | None | 1 Hour, 30 Minutes | PSS Staff |



| | | | | | "Kalidad na Serbisyo, Kalidad na Buhay Sigurado" |
|----|--|---|------|------------|--|
| | | 1.2 No Accountabilities Process the clearance by affixing initial and forward to the Division Chief for approval | None | 15 Minutes | PSS Staff |
| | | With Accountabilities Inform OBSU of the applicant on the remaining accountabilities to process cancellation of accountabilities through Memorandum | | | |
| 2. | Submit documents and other requirements as proof of cancelled property accountability | 2. Receive and validate submitted documents and other requirements as proof of cancelled property accountability | None | 30 Minutes | PSS Staff |
| | | 2.1. If property accountability were cancelled, initial clearance and forward to the PSS Head for signature | None | 5 Minutes | PSS staff |
| | | 2.2. Sign Clearance | None | 5 Minutes | PSS Head |
| | | 2.3. Scan and record signed clearance in logbook and | None | 10 Minutes | Incoming / Outgoing PSS Staff |



| | forward to the next office concerned | | | |
|------|--|------|------------|-----------|
| 2.4. | Upload scanned signed clearance in PREMIS | None | 10 Minutes | PSS staff |
| | TOTAL: | None | 3 HOURS | |

| FEEDBAC | K AND COMPLAINTS MECHANISMS |
|------------------------------|--|
| How to send a feedback | Customer Feedback Form may be provided to the client upon request or from the designated location of Customer Feedback Form tray |
| How feedback is processed | Duly accomplished customer feedback forms shall be consolidated once a month, identify issues and concerns of the clients which shall be discussed for appropriate action. Status on the identified issues and concerns shall be monitored on a monthly basis. |
| How to file a complaint | Requesting OBSU, Satellite/Cluster Offices may submit an appeal for the request that have been denied or may send a complaint letter to the Administrative Division – Property and Supply Section DSWD FO Caraga, R. Palma Street, Capitol Site, Butuan City with email address: property.focrg@dswd.gov.ph Tel No. 342-5619 local 243 |
| How complaints are processed | Upon receipt of complaint the concerned section shall make necessary evaluation and investigation to create a report for information and appropriate action of the concerned officials. Feedback shall be provided to the client. For inquiries and follow-ups, clients may contact AD-PSS through 342-5619 local 243 or through email address: property.focrg@dswd.gov.ph |



| Contact information | email address: property.focrg@dswd.gov.ph | | |
|---------------------|---|--|--|
| | contact number: 342-5619 local 243 | | |
| | ARTA : <u>complaints@arta.gov.ph</u> PCC: 8888 | | |
| | CONTACT CENTER NG BAYAN:SMS: 0908 881 6565Call: 165 56P 5.00 + VAT per call anywhere in the Philippines via PLDT landlinesEmail: email@contactcenterngbayan.gov.phFacebook: https://facebook.com/civilservicegovph/Web: https://contactcenterngbayan.gov.ph/ | | |

3. PROVISION OF ASSISTANCE TO DISTRESSED REPATRIATED OVERSEAS FILIPINO WORKERS

The provision of financial assistance to distressed repatriated Overseas Filipino Workers is part of the social protection services of the Department. This protective service aims to help them to cope with the difficult situation they are presently experiencing due to their repatriation caused by various emergency situations abroad.

| Office or Division: | International Social Services Office - Protective Services Division | | |
|-------------------------------------|---|--|--|
| Classification: | Simple | | |
| Type of | G2C-Government to Citizens | | |
| Transaction: | | | |
| Who may avail: | Overseas Filipino Workers wh | no have been repatriated due to unfinished | |
| | working contract, overstayed, | and those who have been victims-survivors of | |
| | Human Trafficking. | | |
| CHECKLIS | ISTOF REQUIREMENTS WHERE TO SECURE | | |
| Cash Assistance for | Cash Assistance for other Support Services | | |
| 1. Referral Letter | | Any from these government agencies handling OFWs (OWWA Caraga, NRCO Caraga, Social Welfare Attache) | |
| 2. Passport of the client | | Department of Foreign Affairs (DFA) | |
| 3. Any valid government issued I. D | | Government agencies issuing an identification card (SSS, Philhealth, LTO, PAG- IBIG, COMELEC, NBI, DFA and among others) | |
| Additional Requirements | | | |





| 1. | Travel | Documents |
|----|--------|-----------|
| ±. | marci | Bocamento |

2. Barangay Certificate of Residency

| Within the Day Transaction | | | | | |
|---|--|------|-----------------|---------------------------------------|--|
| CLIENT STEPS | CLIENT STEPS AGENCY ACTIONS FEES TO E PAID | | PROCESS TIME | PERSON 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 | |
| | 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 | |
| | Social Worker will conduct thorough assessment | | 45 minutes | ISSO Social Worker | |
| | Endorse client to the Petty Cash Custodian/ SDO for provision of assistance | None | 3 minutes | ISSO Social Worker | |
| | Client will receive the cash assistance then to register her name and signature in the logbook and also picture-taking | None | 3minutes | Petty Cash Custodian, CIS Clerk | |
| | 9. Client to fill out the monitoring tool on Responsiveness of Service Providers | None | 6 minutes | CIS Clerk | |



| purposely to assess the quality | | |
|---------------------------------|----------------------------------|--|
| TOTAL | Total: 1 hour & 40 minutes | |

| | FEEDBACK AND COMPLAINTS MECHANISMS | | |
|------------------------------|---|--|--|
| How to send feedback | Accomplish the Client Satisfaction Survey Form | | |
| How feedbacks are processed | Consolidated every month and forwarded to concerned section | | |
| How to file a complaint | Thru 8888 or Client Satisfaction Survey Form | | |
| How complaints are processed | Complaints are processed and acted within 24 hours upon receipt | | |
| Contact | International Social Services Office | | |
| Information | 1 st 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 | | |
| | Email : <u>email@contactcenterngbayan.gov.ph</u> | | |
| | Facebook : https://facebook.com/civilservicegovph/ | | |
| | Web : <u>https://contactcenterngbayan.gov.ph/</u> | | |



4. 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 Transaction: | G2C – Government to Citizens | | | | |
| Who may avail: | Pantawid Pamilya Members and/or Authorized Representative/s | | | | |
| CHECKLIST O | F REQUIREMENTS | | WHERE TO SEC | | |
| Request Form | | Regional Program Management Office (RPMO) – Pantawid Pamilyang Pilipino Program | | | |
| Pantawid Pamilya I | D | Requester/s | s or Authorized Re | epresentative/s | |
| Representative | | | | | |
| | uire Status with original th Republic Act 10173 of 2012) | Person being represented | | | |
| Pantawid ID or any issued IDs (1 origin | valid government- al and 1 photocopy) | DSWD, Pag-IBIG, LTO, BIR, PhilHealth, Comelec | | | |
| Request Form | Request Form | | Regional Program Management Office (RPMO) – Pantawid Pamilyang Pilipino Program | | |
| CLIENT STEPS AGENCY ACTION | | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| 1. Approach the Public Assistance Complaints Center (PACC) and present the purpose | Attending staff to ask the client's purpose Issue referral slip Direct the client/s to Pantawid Pamilyang Pilipino Program Office | None | 2 minutes | PACC Desk Officer and/or clerk | |
| 1. Submit the requirements to the attending staff | Attending staff to check the requirements based on the checklist Issue | None | 3 minutes | PDO I / Regional Systems Focal Person | |





| | Acknowledgement Slip to client once checked NOTE: Additional documents may be required under special circumstances. | | | |
|--|---|------|------------|--|
| 3. Interview with the Attending staff / Regional Systems Focal Person/s | Attending Staff conducts interview with the client/s Conduct interview to client/s and records pertinent information Answers further queries, issues or concerns | None | 5 minutes | PDO I / Regional Systems Focal Person |
| 4. Fill up the Request Form and answer further questions if there is. | 4. Check the details of the clients in the Pantawid Pamilya Information System (PPIS) to determine the membership status of the household. 4.1 Issue acknowledgement slip to client once the accomplished form is processed. | None | 10 minutes | PDO I / Regional Systems Focal Person |
| 5. Check the correctness of the details/ information reflected in the Certification | 5. Prepare the Certification 5.1 Facilitate its approval 5.2 Give to the client the certification once approved | None | 5 minutes | PDO I / Regional Systems Focal Person Regional Program Coordinator / Asst. RPC / Alternates |
| 6. Accomplish the Client Satisfaction Survey Form | Administer the Client Satisfaction Survey Form to clients and issues | None | 5 minutes | PDO I / Regional Systems Focal Person |



| | acknowledgement receipt as proof that the transaction is successfully done. | | | 30 minutes | |
|----------------------------|---|---|---|--|---|
| | ΤΟΤΑ | | No Fees | | |
| | | | | MECHANISM | |
| How to send feedba | | 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 the attending Pantawid Pamilya staff for consolidation. Every 5 th day of the month, Administrative Assistant III | | | |
| How feedback is processed? | | consolidation within the (RPMO) - results an Approved Promotive Human R Division C the region Feedback concerner are relayed | tes all Client Regional Pr Pantawid P e reviewed b monthly cor e Services D esource and Chief for furth nal level. c requiring re d offices for | 's Satisfactory Su ogram Manageme amilyang Pilipino by Regional Progra solidation is subr ivision and to be f Management De ner review and cor sponses are com appropriate action cen three (3) work | rvey Forms ent Office Program and am Coordinator. nitted to the orwarded to the velopment nsolidation in municated to a. Responses |
| How to file complai | nts? | Citizen w Pilipino P their resp Program Caraga. 1 Provincia of concer Grievance Complain | ith complaint rogram and / ective compl Managemen They may als I/Municipal C n to the abov e / Complain | s relative to Panta / or the availed se laints directly to th t Office at DSWD o file complaint/s operations Offices /ementioned prog t Form. | rvices may file le Regional Field Office through the for escalation ram using the |
| | | ` | d.focrg@dsw on: Name of Co Address | <u>d.gov.ph</u>) with the omplainant erson/Entity being | |



| | 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 6565Call: 165 56P 5.00 + VAT per call anywhere in the Philippines via PLDT landlinesEmail: email@contactcenterngbayan.gov.phFacebook: https://facebook.com/civilservicegovph/Web: https://contactcenterngbayan.gov.ph/ | |

5. PANTAWID GRIEVANCE INTAKE AND RESPONSE (WALK-IN)

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

The **grievance form** is an instrument where to record valid grievance transactions. It may come in a physical paper or in an electronic form, uploaded in an official website for download, or opened immediately from a website. For quick and easy recording of grievances, the grievance form is designed to record only the type, subtype and details of the grievance in easily understandable codes and keywords. But supporting documents can be requested and attached to the grievance form.

As general rule, anyone may **accept** a grievance from various channels but only the City/Municipality Link and grievance officers may ascertain its validity and thereafter **intake** the grievance. To 'accept' a grievance is to receive the transaction but to 'intake' is to record the transaction in a grievance form of the Grievance Information System after ascertaining its validity. Intake and response require technical know-how about the GRS, particularly on the procedures in resolving the specific types and subtypes of grievances.



| Office or Division: | 4Ps Division | | | |
|--|---|--------------------|------------------------------------|---|
| Classification: | Simple | Simple | | |
| Type of Transaction: | G2C – Government to Citizens | | | |
| Who may avail: | All | | | |
| CHECKLIST O | F REQUIREMENTS | | WHERE TO SEC | URE |
| | iciary, 4Ps ID; eneficiary, none. | | ne assigned City/M Facilitators | Iunicipal Link, |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 7. Log-in at the visitors' log book located at the office lobby and present the 4Ps Id if a 4Ps beneficiary. | 1.1. Ensure that the client fills out the logbook and direct him/her to the 4Ps Assistance Desk. | None | 2 minutes | Guard on duty |
| 6. Proceed to the 4Ps Assistance Desk for verification of identity. | 2.1. Receive the client, inquire what the grievance is all about, and verify the identity of the client. Refer to the Grievance Redress System Field Manual for the guidance on the intake of grievances. | None | 5 minutes | Officer-of-the- Day / Assigned Focal Person |
| 7. Provide details about the grievance and supporting documents, if available, depending on the type of grievance reported. Fill out a grievance form. | 7.1 Encode the grievance correctly and completely in the GRS Information System / Tracker. 7.2 If the client is a beneficiary or a former beneficiary, check the status of the concerned beneficiary in the Pantawid Pamilya Information | None | 20 mins. | Officer-of-the- Day / Assigned Focal Person |





| 3731 | | | | |
|-------------------|-----------------|------|-----------|--------------------------------|
| | em (PPIS). | | | |
| 7.3 Cheo | | | | |
| | orting | | | |
| | Iments | | | |
| prov | ided, if | | | |
| avail | able. | | | |
| 7.4 Asse | ess all the | | | |
| data | | | | |
| | mation | | | |
| avail | | | | |
| | uss with the | | | |
| | | | | |
| | ficiary the | | | |
| | ngs and next | | | |
| | s to take. | | | |
| | all information | | | |
| is rea | adily available | | | |
| to | resolve the | | | |
| case | , resolve the | | | |
| | ance and | | | |
| 5 | ide feedback | | | |
| • | e client. | | | |
| 3.4.2. | If other | | | |
| | mation is | | | |
| | | | | |
| | led and the | | | |
| Ĵ. | ance cannot | | | |
| be | resolved | | | |
| | ediately, | | | |
| expla | ain to the | | | |
| clien | t the process | | | |
| that | will be | | | |
| unde | ertaken in | | | |
| Doroc | essing the | | | |
| | ance, and | | | |
| | m the client | | | |
| | he / she will | | | |
| | ontacted thru | | | |
| | / her mobile | | | |
| | | | | |
| num | | Nene | E minutes | Officer-of-the- |
| 8. None 8.1 Admir | | None | 5 minutes | |
| | Satisfaction | | | Day / Assigned Focal Person |
| | urement | | | |
| Surve | • | | | |
| | ze the data | | | |
| and in | clude it in the | | | |
| Client | Satisfaction | | | |
| | urement | | | |



| | Report. | | | |
|--|--|-------|--------------------------|---|
| 9. Proceed to the exit area for dismissal. | 5.1 Dismiss the client gracefully. | None | 1 minute | Guard on Duty |
| | If the grievance is | | | |
| | already resolved, | | | |
| 40 No. 1 | proceed to Step 6.1.4 . | Niewe | 7 | Officer of the |
| 10. None | 6.1. If the grievance is not yet resolved, endorse the grievance to the concerned office (FMD, PSD and/or other Field Office OBSU) for processing and feedback within three (3) working days. | None | 7 hours and 7 minutes | Officer-of-the- Day / Assigned Focal Person |
| | 6.1.2. Monitor the status of grievance and receive feedback report from the concerned office. | None | 2 working days | Officer-of-the- Day / Assigned Focal Person |
| | 6.1.3. Provide the client an update / feedback about the status of his / her grievance either thru text messaging or phone call. | None | 10 minutes | Officer-of-the- Day / Assigned Focal Person |
| | 6.1.4. Update the status of the grievance in the GRS Information System / Tracker. | None | 10 minutes | Assigned Focal Person |
| | ce is resolved outright | None | 33 n | ninutes |
| - | e is referred to OBSU/s I feedback is provided to the client. | None | e 3 working days | |



| FEEDBACK | AND COMPLAINTS MECHANISM |
|-------------------------------|--|
| How to send feedback? | Write your feedback on the services provided through the Client's Satisfaction Measurement 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 Satisfaction Measurement Form to the attending Pantawid Pamilya staff for consolidation. |
| How feedback is processed? | Every 5 th to 10 th day of the month, the assigned staff consolidates all accomplished Client's Satisfaction Measurement Forms within the Division and results are reviewed by the Division Chief. Approved monthly consolidation is submitted to the Human Resource and Management Division 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 (<u>pantawid.focrg@dswd.gov.ph</u>) with the following information: Name of Complainant Address Name of Person/Entity being complained |
| | Issue/ConcernEvidence |
| 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 | you may co Pantawid He Pantawid e- | id Pamilyang Pilipino Program concerns, ntact: otline - 09658354188 mail address – crg@dswd.gov.ph |
|---------------------|--|--|
| | ARTA : com PCC: 8888 | plaints@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/ |

6. DATA RESEARCH REQUEST ON 4PS PROGRAM

The 4Ps Division acts on the requested data research coming from external individuals / groups.

| Office or Division: | 4Ps Division | | | |
|--|---|--|---------------------|---------------------------|
| Classification: | Complex | | | |
| Type of | G2G or P2G– Governr | nent to Gov | ernment or Priva | te to |
| Transaction: | Government | | | |
| Who may avail: | Internal and external c | lients | | |
| CHECKLIST O | F REQUIREMENTS | | WHERE TO SEC | CURE |
| Request Le Template / | etter matrix if necessary | Requesting parties / Researcher(s) | | Researcher(s) |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSIN G TIME | PERSON RESPONSIBL E |
| 8. Requesting office / party submit request through the Records Section of the Field Office. | 1. Records Section receives and records the incoming document and forward to the Office of the Regional Director | None | 5-10 minutes | Records Section |





| | (ORD) for action. | | | |
|------|---|------|-------------------------|--|
| NONE | 2. The Regional Director reviews the request and routes it to the concerned Policy and Plans Division (PPD) for appropriate action. | None | 30 minutes to 1 hour | Office of the Regional Director |
| NONE | 3. Receives, reviews and assesses the research request if the requist shall require secondary data or shall undergo the research protocol. | None | 30 minutes to 1 hour | Division Chief, Policy and Plans Division (PPD) |
| NONE | 4. DC returns the document with instructions to the administrative staff for tracking and endorse a copy of the request to 4Ps division. | None | 5 to 10 minutes | Attending Administrative Staff of PPD |



| NONE | 5. Receives the document and attaches routing slip before endorsing to DC for review and appropriate action. | NONE | 1 day | Division Chief / RPC, 4Ps Division |
|------|---|------|---------------------|---|
| NONE | Returns the acted document for tracking purpose and forward it to the concerned focal person. | NONE | 5-10 minutes | Attending Administrative Staff of 4Ps Division |
| NONE | 7. Assists the researcher in matters related to the conduct of data-gathering activities with staff or with project beneficiary/ies | NONE | 1-5 working days | Concerned Focal Person/s |
| NONE | 8. Submits feedback reports to PPD PDPS after the conduct of data-gathering activities for the latter's proper monitoring. | NONE | 1-3 days | Concerned Focal Person/s |
| NONE | 9. Participates in exit conferences with the researcher/s and other DSWD staff | NONE | 1 day | Concerned Focal Person/s |



| | involved in data-gathering activities. | | | |
|------|---|------|-------------------|-----------------------------|
| NONE | 10.Provide the needed data, inputs to research proposals. | NONE | 1-3 days | Concerned Focal Person/s |
| NONE | 11. Coordinate with the researcher/s for the submission of the final research report. 10.1 May create a mechanism such as Desk and Technical Review Panels under the RD- TWG to strengthen the review of research proposals. | NONE | 3 working days | PPD – PDPS |
| NONE | 12. Issue a Certificate of Completion to researcher/s who complied with the completion requirements. 11.1 Prepare letters of communicatio n to researcher/s requiring the conduct of research study, to report | NONE | 1 day | PPD – PDPS |



GΔ

| | Total | None | _ | hours and 30 nutes |
|------|--|------|-------|-----------------------|
| NONE | 13. Forward a copy of completed research reports to 4Ps Division for their reference and electronic copies to the Policy Development and Planning Bureau (PDPB) at the Central Office. | NONE | 1 day | PPD – PDPS |
| | any violations or blacklisting. | | | |

| FEEDBACK | AND COMPLAINTS MECHANISM |
|----------------------------|--|
| How to send feedback? | Write your feedback on the services provided through the Client's Satisfaction Measurement 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 Satisfaction Measurement Form to the attending Pantawid Pamilya staff for consolidation. |
| How feedback is processed? | Every 5 th to 10 th day of the month, the assigned staff consolidates all accomplished Client's Satisfaction Measurement Forms within the Division and results are reviewed by the Division Chief. Approved monthly consolidation is submitted to the Human Resource and Management Division 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 (<u>pantawid.focrg@dswd.gov.ph</u>) 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 | | |
| | ARTA : complaints@arta.gov.ph PCC: 8888 | | |
| | CONTACT CENTER NG BAYAN:SMS: 0908 881 6565Call: 165 56P 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/ | | |



7. 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 Division: | Crisis Intervention Section - Protective Services Division | | | |
|--|--|--|--|--|
| Classification: | Simple | | | |
| Type of | G2C-Government to Citizens | | | |
| Transaction: | | | | |
| Who may avail: | Individuals and/or fai | milies who are indigent, vulnerable, disadvantaged | | |
| | or are otherwise in crisis situation based on the assessment of the Social | | | |
| | Worker. | | | |
| CHECKLISTOF | REQUIREMENTS | WHERE TO SECURE | | |
| | | | | |
| | ce for Hospital Bill | | | |
| 1. Medical | Certificate/Clinical | Attending Physician from a hospital/clinic or from | | |
| | ith complete name, iber, and signature of | Medical Records | | |
| the Physicia | | | | |
| / | ill with name and | Billing clerk of the hospital | | |
| signature | | Dining cierk of the hospital | | |
| 3. Any valid government issued I. D | | Government agencies issuing an identification | | |
| | | card (SSS, Philhealth, LTO, PAG-IBIG, | | |
| | | COMELEC, NBI, DFA, among others) | | |
| | e Study Report (if the | Licensed Social Worker from any | | |
| | to be provided is | government/non-government welfare agencies | | |
| 5,000 above) | | | | |
| *Barangay Certificate of Residency or | | Office of the Barangay Captain | | |
| Indigency of the C | | Chico of the Barangay Captain | | |
| required. | | | | |
| Medical Assistance for Medicine/Assistive Device | | | | |
| | | Attending Physician from a hospital/clinic or from | | |
| | ith complete name, | | | |
| | ber, and signature of | ure of | | |
| the Physicia | | | | |
| 2. Prescription | • | Attending Physician from a hospital/clinic | | |
| , | name, license number, and signature of the Physician | | | |
| signature of | the Physician | | | |



| 3. 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 |
| Medical Assistance for Laboratory Re | quests |
| Medical Certificate/Clinical Abstract with complete name, license number, and signature of the Physician | Attending Physician from a hospital/clinic or from Medical Records |
| 2. Laboratory Requests with complete name, license number, and signature of the Physician | Attending Physician from a hospital/clinic |
| Price quotation with complete name and signature of the authorized staff from hospital/clinic | The authorized staff of the hospital/clinic |
| 4. 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 | |
| 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 | City/Municipal Hall, Hospital, Funeral Parlor or Tribal Chieftain |
| Funeral Contract (except for Muslim and Indigenous People performing customary practices) | The authorized staff of the Funeral Parlor or Tribal Chieftain |
| 3. Any valid government issued I. D | Government agencies issuing an identification card (SSS, Philhealth, LTO, PAG-IBIG, COMELEC, NBI, DFA, among others) |
| *Barangay Certificate of Residency or Indigency of the Client may be required. | Office of the Barangay Captain |



| Burial Assistance for Transfer of Cada | aver | | |
|--|---|--|--|
| 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 | City/Municipal Hall, Hospital, Funeral Parlor or Tribal Chieftain | | |
| 2. Funeral Contract (except for Muslim and Indigenous People performing customary practices) | The authorized staff of the Funeral Parlor or Tribal Chieftain | | |
| 3. Transfer Permit | City/Municipal Hall, Hospital, Funeral Parlor or Tribal Chieftain | | |
| 4. Any valid government issued I. D | Government agencies issuing an identification card (SSS, Philhealth, LTO, PAG-IBIG, COMELEC, NBI, DFA, among others) | | |
| *Barangay Certificate of Residency or | Office of the Barangay Captain | | |
| Indigency of the Client may be required. | | | |
| Educational Assistance | Desister outborized staff from the aphael | | |
| 1. Enrolment Assessment Form or Certificate of Enrolment or Registration | Registrar, authorized staff from the school | | |
| 2. Validated school ID of the student/beneficiary | Registrar, authorized staff from the school, | | |
| 3. Statement of Account for College Students | Registrar, authorized staff from the school | | |
| 4. 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 | Office of the Barangay Captain | | |
| Indigency of the Client may be required. | | | |
| Food Assistance | | | |
| 1. Any valid government issued I. D | Government agencies issuing an identification card (SSS, Philhealth, LTO, PAG-IBIG, COMELEC, NBI, DFA and among others) | | |
| 2. 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 Services | | | |
| 11. 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) Report/Certification for fire victims Passport/Travel Document (s), Certification from OWWA or any proof of repatriation Certification/Referral Letter from Social Worker/Case Worker for rescued clients Police Blotter and Social Worker's Certification or referral letter for victims of On-line Sexual Exploitation of Children (OSEC) | Philippine Embassy/Consulate, Social Worker |
|--|---|

Within the Day Transactions

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESS TIME | PERSON RESPONSIBLE |
|--|--|-----------------------|-----------------|--------------------------------|
| 1. Queueing number and screening of documents | 1.1 Determine the assistance needed and screen the completeness of the requirements. 1.2 If requirements | None | 2 minutes | PACC Desk Officer/CIS Staff |
| | 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 | | | |
|---|---|------|-----------|--------------|
| 2.Verification on the non- duplication of assistance and fill-out General Intake Sheet | 2.1 Validate the 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. | None | 3 minutes | CIS Verifier |



| 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. S.2Provide psychosocial processing to the client as needed, to lessen their anxieties brought about by the crisis situation S.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 Survey Form. 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. | None | 3 minutes | CIS Satisfaction Survey Administrator |



| No Ecoc | 22 | |
|---------|---------|-----------------------|
| NO Fees | 33 | |
| | | |
| | minutes | |
| | No Fees | No Fees 33 minutes |

| FEEDE | BACK AND COMPLAINTS MECHANISMS |
|------------------------------|---|
| How to send feedback | Kindly accomplish the <i>Client Satisfaction Survey Form</i> (<i>DSWD</i> – <i>FO Caraga- HRMDD 001-F-001</i>) 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 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 HRMDD 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-</i> <i>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 Section/Division meetings. |
| Contact Information | 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 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 6565Call: 165 56P 5.00 + VAT per call anywhere in the Philippines via PLDT landlinesEmail: email@contactcenterngbayan.gov.phFacebook: https://facebook.com/civilservicegovph/Web: https://contactcenterngbayan.gov.ph/ |



8. 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.

| Referral Unite (PSD-ARRU) Classification: Highly Technical Type of Transaction G2C – Government to Citizens Who may avail: Any Filipino Citizen or alien possessing qualifications stipulated in R.A. 8552 or the Domestic Adoption Act of 1998 CHECKLIST OF REQUIREMENTS WHERE TO SECURE 1. Original Authenticated Birth Certificate Philippine Statistics Authority 2. Marriage Contract or Divorce, Annulment, Declaration of Nullity, or Legal Separation Documents Philippine Statistics Authority, Regional Trial Court 3. Written consent to the adoption To be executed by the legitimate and adopted sons/ daughters, and illegitimate sons/ daughters, and illegitimate sons/ daughters, and illegitimate sons/ daughters if living with the applicant, who are at least ten (10) years old 4. Physical and medical evaluation and when appropriate, psychological evaluation NBI or Police Clearance NBI or any Police Station where the applicant resides 6. Latest Income Tax Return/ Certificate of Employment/ Savings Account Bureau of Internal Revenue, Employer, Banks Employer, Banks 7. Three (3) Character References Any non-relative member of the immediate family taken within the last three (3) months Adoption Resource and Referral Unit 9. Certificate of attendance at a pre-adoption forum or seminar Any individual or couple to be identified by the applicant/s | Office or Division: | Drotactive Serv | ican Division Adaption Resource and | |
|--|---|------------------|--------------------------------------|--|
| Classification: Highly Technical Type of Transaction G2C – Government to Citizens Who may avail: Any Filipino Citizen or alien possessing qualifications stipulated in R.A. 8552 or the Domestic Adoption Act of 1998 CHECKLIST OF REQUIREMENTS WHERE TO SECURE 1. Original Authenticated Birth Certificate Philippine Statistics Authority 2. Marriage Contract or Divorce, Annulment, Declaration of Nullity, or Legal Separation Documents Philippine Statistics Authority, Regional Trial Court 3. Written consent to the adoption To be executed by the legitimate and adopted sons/ daughters, and illegitimate sons/ daughters, and illegitimate sons/ daughters, and illegitimate sons/ daughters, and illegitimate sons/ daughters if living with the applicant, who are at least ten (10) years old 4. Physical and medical evaluation and when appropriate, psychological evaluation Duly licensed physician and duly licensed psychologist 5. NBI or Police Clearance NBI or any Police Station where the applicant resides 6. Latest Income Tax Return/ Certificate of Employment/ Savings Account Employer, Banks 7. Three (3) Character References Any non-relative member of the immediate community who have known the applicants for at least 3 years 8. 3x5 sized pictures of the applicant(s) and his/ her/ their immediate family taken within the last three (3) months Photo printing service provider 9. Certificat | Office of Division. | | | |
| Type of TransactionG2C - Government to CitizensWho may avail:Any Filipino Citizen or alien possessing qualifications stipulated in R.A. 8552 or the Domestic Adoption Act of 1998CHECKLIST OF REQUIREMENTSWHERE TO SECURE1. Original Authenticated Birth CertificatePhilippine Statistics Authority2. Marriage Contract or Divorce, Annulment, Declaration of Nullity, or Legal Separation DocumentsPhilippine Statistics Authority, Regional Trial Court3. Written consent to the adoptionTo be executed by the legitimate and adopted sons/ daughters, and illegitimate sons/ daughters, and illegitimate sons/ daughters, if living with the applicant, who are at least ten (10) years old4. Physical and medical evaluation and when appropriate, psychological evaluationNBI or any Police Station where the applicant resides6. Latest Income Tax Return/ Certificate of Employment/ Savings AccountNBI or any Police Station where the applicant resides7. Three (3) Character ReferencesAny non-relative member of the immediate community who have known the applicants for at least 3 years8. 3x5 sized pictures of the applicant(s) and his/ her/ their immediate family taken within the last three (3) monthsPhoto printing service provider9. Certificate of attendance at a pre- adoption forum or seminarAdoption Resource and Referral Unit10. Affidavit of Temporary Custody from persons who will provide custody to the adoptee in case of untimely deathAny individual or couple to be identified by the applicant/s | Classification: | | | |
| Who may avail:Any Filipino Citizen or alien possessing qualifications stipulated in R.A. 8552 or the Domestic Adoption Act of 1998CHECKLIST OF REQUIREMENTSWHERE TO SECURE1. Original Authenticated Birth CertificatePhilippine Statistics Authority2. Marriage Contract or Divorce, Annulment, Declaration of Nullity, or Legal Separation DocumentsPhilippine Statistics Authority, Regional Trial Court3. Written consent to the adoptionTo 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 old4. Physical and medical evaluation and when appropriate, psychological evaluationDuly licensed physician and duly licensed physician and duly licensed physician and duly licensed psychologist5. NBI or Police ClearanceNBI or any Police Station where the applicant resides6. Latest Income Tax Return/ Certificate of Employment/ Savings AccountAny non-relative member of the immediate community who have known the applicants for at least 3 years8. 3x5 sized pictures of the applicant(s) and his/ her/ their immediate family taken within the last three (3) monthsPhoto printing service provider9. Certificate of attendance at a pre- adoption forum or seminarAny individual or couple to be identified by the applicant/s | | | | |
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| 10. Affidavit of Temporary Custody from persons who will provide custody to the adoptee in case of untimely deathAny individual or couple to be identified by the applicant/s | | - | Adoption Resource and Referral Unit | |
| persons who will provide custody to didentified by the applicant/s the adoptee in case of untimely death | adoption forum or sem | inar | | |
| persons who will provide custody to didentified by the applicant/s the adoptee in case of untimely death | 10. Affidavit of Temporarv | Custody from | Any individual or couple to be | |
| the adoptee in case of untimely death | | | , | |
| | | | | |
| | of adoptive parents | - | | |



| 11.For foreign appl | icant/s | | | |
|--|---|---------------------------|--|--|
| 11.1 Certification Adopt | of Legal Capacity to | | Embassy in the country where the applicant resides | |
| 11.2 Certificate o Philippines | f Residence in the | | eau of Immigratio oreign Affairs | n or Department |
| 11.3 Two (2) cha | racter reference | app he/s | n non-relatives w licant/s in the cou the is a citizen/re ding in the Philipp | Intry of which sident prior to |
| 11.5 Home Study possible/ava regarding th executed by | 11.4 Police Clearance 11.5 Home Study Report; if not possible/available, a Certification regarding the same should be executed by the Central Authority or Embassy | | (2) years prior re ippines B accredited Fore | - |
| 12. Additional require | ments as may be | | | |
| needed by the so | cial worker | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEE S TO BE PAID | PROCESSIN G TIME | RESPONSIBL E PERSON |
| 1. Inquiry | 1.1 The ARRU Clerk facilitates the client to log in the logbook and assist the client to any ARRU social worker available | None | 6 minutes | AA II-ARRU Clerk/ SWO II/III- ARRU Social Worker |



| 2. Attendance of the client to the Adoption Forum | provides checklist of requirements and schedule of 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 completenes s 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 |
| 4. 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 review and provide comments on the HSR and other | 15 working days 15 working days 5 working days | Prospective Adoptive Parents/ SWO II/III - ARRU Social Worker/Case Manager SWO II/III - ARRU Social Worker/Case Manager ARRU Head |



| | attached documents | | |
|--|---|---|--|
| 5. Submission of additional documents and information based on the review of the ARRU head | 5.1 Revision of HSR 5.2 Submit the dossier for review by PSD-Division Chief and for eventual approval/ disapproval of the Regional Director 5.3 If approved; | 15 working days 6 working days | Prospective Adoptive Parents/ SWO II/III - ARRU Social Worker/Case Manager |
| | prepare documents and include the applicants in the roster of applicants for matching 5.4 Case | 3 working days | SWO II/III - ARRU Social Worker/Case Manager |
| | presentation to the matching conference | 1 hour | Case Manager/ Regional Child Welfare Specialist Group (RCWSG) |
| Comply with RCWSG's recommendatio n and comments | 6.1 Submit updated reports and other required documents if there are any. | 15 working days | SWO II/III - ARRU Social Worker/Case Manager |
| | 6.2 Facilitate signing of the Matching Certificate by the RCWSG and endorse for approval | 3 working days | SWO II- Matching Secretariat |



| | by the Regional Director 6.3 Inform the applicant on the matching result | | SWO II/III - ARRU Social Worker/ SWO II/III -ARRU Social Worker/Case Manager |
|--|--|-------------------|--|
| 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 | 3 working days | Prospective Adoptive Parents/ SWO II/III - ARRU Social Worker/Case Manager |
| | 7.2 Preparation of the applicant for the physical transfer of the child | 5 working days | SWO II/III – ARRU Social Worker/Case Manager |
| 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 | Prospective Adoptive Parents/ SWO II/III - ARRU Social Worker/Case Manager |
| 9. 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 | 2 years | SWO II/III - ARRU Social Worker/Case Manager |



| | Certificate of the Child be issued. 10.2 Provision of Post- adoption Services | | | |
|-------|---|------|--|--|
| TOTAL | - | None | 2 years, 117 days, 2 hours and 36 minutes | |

| FEEDB/ | ACK 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 | ARRU clerk consolidate feedback in a monthly basis to |
| processed | 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 | Complaints are processed and acted upon 24 hours |
| processed | upon receipt. |
| Contact Information | ARRU Section |
| | Protective Services Division |
| | 1 st 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 |



| 8932-011 PCC- 888 | |
|---|--|
| CONTAC SMS Call Email Facebook Web | T CENTER NG BAYAN: : 0908 881 6565 : 165 56 P 5.00 + VAT per call anywhere in the Philippines via PLDT landlines : email@contactcenterngbayan.gov.ph : https://facebook.com/civilservicegovph/ : https://contactcenterngbayan.gov.ph/ |

9. Travel Clearance Issuance for Minors Travelling Abroad

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

| Office or Division: | DSWD Caraga XIII (MTA-Protective Services Division) | | |
|---|---|---|--|
| Classification: | Simple | | |
| Type of Transaction: | G2C-Government to Citi | zen | |
| Who may avail: | Filipino Minors Travelling | g Abroad | |
| Issuance of Trave | el Clearance Certificate | | |
| A. For Minors | | preign 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 | |
| 3. PSA issued Birth Certificate of the minor | | Philippine Statistics Authority (PSA) | |
| Photocopy of PSA issued Marriage Contract of minor's parents/Copy of Court issued Legal Guardianship/ Tallaq or Fasakh Certification from the Shariah Court or any Muslim Brgy. Or Religious leader | | Philippine Statistics Authority (PSA); Court who handled the Legal Guardianship petition, Shariah Court or Religious Leader | |
| PSA CEN minors on S | OMAR for illegitimate ECPA; | | |



| 5. 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 | Law Office and Notarized at the place where the minor resides/ Philippine Embassy (If minors parents/s are abroad) |
|--|---|
| 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 |
| 8. Certified True Copy of the Death Certificate (for deceased parent/s) on SECPA | Applicant |
| 9. 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 | Applicant |
| Eor Succeeding Travel of Unar | companied minor or Travelling Alone |
| 1. Duly Accomplished Application Form | |
| 2. 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 | Law Office and Notarized at the place where the minor resides/ Philippine Embassy (If minors parents/s are abroad |
| 3. Original Copy of the Previous Travel Clearance | Applicant |
| 4. Two (2) original colored passport size photos of the minor (in White, | Applicant |



| Red or Blue Background) taken within the last 6 months, No Scanned Picture is allowed | |
|--|--|
| 5. Unaccompanied Minor Certificate from the Airline | Airline Company |
| Waiver from the parents releasing DSWD from any liability/responsibility in case of untoward incident during the travel of the child | Applicant |
| B.Minor Travelling for the FIRST TIME with persons other than the Parents or Legal Guardian | |
| 1. Duly Accomplished Application Form | |
| 2. Copy of the PSA issued Birth Certificate of the minor | Philippine Statistics Authority (PSA) |
| 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 | Law Office and Notarized at the place where the minor resides/ Philippine Embassy (If minors parents/s are abroad) |
| 4. Copy of Marriage Certificate of minors parents (SECPA), Solo Parent ID for Solo Parents, Court Decree of Separation, Annulment or Divorce for illegitimate minors, CENOMAR from PSA; in case of deceased parent/s, copy of the Death Certificate | PSA, Local Social Welfare and Development Office (for the Solo Parents ID); Family Court |
| 5. 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 |
| 6. Photocopy of the passport of the travelling companion C. Minors travelling subsequently with a person other than the Parents or | Minor's Travelling Companion |
| Legal Guardian | |



| | Department of Social Welfare and Development "Kalidad na Serbisyo, Kalidad na Buhay Sigu |
|---|--|
| 1. Duly Accomplished Application Form | Download form at www.caraga.dswd.gov.ph |
| 2. Original Copy of the Previous Travel Clearance | Applicant |
| 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 | Law Office and Notarized at the place where the minor resides/ Philippine Embassy (If minors parents/s are abroad) |
| 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 |
| 5. Photocopy of the passport of the travelling companion | Minor's 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 | Applicant |
| 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 | Sponsor Organization |
| Affidavit of Undertaking of companion indicating safety measures under taken by the Sports Agency | Sports Agency |
| Signed Invitation from the Sponsoring Agency/Organization Abroad with itinerary of travel and | Sponsoring Organization |



| 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 |
| 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 | |
| 1. Placement Authority issued by ICAB | Inter-Country Adoption Board (ICAB) |
| 2. Authority to escort issued by ICAB | Inter-Country Adoption Board (ICAB) |
| Minor under Foster Care | |
| | |
| 1. Notarized Affidavit of Undertaking by | Foster Parents |
| the Foster Parents | |
| 2. Notarized Affidavit of Consent from | DSWD Regional Director |
| The Regional Director or Authorized Representative | |
| 3. Photocopy Foster Placement | Applicant |
| Authority | |
| 4. Photocopy of Foster Care License of | Applicant |
| the Family | |
| 5. DSWD Certification of the CDCLAA | DSWD |
| except those under Kinship Care | |
| 6. Return Ticket | Applicant |
| Minors Under Legal Guardianship | |
| 1. Certified True Copy of the Court | Court |
| Order on Legal Guardianship | |
| Minors whose parents are Seafarers | |
| 1. Certification from the Manning | Manning Agency |
| Agency attesting to the parents | |
| employment | |
| 2. Photocopy of Seaman's Book of the | Applicant |
| parent/s Minors with alleged missing parent/s | |
| | |
| | |



| Separatient of Social Wehare and Development "Kalidad na Serbisyo, Kalidad na Bul | | | | |
|---|--|-----------------------|----------------------------------|--------------------------------------|
| 1. SCSR from the LSWDO where the alleged missing parent's last known | | | | |
| address | | | | |
| 2. Blotter Report from either Local Police or Barangay Certification from the locality of the last known address of the alleged missing parent | | | ice or Baranga ast known addr | y of the alleged missing ess |
| the last | eturned registered mail to known address of the ssing parent | Applicant | | |
| Within the Day T | ransaction | | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESS ING TIME | PERSON RESPONSIBLE |
| 1.Registration | 1.1Issuance of Service Sequence Number and CSS | | 5 minutes | Officer of the Day/Security Guard |
| 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 3.2 Recommends for the approval or disapproval of the application to the Signing Authority | | 1 hour | Social Worker |
| 4. Review and Approval of Application | 4.1Approves/Disapprov es the application4.1a. If Approved: | | 2 hours | Division Chief Social Worker |



| | 1 | 1 | | |
|--|--|---|------------|-------------------|
| | Issuance of claim stub schedule of release (Minimum of 1 day processing and maximum of 3 days processing) | | 10 minutes | |
| | 4.1b. If Disapproved 4.2 Counseling and Explanation of the reason for disapproval of application | | 30 minutes | |
| | 4.3 Notify the nearby DSWD Field Offices | | | |
| | 4.3a. If exempted, Prepares the Certificate of Exemption for Approval of the Regional Director | | 20 minutes | |
| 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 | 30 minutes | Cashier |
| 6.Preparation of Travel Clearance | 6.1Encodes/Type the details of the Applicant to the Travel Clearance Certificate | | 10 minutes | Admin. Clerk |
| 7. Approval of the Regional Director | 7.1Signs/Approves the Application or Certificate of Exemption for Exempted Applicants | | 2 hours | Regional Director |



| 8.Issuance of Travel Clearance/Certif icate of Exemption | 8.1Releases the Travel Clearance Certificate to the Applicant/ Certificate of Exemption and collect the filled-out CSS | | 5 minutes | Social Worker |
|--|--|------------------|-----------|---------------|
| | TOTAL | P 300- 600.00 | 7 hours | |

*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 | Client will provide feedback through Client Satisfaction Survey Form (CSS) after the release of Blue Card | |
| How feedback are processed | Section Clerk will consolidate CSS monthly and to be approved by DC. Then, the CSS monthly report of the division will be forwarded to HRMD | |
| 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 be forwarded to PSD Head, if the concern is for MTA, the Focal Person or the concern SW will answer the said complaint/s. | |
| | 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 085-342-561 | ., Dagohoy, Butuan City 19/20 |
|--|---|---|
| Contact information DSWD FO XIII/ MTA-PSD | Through Telephone No. 085-342-5620/19 Email. Address: <u>focrg@dswd.gov.ph</u> | |
| | 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 : <u>email@contactcenterngbayan.gov.ph</u> | |
| | Facebook | : https://facebook.com/civilservicegovph/ |
| | Web | : https://contactcenterngbayan.gov.ph/ |

10. RECOVERY AND REINTEGRATION PROGRAM FOR TRAFFICKED PERSONS (RRPTP)

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 Division: | Recovery Reintegration Program For Trafficked Persons | | |
|---|--|-----------------------------------|--|
| 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 trafficking | | |
| CHEC | CHECKLIST OF REQUIREMENTS WHERE TO SECURE | | |
| Medical Assistar | | | |
| | Valid ID (original ID must be presented | Any Government issued ID | |
| upon claiming of a | | | |
| Social Case Stud | y Report | DSWD Social Worker | |
| 2 copies (1 original copy and 1 photocopy) of Hospital Bill | | | |
| | f hospital bill) or Prescription (for | | |
| medicines) or Laboratory requests (for procedure) | | Hospital where client/patient was | |
| | nal copy and 1 photocopy) of Clinical | admitted. | |
| Abstract/Medical | Certificate with signature and license | | |



| number of attending physician (issued within three | |
|---|--------------------------------------|
| months. | |
| 2 copies (1 original copy and 1 photocopy) of Barangay | Office of the Barangay Captain |
| Certificate of Indigency | Onice of the Darangay Captain |
| Educational Assistance: | |
| 2 copies (1 original copy and 1 photocopy) of School | Office of the Registrar or Principal |
| Registration/or Certificate of Enrollment | where the client is enrolled. |
| Social Case Study Report | SWO II-RRPTP DSWD Social |
| | Worker |
| 2 copies of Statement of Account for tertiary Education | School Accounting Office |
| 2 photocopies of Valid School ID | School issued ID |
| 2 photocopies of Valid ID of the parent/guardian(original | Any government issued ID |
| ID must be presented upon claiming the assistance) | Pantawid ID |
| Livelihood Assistance: | |
| Project Proposal. They may write using their vernacular | |
| or local dialect. They may be assisted by the social worker | |
| in preparation 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 | |
| livelihood Program, to determine the preparedness of the | |
| client to start their business. Re-assessment will be | |
| conducted to clients who will have a score of 74 and below | |
| or they may be considered to avail financial assistance for | |
| employment. | |
| Social Case Study Report | |
| 2 photocopy of Valid ID (original ID must be presented | Any government issued ID |
| upon claiming of assistance | Pantawid ID |
| Skills Training: | |
| Official receipt from the training school (TESDA/CHED | Training school |
| accredited training school | |
| | |
| | |
| 2 photocopy of valid school ID (original ID must be | School issued ID |
| presented upon claiming the assistance) | |
| Financial Assistance for Employment (e.g. driver's | |
| license, NBI and police clearance, Medical Certificate | |
| etc.): | |
| 1. Contract of Employment or any similar document | |
| which indicates that they are hired | Agency where the client is |
| which multales that they are filled | 0, |
| | employed |



| 2 photocopy of valid ID (original ID must be presented upon claiming the assistance) | | | Agency issued ID | |
|---|--|----------------|------------------|--|
| LogisticalSupportDuringandPost-RescueOperation of Victim-survivors of trafficking:Victim-survivors of trafficking during rescue operation.Social workers are highly needed to provide psychosocialcounseling and assist victim-survivors of trafficking allthroughout the process from recovery to reintegration. | | | DSWD | |
| Provision of Ten Victims-survivors run/registered, lic facilities for protect | nporary Shelter of trafficking may be placed in E censed and accredited residentia ctive custody. | DSWD I care | DSWD | |
| Support for Transportation A | Victim-survivors/Witness Assistance | and | | |
| 2 photocopy of v upon claiming the | ralid ID (original ID must be pres assistance) | sented | Any Government | issued ID |
| Social Case Stud | | | RRPTP-DSWD S | ocial Worker |
| | fficial Receipt of the Client's boar | d and | | / |
| lodging | , | | | |
| ~ ~ | | | | |
| CLIENT STEPS | TEPS AGENCY ACTIONS FEES TO BE PAID | | TIME | PERSON RESPONSIBLE |
| Victim- survivors of Trafficking reached out, referred to by the RRPTP Social Worker *Log name in the RRPTP Customer's Logbook | Victim- survivors of Trafficking reached out, referred to by the RRPTP Social Worker I.1 CBSU clerk refers the client to RRPTP social worker for the routing of concern to the specific program. I.2 Once routed to Recovery Reintegration 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 | | 5 minutes | Security Personnel On- duty Administrative Assistant |
| 2. Inquire and request for an assistance | The Social Worker Conducts Interview | NONE | E 15 Minutes | |



| *Respond /answer with the interview of the Social Worker (Intake Sheet and SCSR) | RRPTP Social Worker will fill-out the intake sheet and completes the information of the client during the conduct of interview to walk- in/referred clients. | | | RRPTP Social Worker |
|--|--|------|------------|---|
| | Provide psychosocial counseling to alleviate distress and ensure that the government will provide assistance. | NONE | 30 Minutes | RRPTP Social Worker |
| | The Social worker conducts assessment and based on the assessment, decides with the client what services can be provided under RRPTP. | NONE | 30 minutes | RRPTP Social Worker |
| | If need of protective services thru temporary shelter, social worker shall refer the client to the respective residential care facility. | None | 30 minutes | RRPTP Social Worker |
| | The social Worker provides a list of documentary requirements depending on the assistance to be provided. | None | 15 minutes | RRPTP Social Worker |
| (After complying the needed requirements) Client submit requirements based on the needed services | Checking of the authenticity and completeness of presented documentary requirements (using RRPTP Verification Slip and Checklist of Requirements) | None | 10 minutes | RRPTP Social Worker |
| The client will answer the Hand aka Bang Magnegosyo questionnaire | 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. | None | 15 days | RRPTP Social Worker and SLP Personnel |





| and project proposal. | (Provision of Educational and Livelihood Assistance) a. Hot meals b. Medical c. Education d. Transportation e. Livelihood For the livelihood assistance, the RRPTP Social Worker will forward the documents to the Sustainable Livelihood Program or the concerned LGUs for further assessment. | | | |
|---|---|------|-------------------|---|
| | The social worker prepares voucher and a Social Case Study Report of the TIP victim-survivor and approved by the Regional Director/Authorized Signatory. | None | 3 working days | RRPTP Social Worker |
| | Protective Services Division Chief, Budget Officer recommend the provision of assistance for the approval of the Regional Director | None | 2 working days | Unit Head or Division Chief and Budget Officer |
| | Sign/Approve the voucher | None | 2 working days | Regional Director |
| Attend case conference together with MSWDO or MSWD Social Worker | Process the release of assistance. -Turn-over of assistance and conduct of case conference together with the P/C/MSWDO and the client - In the cases where the services needed are beyond the Department's program, SW coordinates with other partner agencies through telephone or referral letter. | None | 2 working days | RRPTP Social Worker |
| Answer the customer | Facilitate the Customer Satisfaction Survey Form | None | 10 minutes | Administrative Assistant |



| satisfaction Survey form | | | |
|-----------------------------|------|--------------------------------------|--|
| TOTAL | NONE | 24 days 2 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 1 st 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 ARTA : complaints@arta.gov.ph PCC: 8888 | | | |
| | CONTACT CENTER NG BAYAN:SMS: 0908 881 6565Call: 165 56P 5.00 + VAT per call anywhere in the Philippines via PLDT landlinesEmail: email@contactcenterngbayan.gov.phFacebook: https://facebook.com/civilservicegovph/ | | | |



| Web | : https://contactcenterngbayan.gov.ph/ |
|-----|--|
| | |
| | |
| | |

11. PROVISION OF ON-SITE DIRECT RELEASE OF STIPEND FOR SOCIAL PENSION 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 Division | | |
|---|---|--|--|
| Classification: | Simple | | |
| Type of Transaction: | G2C – Government to (| Citizens | |
| Who may avail: | Social Pension Benefic | iary and/or Authorized Representative | |
| CHECKLIST O | F REQUIREMENTS | WHERE TO SECURE | |
| Principal | | | |
| OSCA I.D. or any v I.D. (1 original) | valid government-issued OSCA, Pag-IBIG, LTO, BIR, PhilHealth, Comelec, DSWD, LGU / BLGU | | |
| | th erroneous name A ID or in the payroll: neness (1 original | 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) | |
| Authorized Representative for Bedridden, Frail, Sickly or with Disability | | | |



| Standard form of Authorization or Pagtugot from the OSCA/LSWDO with original signatures (1 original) | 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) |
|--|--|
| 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 | Local Social Welfare and Development Office (LSWDO) – LGU Focal Person for |
| signature (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) |



| | | _ | | |
|--|---|----------------------------|--------------------|--|
| | of the beneficiary (1 | | • | R) or Philippine |
| photocopy or Certified True Copy) | | Statistics Authority (PSA) | | |
| Representative's va | alid government-issued | OSCA, P | ag-IBIG, LTO, | BIR, PhilHealth, |
| ID (1 photocopy and | d 1 original copy) | Comelec, | DŠWD, LGU / BL | GU |
| 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. | 1. 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 | 2. Secure the needed information and signature of beneficiary | None | 1 minute | Paymaster DSWD Field Office Caraga |
| 3. Count received stipend | 3. Provide the amount of stipend due for the beneficiary | None | 1 minute | Paymaster DSWD Field Office Caraga |
| | TOTAL: | None | 5 minutes | |

VI. FEEDBACK AND COMPLAINTS

| FEEDBA | 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 of the complaint. |
| | 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 SPPMO e-mail address – focrg.socialpension@gmail.com |
| | ARTA : complaints@arta.gov.ph |



| PCC: 8888 | } |
|-----------|---|
| | |
| 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. PROVISION OF CENTENARIAN GIFT TO ELIGIBLE CENTENARIAN

| Office or Division: | Protective Services Division | | |
|--|---|-------------------------------------|--|
| Classification: | Simple | | |
| Type of Transaction: | G2C-Government to Citizen | | |
| Who May Avail: | Centenarian Applicants and | or their Authorized Representatives | |
| CHECKLIST O | FREQUIREMENTS | WHERE TO SECURE | |
| Primary Documents (| Any 1 of the following) | | |
| 1. Registered Birth | Certificate | PSA / Local Registrar | |
| 2. Philippine Passp | | DFA | |
| OSCA | Identification Card issued by | OSCA | |
| (at least 1) | bine Government -issued ID | Any Government Agency | |
| Secondary Document | s (Any 2 of the following) | | |
| 1. Registered Marriage Certificate issued by PSA | | PSA / Local Registrar | |
| least 2 Children) | Certificate of Children (At | PSA / Local Registrar | |
| | d by Two (2) Disinterested t 80 years old and above) | Notary Public Lawyer | |
| 4. Old School Records or Employment Records showing date of birth of the Centenarian Applicant | | School / Employer | |
| Certified Baptismal and/or Confirmation Certificate / Records | | Church | |
| Additional Supporting Documents (Upon | | | |
| completion of the abo | ve) | | |
| 1. One Whole-Body Applicant (Lates | y Picture of the Centenarian | Client | |
| | sidency issued by the | Barangay | |



| 3. Endorsement Letter issued by the C/MSWDO | | C/MSWDO | | |
|---|--|--------------------------|------------|--------------------------------|
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | TIME | PERSON RESPONSIBLE |
| Inquire about Centenarian Program | CBSS Clerk lets the client log in the logbook for reference. | None | 2 minutes | CBSS Clerk |
| | 2. Clerk refers the Client to appropriate Focal Person/ Social Worker | None | 1 minute | CBSS Clerk |
| | 3. Focal Person/ Social Worker conducts interview and assessment to client and referring party | None | 15 minutes | Focal Person/ Social Worker |
| | 4. Focal Person/ Social Worker provides Checklist of Requirements to Client | None | 2 minute | Focal Person/ Social Worker |
| | Total | | 20 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 | |



| ARTA : con PCC: 8888 | nplaints@arta.gov.ph |
|-------------------------|---|
| | 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/ |

13. 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.

| Office or Division: | Protective Services Division: Home for Girls | | |
|------------------------------------|---|---|--|
| Classification: | G2C-Government to Citizens | | |
| Type of Transaction: | Complex | | |
| Who May Avail: | Female children ages 5 years to below 18 years old needing special protection and temporary care, recovery and healing. | | |
| CHECKLIST OF | F REQUIREMENTS WHERE TO SECURE | | |
| 1. Referral Letter | | 1.Local Social Welfare and Development Office | |
| 2. Social Case Study Report (SCSR) | | or Head of Non-government organization | |
| 3. Birth Certificate | | 2. Licensed Social Worker from any government/non-government welfare agencies | |
| 4. Medical Records | | 3. Philippine Statistics Authority | |
| 5. Court Related Documents | | 4. Attending Physician from a hospital/clinic | |
| 6. PNP Related Document | | 5. Department of Justice/Regional Trial Court | |
| 7. School Records (if any) | | 6. Philippine National Police | |
| 8. RT-PCR / Antigen Test Result | | 7. School last attended | |



| | | 8. Health | Center / Hospital | |
|----------------------------|---|-----------------------|--------------------|---|
| | Within Six Months Res | sidential Ca | are 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 |
| 1. Receipt of referral | 1.3 If referred case is for admission, inform the referring party by phone and set the schedule of pre- 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. Admission Conference | 2.2 Conduct of admission conference | None | 4 hours | Multi-Disciplinary Team Members |
| | 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 |
|---|--|------|----------------------|------------------------------------|
| 3. 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 |
| | 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. Implementation of Residential Care Intervention/ Rehabilitation | | | | |
| | 4.2 Review and monitoring of client's progress based on the intervention/ rehabilitation plan | None | Monthly | Multi-Disciplinary Team Members |



| | 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 | | Handling Social Worker and select members of MDT |
| | | | On the 4th month after admission | |
| 5. Conduct of Pre- discharge activities | 5.2 Request for Parenting Capability Assessment Report (PCAR) | None | | Handling Social Worker |
| | | | On the 5th month after admission | |
| | 5.3 Conduct of pre- discharge session with the client | None | 30 min per session | Handling Social Worker ; Psychometrician |



| 6.1 Preparation of 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 |
|--------------------------|---|------|---|------------------------------------|
| | 7.1 Send follow-up letter to LSWDO | None | 3 months after the actual discharge | Handling Social Worker |
| 7. After Care Follow-up | 7.2 Closure of the case | None | Within 1 month after 6 mos of discharge | Handling Social Worker |
| Total Processing Time | | | At least 12 mont months of stay i After care by the | n RCF and 6 months |

| | FEEDBACK AND COMPLAINTS MECHANISMS |
|-----------------------------|--|
| How to send feedback | Kindly accomplish the <i>Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001)</i> from the receiving admin staff of the Section |
| | Tel. Nos.: (085) 342-5619 to 20 loc. 115 |
| | Telefax: (085) 815-9173 |
| | E-mail: <u>hfg.focrg@dswd.gov.ph</u> |
| 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 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</i> 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 division and monthly center meetings. | | |
| Contact Information of CCB, PCC, ARTA | Center-Based Section 1 st 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 Facebook : https://facebook.com/civilservicegovph/ Web : https://contactcenterngbayan.gov.ph/ | | |

14. 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 | | - | |
| | upon commission of offense who are ordered by the court for temporary | | | court for temporary |
| | shelter and rehabilitation REQUIREMENTS | | WHERE TO S | |
| 1. Referral Letter (Not re | | | Social Welfare and | |
| 2. Social Case Study Re | . , | Office | | |
| 3. Birth Certificate | | | ed Social Worker | from LGU |
| 4. Medical Records | | 3. Philippi | ine Statistics Auth | ority |
| 5. Commitment Order | | | ng Physician from | |
| 6. PNP Related Docume | ent (Not required) | | | egional Trial Court |
| 7. School Records | ad athar Laboratory | | ine National Polic | e |
| 8. RT-PCR/ANTIGEN and Results | nd other Laboratory | | last attended Center / Hospital/ | any accredited |
| 1 Courto | | testing ce | | |
| | Within Eleven Months | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES | PROCESSING | PERSON |
| | | TO BE | TIME | RESPONSIBLE |
| | 1.1 Record referral | PAID | 1 min | Administrative |
| | letter in the incoming | none | | Assistant |
| | logbook | | | |
| | | | | |
| | 1.2 Assessment of | none | 30 min | Multi-Disciplinary |
| | referral by the Multi- | | | Team Members |
| | Disciplinary Team | | 10 min | Conton Llood on |
| | 1.3 If referred case is for admission, inform | none | 10 min | Center Head or Senior Social |
| | the referring party by | | | Worker |
| | phone and set the | | | Wonter |
| 1. Receipt of referral | schedule of admission | | | |
| | conference | | | |
| | 1.4 If referral is not | none | Within 2 days | Center Head or |
| | accepted, a written | | | Senior Social |
| | reply will be sent to the | | | Worker |
| | referring party 1.5 Assignment of case | none | 3 min | Senior Social |
| | to the handling social | | | worker |
| | worker | | | - |
| | | | | |
| | 2.1 Review of | None | 10 min | Handling Social |
| 2. Admission Conference | documentary | | | Worker |
| Conterence | requirements | | | |
| L | | | I | 1 |



| | 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 |
| 3. 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 |
| 4. Implementation of Residential Care Intervention/ | 4.1 Provision of homelife, psychological, medical, education, livelihood, social services, legal and referral for specialized interventions | None | At least 11 months | Multi- Disciplinary Team Members |
| 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 |



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

| FEEDBACK AND COMPLAINTS MECHANISMS | | | | |
|------------------------------------|--|--|--|--|
| How to send feedback | Kindly accomplish the <i>Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001)</i> from the receiving admin staff of the Section | | | |



| | Tel. Nos.: (085) 342-5619 to 20 loc. 115 | | | |
|------------------------------|---|--|--|--|
| | Telefax: (085) 815-9173 | | | |
| | E-mail: rrcycaraga2020@gmail.com | | | |
| 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 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</i> 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, | Center-Based Section | | | |
| PCC, ARTA | 1 st 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: rrcycaraga2020@gmail.com | | | |
| | ADTA - complete @ orte course | | | |
| | ARTA : complaints@arta.gov.ph PCC: 8888 | | | |
| | PUU: 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 : <u>https://facebook.com/civilservicegovph/</u> | | | |
| | Web : <u>https://contactcenterngbayan.gov.ph/</u> | | | |

15. Processing of Supplementary Feeding Program Implementation

The purpose of this document is to provide the clients/ citizens the right information/s and detailed understanding on the process, people inputs and outputs that is potentially simplified. Thus, by way of a Citizen's Charter, the DSWD-Caraga wanted to make the office accountable, citizen friendly, ensure transparency and improve customer service.



The Supplementary Feeding Program under the Protective Services Division (PSD), renders efficient, effective and timely processing of the submitted documents. The basis of this procedure is governed by the issuance of MC03 Series of 2019 "Revised Procedure on the implementation of the Supplementary Feeding Program Based on the Amended Administrative Order No.04, series of 2019". 911

| Office or Division: Protective Services Division | | | | |
|--|--|-------------------------------------|--|---|
| Classification: | Complex | | | |
| Type of | G2G – Government to Government Employee | | | |
| Transaction: | Government to Business Entities | | | |
| Who may avail: | Local Government Unit | Staff/Focal | Persons, Child I | Development Workers |
| CHECKLIST O | F REQUIREMENTS | | WHERE TO | |
| 1. Duly signed M Agreement | lemorandum of | Local Gove | rnment Unit (Offic | e of the Mayor/ |
| 2. Duly signed P | roject Proposal | | rnment Unit (Offic | e of the Mayor/ |
| 3. Weight Monito | oring Report (Form 3.A) | Developme | (Child Developm nt Worker)/ (Supe vised Neighborho | rvised Neighborhood |
| | Beneficiaries (Form 2.A) | C/MSWDO Developme Play/ Super | (Child Developm nt Worker)/ (Supe vised Neighborho | ent Center/ Child ervised Neighborhood ood Play Worker) |
| 5. Masterlist of C Centers (Form | • | | rnment Unit (C/M | , |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Client submit complete required documents | Review all submitted documents 1.1 Receive and log all required documents submitted by the client 1.2 Forward received documents to the SFP Focal Person | None | 10 minutes | Supplementary Feeding Program Administrative Assistant II Supplementary Feeding Program |
| 2. Processing of Application/ Availment of the | Receive the required documents 2.1 Counter sign | None | 15 minutes | Supplementary Feeding Program Focal Person Supplementary Feeding |





| | · · · | 1 | | "Kalidad na Serbisyo, Kalidad na Buhay Sigurado" |
|---|---|------|---------|--|
| Supplement ary feeding Program | and endorse reviewed documents to Protective Services Division Chief | | | Program |
| | 2.2 Sign and endorse reviewed documents to the Assistant Regional Director for Operation (ARDO) for the Recommending Approval | None | 8 hours | Protective Services Division Chief Protective Services Division |
| | 2.3 Sign and endorse reviewed documents for the Approval of the Regional Director | None | 1 day | Assistant Regional Director for Operation. |
| 3. Approval of Application/ Availment of the program | 3. Sign and approves all the recommended & required documents 3.1 Return the approved documents to the program handler | None | 3 days | Regional Director |
| 4. Processing the program implementat ion | 4. Receive and log all approved documents from the Regional Director 4.1 Notify and forward necessary documents (Approved | None | 15 mins | Supplementary Feeding Program Administrative Assistant II Supplementary Feeding Program |





| | Project Procurement Management Plan PPMP, Request Issuance Slip (RIS), Terms of Reference (TOR) and Item Specifications) to Bids and Awards Committee (BAC) Secretariat | | | |
|----------------------------------|--|------|------------|--|
| | 4.2 Receive approved and necessary documents | None | 15 minutes | Bids and Awards Committee (BAC) Secretariat Bids and Awards Committee (BAC) |
| | 4.3 Start of Bidding process for the procurement process of the Supplementary Feeding Program food items: | None | | Bids and Awards Committee (BAC) Chair, Technical Working Group (Program Focal) & Procurement Officer |
| | 4.3.a Successful Bidding | | 28 days | |
| | 4.3.b Failure of Bidding/ Reposting | | 60 days | |
| 5. Program Implementat ion | 5. Conduct of actual delivery of food items to the recipient LGU | None | 1 day | Awarded Supplier |
| | 5.1 Conduct of delivery inspection of delivered food items | None | 1 day | SFP Inspector/ LGU inspector |
| | 5.2 Receiving and signing of inspection and acceptance | | | LGU SFP Focal Person |



| report | | |
|--------|--|--|
| | | |

| FEEDBACK | AND COMPLAINTS MECHANISM | | |
|-----------------------------------|---|--|--|
| How to send feedback | Client Satisfaction Survey/Feedback | | |
| How feedbacks are processed | Consolidated per Post | | |
| | *Used for further improvements of service | | |
| How to file a complaint | Thru 8888 or Client Satisfactory Survey/Feedback | | |
| How complaints are processed | Concerned office/staff are requested for a report | | |
| | regarding the concern within 1 day upon receipt of the | | |
| | complain | | |
| Contact Information of ARTA & CSC | ANTI-RED TAPE AUTHORITY | | |
| | Email: info@arta.gov.ph | | |
| | Website: <u>www.arta.gov.ph</u> | | |
| | Facebook: Anti-Red Tape Authority | | |
| | Twitter: @ARTAgovph | | |
| | Instagram: @ARTAgovph | | |
| | Civil Service Commission Telephone: 931-7935/ 931-7939/ 931-8092 Email: <u>cscphil@csc.gov.ph</u> Website: <u>www.csc.gov.ph</u> | | |
| | 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 : <u>email@contactcenterngbayan.gov.ph</u> | | |
| | Facebook : <u>https://facebook.com/civilservicegovph/</u> | | |
| | Web : <u>https://contactcenterngbayan.gov.ph/</u> | | |

| Office | Address | Contact Information |
|----------------------|------------------|---------------------------------|
| DEPARTMENT OF SOCIAL | R. PALMA ST. | Hotline Number/s |
| WELFARE AND | CAPITOL DRIVE , | Telephone: (085) 342-5619 to 20 |
| DEVELOPMENT Caraga | BUTUAN CITY, | (085) 815-9173 |
| | AGUSAN DEL NORTE | |
| | | Email: focrg@dswd.gov.ph |
| | | |



16. 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 | Goverr | nment | | |
| | G2C-Government to | Client | | | |
| Who May Avail: | 18-25 years old | | | | |
| | Out of School Youth | | | - . , | |
| | In-School Youth-Gov | /ernmei | | | |
| CHECKLIST OF | REQUIREMENTS | | WHERE | TO SECURE | |
| Income Tax Return(ITR) | / Barangay Certificate | e of | Bureau of Intern | nal Review/ Barangay | |
| Indigency | | | | | |
| Birth Certificate | | | - | strar/ Philippine | |
| | | | Statistics Autho | , | |
| School Records | | | Last School atte | | |
| Endorsement Letter | | | Local Social We | | |
| | | | | ffice (LSWDO)s | |
| IOP/ GIP Application Fo | | | LSWDO/Sector | al Section | |
| | Applicatio | | | - | |
| CLIENT STEPS | AGENCY | FEES | | PERSON | |
| | ACTIONS | TO BE PAID | E NG TIME | RESPONSIBLE | |
| 1. The LSWDO will | 1. Review | None | E dava | Sectoral Sections | |
| send an endorsement | documents of and | none | 5 days | Sectoral Section; Youth Focal Person | |
| letter to FO together | preparation of | | | TOULITT OCAL FEISON | |
| with the complete | applicant matrix. | | | | |
| requirements of | | | | | |
| applicant/s. | | | | Technical Working | |
| | 1.1 Endorsement | | | Group | |
| | of applicants to | | | 1 | |
| | Technical Working | | | | |
| | Group for approval | | | | |
| | | | | | |





| 2. Attend program orientation and sign Undertaking and NDA. 3. Start of internship in their respective area of assignment. | 1.2 Inform LSWDOs via call and text regarding the schedule of orientation to the program beneficiaries. 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 Agreement (NDA). 3.1 Coordinate with LSWDO/YFP on the monitoring of performance | None | 1 hour 1 hour 15 minutes per LGU | Sectoral Section Sectoral Section; Youth Focal Person |
|---|--|-----------------------|---|---|
| TOTAL | program beneficiaries weekly after deployment. | No | 6 days | |
| | | fees | 0 days | |
| | Release o | of Stipend | b | |
| CHECKLIST O | F REQUIREMENTS | | WHER | E TO SECURE |
| Daily T | ime Record | | | Client |
| | shment Report | | Client | |
| | ocumentation | | Client | |
| | back Form | | LSWDO/Division/Unit Assigned | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE |
| 1. Submit the required documents. | 1. Review documents and prepare payroll. | None | 1 day | Youth Focal Person |



| | 1 | | | |
|--|---|------------|------------|---------------------------------------|
| | 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. | None | 10 minutes | Youth Focal Person |
| | 2.2 Facilitate filling- out of client satisfaction survey/feedback | | | |
| 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. | | | |
| Contact Information | (085) 342 5619 loc. 106 | | | |
| | 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 | | | |



| Facebook : | Philippines via PLDT landlines : email@contactcenterngbayan.gov.ph : https://facebook.com/civilservicegovph/ : https://contactcenterngbayan.gov.ph/ |
|------------|--|
|------------|--|

17. 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 Di | ivision | | | | |
|---------------------------|-------------------------|---------|------------------|-----------------------------------|------------------|--|
| Classification: | Simple/Complex | | | | | |
| Type of Transaction: | G2C-Government to C | Citizen | | | | |
| Who May Avail: | Persons with Disabiliti | es and | d S | enior Citizens wh | o are in need of | |
| - | assistive devices | | | | | |
| CHECKLIST O | F REQUIREMENTS | | | WHERE TO | SECURE | |
| FO | R CANES, CRUTCHE | s and | W | /HEELCHAIR | | |
| Intent Letter | | | С | lient | | |
| Whole Body Picture | | | С | lient | | |
| Medical Abstract/Certific | cate | | Μ | ledical Doctor, Ho | ospital and | |
| | | | | lunicipal Health C | | |
| | | | 0 | office/ Barangay H | lealth Center/ | |
| Barangay Certification of | of Indigency | | B | arangay | | |
| Social Case Study Repo | | | S | Sectoral Section or Referring LGU | | |
| Requisition and Issuance | | | Sectoral Section | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEE | S | PROCESSING | PERSON | |
| | | ТО | | TIME | RESPONSIBLE | |
| | | BE | | | | |
| | | PAID | | | | |
| 2. Submission of | 5. Review, Log | None | • | 15 minutes | Sectoral | |
| complete | Submitted | | | | Section | |
| document | Documents | | | | Administrative | |
| requirements | and attach | | | | Aide IV | |
| | additional | | | | | |
| | forms | | | | | |



| | | | • | "Kalidad na Serbisyo, Kalidad na Buh |
|---|--|------------------|-----------------------|--|
| | 2.1 Forward to Social Worker for Assessment | None | 2 hours | Sectoral Section Social Worker |
| | 5.2 Forward to Protective Services Division Chief for Approval | None | 20 minutes | Protective Services Division Chief |
| | 5.3 Forward to Assistant Regional Director for Administration (ARDA) for Approval of RIS. | None | 2 hours | Assistant Regional for Administration |
| 6. Claim Assistive Device | 3. Demonstration of Use and Release of Assistive Device | None | 20 minutes | Sectoral Section Administrative Aide IV |
| 4. Fill-out Client Satisfaction Survey | 7. Provide Gatepass | None | 10 minutes | Sectoral Section Administrative Aide IV |
| TOTAL | | 0 | 5 hours and 5 minutes | |
| | FOR HEARING AIDS | and PR | | |
| CHECKLIST O | F REQUIREMENTS | | WHERE TO | O SECURE |
| Intent Letter | | | Client | |
| Whole Body Picture | | | Client | |
| | Social Case Study Report | | | or Referring LGU |
| Medical Abstract/Certificate Medical Doctor, Hospital a Municipal Health Office/C Office/ Barangay Health Office/C | | | Office/City Health | |
| Barangay Certification of Indigency Barangay | | | | |
| Price Quotation Medical Equipment Supplier CLIENT STEPS AGENCY ACTIONS FEES PROCESSING PERSON | | | | |
| CLIENT STEPS | AGENCT ACTIONS | TO BE PAID | TIME | RESPONSIBLE |



| | | | | "Kalidad na Serbisyo, Kalidad na Buh |
|--|---|------------|------------|--|
| 1. 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 |
| | 1.3Forward 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 |
| 2. Claim copy of Voucher and fill-out Client Satisfaction Survey/ Feedback. | 2. Photocopy voucher and log transaction. | None | 20 minutes | Sectoral Section Administrative Aide IV |
| 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. | | | |
|-----------------------------|---|--|--|--|
| Contact Information | (085) 342 5619 loc. 106 ARTA : complaints@arta.gov.ph PCC: 8888 | | | |
| | CONTACT CENTER NG BAYAN:SMS: 0908 881 6565Call: 165 56P 5.00 + VAT per call anywhere in the Philippines via PLDT landlinesEmail: email@contactcenterngbayan.gov.phFacebook: https://facebook.com/civilservicegovph/Web: https://contactcenterngbayan.gov.ph/ | | | |

18. 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-Gover G2C-Gover | | | ent, | | |
| Who may avail | Prospective | e Foster Fa | amily/Appl | icants | | |
| CHECKLIST OF REQUIREME | INTS | | WHER | E TO SEC | URE | |
| Child's Requirements | | | | | | |
| 1. Child Study Report | | Licensed Provincia | I Social al/City or M | Worker ISWDO | from | DSWD, |
| 2. Birth/Foundling Certifica | te | Philippine | e Statistics | s Authority | | |
| 3. Health and Medical Prof | ile | Licensed | l Medical E | Doctor/Phys | sician | |
| Psychological Evaluati years old and above, if a | | Licensed | l Psycholo | gist | | |
| 5. Recent Photograph | | Photo St | udio | | | |



| 6. | Consent for Foster (if 10 years old | Child |
|----|-------------------------------------|-------|
| | and above) | |

| Prospective Foster Family Requirements | 5 | | |
|---|--|--|--|
| 1. Home Study Report | Licensed Social Worker from DSWD, Provincial/City or MSWDO | | |
| 2. Police Clearance/NBI | Police Station where the applicant resides | | |
| 3. Brgy. Certification of Residency | Barangay where the applicant resides | | |
| 4. Marriage Contract | Philippine Statistics Authority | | |
| 5. Birth Certificate | Philippine Statistics Authority | | |
| 6. Medical Certificate | Licensed Medical Doctor | | |
| 7. Latest Income Tax | Bureau of Internal Revenue (BIR) | | |
| 8. Three Character References | Non-relatives who know the applicant | | |
| 9. 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 | Processing | Person |
|--------------|----------------|---------|------------|-------------|
| | | be Paid | Time | Responsible |



| | | | | and Development "Kalidad na Serbisyo, Kalidad na |
|--------------------|--|--------|-------------|--|
| 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 |
| | | News | E minutes | Care Social |
| | 1.3 Conduct initial | None | 5 minutes | Worker |
| | interview to the client | | | SWO II/III-Foster Care Social |
| | 1.4 Provide applicants | | | Worker |
| | the checklist of | | | WORKER |
| | requirements | | | |
| | | | | |
| 2. Attend Foster | 2.1 Schedule Foster | None | 2 minutes | SWO II/III-Foster |
| Care Forum/ | Care Forum | NONE | 2 111110165 | Care Social |
| Seminar | | | | Worker |
| | 2. 2 Communicate and | | | |
| | confirm Prospective | None | 1 minute | SWO II/III-Foster |
| | Foster Parents for the | | | Care Social |
| | scheduled forum | | | Worker |
| | 2.3 Assist participants | None | 2 minutes | |
| | in filling-out the | | | SWO II/III-Foster |
| | Registration Form | None | 3-4 hours | Care Social |
| | 2.4 Conduct Foster | | | Worker |
| | Care Forum | News | 00 | SWO II/III-Foster |
| | 2 E Droporo Fostor | None | 30 minutes | Care Social |
| | 2.5 Prepare Foster Forum Certificate | | | Worker) |
| | Forum Certificate | None | 3 working | SWO II/III-Foster |
| | 2.6 Issue approved | TNOTIC | days | Care Social |
| | Foster Forum | | aayo | Worker |
| | certificate | | | |
| | | | | SWO II/III-Foster |
| | | | | Care Social |
| | | | | Worker |
| 3. Comply and | Check authenticity and | None | 25-30 | SWO II/III-Foster |
| submit | completeness of | | minutes | Care Social |
| COMPLETE | documents | | | Worker |
| required | | | | |
| documents | | | | |
| 4. Respond to | 4.1 Assess foster | None | 2 weeks-1 | SWO II/III-Foster |
| interviews and | family by conducting | | month | Care Social |
| provide relevant | home visits and | | | Worker |
| information to the | interviews and gather | | | |
| questions asked | | | | |



| | | 1 | | 1 |
|--|--|--------------|-------------------------|--|
| by the Social Worker assigned | collateral information 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 assigned Social Worker on the status of the submitted | 5.1 Prepare HomeStudy Report5.2 ARRU Head reviewand provide comments | None None | 30 minutes 1 day | SWO II/III-Foster Care Social Worker ARRU Focal Person |
| documents to be updated. | for the enhancement of the HSR | None | 3 working days | |
| | 5.3 Revise Home Study Report and endorse back to ARRU | None | 1 day | SWO II/III-Foster Care Social Worker |
| | Head 5.4 Submit Final report | None | 1 day | PSD Chief |
| | to PSD Chief | | 1 day | AA III- PSD Clerk |
| | 5.6 Endorse the final HSR to Regional Director | None | | Regional Director |
| | 5.7 Approval of Home Study | | | |
| 6. Accept responsibility and accountability as | 6.1 Prepare Foster Family Care License for RD's approval | None | 30 minutes | SWO II/III-Foster Care Social Worker |
| indicated in the license | 6.2 Approval of the Foster Care License (valid for 3 years unless revoked) | None | 30 minutes | Regional Director |
| 7. Wait for the advice of the Social Worker for | 7.1 Prepare documents to be presented in the matching conference | None | 30 minutes | SWO II/III-Foster Care Social Worker |
| the matching of the foster child | 7.2 Invite RCWSG | None | 5 minutes | SWO II- Regional |
| | committee and Social Workers for matching conference | None | 30 minutes to 1 hour | Matching Conference Secretariat |
| | | None | | |





| | | | | 1 |
|---|--|--------------|--------------------------------|--|
| | 7.3 Case presentation by the case managers7.4 Deliberation of the case | | 30 minutes- 1 hour | SWO II/III-Foster Care Social Worker Child Welfare Specialist Group Members |
| | 7.5 Facilitate the signing of matching conference result 7.6 Facilitate Signing | None None | 10 minutes 15 minutes | SWO II-Regional Matching Conference Secretariat |
| | of Matching Resolution 7.7 Endorse the matching result to PSD | None | 1 day | SWO II-Regional Matching |
| | 7.8 Approved matching result | None | 30 minutes | 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 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 |

| FEEDBA | ACK 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 | ARRU clerk consolidate feedback in a monthly basis to |
| processed | 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 | Complaints are processed and acted upon 24 hours |
| processed | upon receipt. |
| Contact Information | ARRU Section |
| | Protective Services Division |
| | 1 st 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: <u>adoption.focrg@dswd.gov.ph</u> |
| | Linali. adoption.locig@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 |
| | P 5.00 + VAT per call anywhere in the |



| | Email Facebook Web | Philippines via PLDT landlines : <u>email@contactcenterngbayan.gov.ph</u> : <u>https://facebook.com/civilservicegovph/</u> : <u>https://contactcenterngbayan.gov.ph/</u> |
|--|--------------------------|---|
|--|--------------------------|---|

19.SLP Referral Management Process Citizen's charter A. Provision of Livelihood Assistance for Referrals and Walk-in Individuals

| | f Livelihood Assistance for Re | | | |
|---|---|--------------------------|---------------------|--|
| Office or Division: | Sustainable Livelihood Program - | -Referral M | lanagement Ui | nit (RMU) |
| | | | | |
| Classification: | Highly Technical | | | |
| Type of | G2C Government to Citizen | | | |
| Transaction: | G2G Government to Government | | | |
| Who may avail: | All qualified program participants | | | |
| CHECKLIS | T OF REQUIREMENTS | | WHERE TO S | ECURE |
| Comelec, Parent, P License, I ID. Prese photocop certificate Captain. (for consi | rnment-issued ID card: UMID, National ID, Pantawid, Solo WD, OSCA, Passport, Driver's PhilHealth, etc., and Company nt original ID and provide 1 y, if no ID available, secure of no valid ID signed Brgy deration of identification, if the ry is not available, provide SPA) | Government Agency/Office | | |
| | ile Form/Data Privacy sent Form <i>(Data Privacy</i> 2173) | DSWD SLP RPMO | | RPMO |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE |
| Walk-in clients | 1.1 Conduct brief orientation on the SLP Processes Explain and request the client to sign or place his/her thumb mark on the Data Privacy Act (DPA) of 2012 | Not Applica ble | 10 minutes | RPMO Project Development Officer or Field Project Development Officer |
| | 1.2 Fill-out the SLP Profile Form | | 20 minutes | Client and RPMO Project Development Officer |



| | FIELD OFFICE CARAGA |
|---|--|
| t | "Kalidad na Serbisyo, Kalidad na Buhay Sigurado" |

| | Request the client to register in the Walk-In Clients Logbook 1.3 Issue SLP Walk-In Client Slip to client/s in order to certify his/her appearance at the SLP RPMO Request the client to fill up the Client Satisfaction Measurement Report Form | | 20 minutes | or Field Project Development Officer Client and RPMO Project Development Officer or Field Project Development Officer |
|--|---|-----------------------|---|--|
| Assess/Validates Participants Eligibility (walk-in client, referrals and other means of endorsement) | 1.4 Acknowledge upon receipt of referrals from SLP NPMO, PCC, 8888, OP and other institutions. | Not Applica ble | 1 hour | Regional Program Coordinator RPMO Project Development Officer or Field Project Development Officer |
| | 1.5 Data encoding of client's profile in the SLP Referral Management System (SLP RMS) | Not Applica ble | 20 minutes | RPMO Project Development Officer |
| | 1.6 Provide list of name/s for name matching to Listahanan – NHTU and Pantawid Database | Not Applica ble | Pantawid 1 day Non- Pantawid 2 days | RPMO Project Development Officer or Field Project Development Officer Pantawid Listahanan |
| Endorsement Process | 1.7 Endorse to Provincial Offices for appropriate action, All Client/s with POOR status result and PANTAWID members shall proceed to Track Selection, Social Preparation and Resource Mobilization | Not Applica ble | 50 minutes | RPMO Project Development Officer |



| DSWD FIELD OFFICE CARAGA |
|--|
| "Kalidad na Serbisyo, Kalidad na Buhay Sigurado" |

| | | | | "Kalidad na Serbisyo, Kalidad na Buhay Sigur |
|--|--|-----------------------|--------|---|
| be cons the clie name r a.) Con visi Adr HA Me | er, the following should sidered If the results of nts on the NHTU is no natch: nduct home tation for ninistration of F or SLP ans Test ministration of | | | |
| Live Ass (LA | elihood sessment Form AF) and SLP entation | | 1 day | Field Project Development Officer |
| | | | 1 day | Field Project Development Officer |
| the res Listaha Matchi <i>All</i> nor Provid to cond those of | clients with Listahanan n-poor results e endorsement letter cern stakeholders for client/s who are not ed to avail the | Not Applica ble | 1 hour | RPMO Project Development Officer Provincial Coordinator Partnership Officer/s |





| | | | | "Kalidad na Serbisyo, Kalidad na Buhay Sigur |
|----------------------------------|--|-----------------------|----------------------|---|
| Conduct of Social Preparation | 2.1 Qualified individual/s will undergo Orientation on Social Preparation stages; A.) Conduct Capacity Building B.) Provide results on the conducted Sustainable Livelihood Analysis (SLA), and SWOT analysis C.) Undergo Track Selection, client/s will show their interest, strength and weaknesses, so that they can identify the suitable track for them D.) Conduct of Micro – Enterprise Development Training (MD) or Basic Employment Skills Training | Not Applica ble | 3 days | Client and Field Project Development Officer |
| Project Identification | 2.2 Gather the final project identified by the individual participant in preparation for the Project Proposal making activity | Not Applica ble | 1 day | Field Project Development Officer |
| Project Proposal Preparation | 2.3 Prepare and submit the Modality Application form and the Mungkahing Proyekto along with the complete details of the Enterprise a. Business Name b. Cost of initial capital investment c. List of raw materials with price d. List of building/infrastructure materials for the project | Not Applica ble | 1 day and 4 hours | Program Participants |



| | TOTAL | | 15 day | 'S |
|---|--|-----------------------|--------|---|
| | 3.2 Notify the program participant/s regarding the status of their request. | Not Applica ble | 1 day | Director Field Project Development Officer |
| | | | | Division Chief Regional |
| | | | | Budget Officer |
| | | | | Regional Program Coordinator |
| Project proposal review, approval and funding | The proposal has been approved by the RD and forwarded to FMD | | | Provincial Coordinator |
| Resource Mobilization Stage | 3.1 Processing of the approved project proposal for funding | Not Applica ble | 3 days | Field Project Development Officer |
| | | | | Regional Review Committee (RRC) |
| | If the project proposal is complete, proceed to the next process, if not, return it to the participant for revision | | | RPMO Project Development Officer |
| | 2.4 Assess the feasibility of the proposed project | | 1 day | Provincial Coordinator |

| FEED | FEEDBACK AND COMPLAINTS MECHANISM | | | | |
|-----------------------------|--|--|--|--|--|
| How to send feedback | Clients answer the Client Satisfactory Feedback (CSF) Form and drop it at the drop box. | | | | |
| How feedbacks are processed | Every Friday, all CSF Forms will be validated and recorded by the GRMU Unit Head; | | | | |
| | Feedbacks requiring actions will be discussed to the concerned GRMU Staff and required to submit incident report three (3) da after the initial discussion; | | | | |
| | Feedbacks will be relayed to the concerned client; | | | | |
| | For inquiries and follow-ups, clients may contact the GRMU Unit though landline 8951-2806 or email at <u>livelihood@dswd.gov.ph</u> | | | | |
| How to file a complaint | Officer of the day will conduct initial interview to the client and the client will fill-out the Grievance Form and will be classified if it is technical or highly technical. | | | | |



| How complaints are processed | Walk-in Client: Writing formal letter to the client through email or courier service; From Field Offices, OBSUs, NGAs, NGOs, CSOs, 8888 Citizens Complaint Hotline, and other institutions: Response letter to the endorsee, briefer for the Secretary (as necessary), and writing a formal letter to the client through email or courier service; | | | |
|------------------------------|---|--|--|--|
| | From email, social media, phone calls and sms: Writing formal letter to the client and send through preferred mode of communication/feedback | | | |
| Contact information | DSWD Central Office Twitter - @DSWDserves Facebook – Department of Social Welfare and Development • Email – inquiry@dswd.gov.ph Trunkline (Main Office) – (02) 9318101 to 07 Address – IBP Road, Batasan Complex, Constitution Hills, 1126 Quezon City * website: www.dswd.gov.ph SLP – NPMO Telephone: 895-128-06 931-81-01 Local 332 Telefax (02) 951-28-06 Email Address: livelihood@dswd.gov.ph Facebook: @sustainablelivelihoodDSWD Twitter: @livelihooddswd #Sulongkabuhayan DSWD Field Office Caraga Facebook – DSWD Caraga Email –focrg@dswd.gov.ph Address – R.Palma St. Butuan City, Agusan del Norte * website: www.caraga.dswd.gov.ph | | | |
| | SLP-RPMO Telephone: (085) 342-56-19 Email – livelihoodcrg@dswd.gov.ph Address – R.Palma St. Butuan City, Agusan del Norte 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.phFacebook: https://facebook.com/civilservicegovph/Web: https://contactcenterngbayan.gov.ph/ | | | |



20. 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.

| | ciation eligibility to conduct fund raising campaign. | | | | | |
|-----------------------------|--|---|--|--|--|--|
| Office or Division: | DSWD Field Office Caraga - Standards Section (Policy and | | | | | |
| | Plans Division | | | | | |
| Classification: | Complex | | | | | |
| Type of Transaction: | Government to Client (G2C) | | | | | |
| | Governmer | nt to Government (G2G) | | | | |
| Who may avail: | All eligible pe | erson/individual, corporation, organization or | | | | |
| | | siring to solicit funds for charitable and public | | | | |
| | | es in one (1) region | | | | |
| CHECKLIST OF REQUI | | WHERE TO SECURE | | | | |
| A. For Corporation, Organ | ization or Asso | ciation desiring to solicit funds for | | | | |
| charitable and public w | | | | | | |
| 1. One (1) Duly | | | | | | |
| Application Form signed | - | DSWD Field Office Caraga - Standards | | | | |
| Head or his/her | | 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 | | | | |
| | stration and | (SEC) - Company Registration and | | | | |
| Articles of Incorporatio | | | | | | |
| with the SEC or ot | | | | | | |
| government agency | which has | Boulevard, Pasay City, 1307 | | | | |
| jurisdiction to regulate th | | Doulovala, r aday oky, roor | | | | |
| new application | no applicant, il | Any SEC Extension Office (Baguio | | | | |
| *Not applicable to | Government | City, Tarlac City, Legazpi City, Cebu | | | | |
| Agencies. | Coronnion | City, Iloilo City, Cagayan De Oro City, | | | | |
| , igeneree: | | Davao City, Zamboanga City) | | | | |
| 3. One (1) Photocopy | of Updated | Securities Exchange Commission | | | | |
| Certificate of Good | | (SEC) Company Registration and | | | | |
| | of Corporate | Monitoring Department Secretariat | | | | |
| • | General Building, PICC Complex, Roxas | | | | | |
| Information Sheet (GIS | | | | | | |
| any government regulator | | | | | | |
| has jurisdiction to regulat | | | | | | |
| organization or agency. | | ···· · | | | | |
| date of registration with | | City, Tarlac City, Legazpi City, Cebu | | | | |
| regulatory agency is mo | | City, Iloilo City, Cagayan De Oro City, | | | | |
| years prior to application. | • • | Davao City, Zamboanga City) | | | | |
| | | | | | | |



| | *Not applicable to Government Agencies. | |
|----|---|--|
| 4. | One (1) Original Copy of Project 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. | <u>https://www.dswd.gov.ph/downloads-forms-downloads-public solicitation forms/</u> DSWD-SB- PS-F-002: Project Proposal |
| 5. | 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. *Not applicable to Government Agencies. | <u>https://www.dswd.gov.ph/downloads-forms-downloads-public solicitation</u> <u>forms/</u> DSWD-SB- PS-F-003: Profile of Governing Board |
| 6. | 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: | with the agency that allows applicant to undertake solicitation activities in their jurisdiction |
| | 8.1. Director of Private Schools 8.2. Schools Superintendent of Public School 8.3. Head or authorized representative of National Government Agencies (NGAs) 8.4. Head or authorized representative of Local Government Unit (LGU) 8.5. Bishop/Parish Priest/Minister or Head of Sect or Denomination 8.6. Others | |
| 8. | 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 | <u>https://www.dswd.gov.ph/downloads-forms-downloads-public solicitation forms/</u> DSWD-SB- PS-F-007: Fund Utilization Report |



| | 3. For individual soliciting funds for child/relative suffering from chronic diseases that requires long-term and/or expensive medication | | | | | |
|--|---|--|--|--|--|--|
| or Certification Accredited S | Copy of Endorsement from Licensed and NDA allowing an icit funds under their bility | DSWD Licensed or Accredited Social Welfare and Development Agency (SWDA) | | | | |
| 2. One (1) Original Social Case Stu | Copy of Applicant's dy Report from his/her ed by the Head of the Social Welfare and | Office of the City/Municipal Social Welfare and Development in the City/Municipal Local Government Unit of applicant's current residence | | | | |
| Copy of Medica and/or Treatmer | Driginal/Certified True I Certificate/Abstract It Protocol certified by sician or by the Hospital | Hospital's Records Section or Attending Physician or Treatment Protocol | | | | |
| 007), of proceeds certified by | ort (DSWD-SB-PSF- and expenditures duly the agency's er, * <i>if applying for</i> | Applicant <u>https://www.dswd.gov.ph/downloads-forms-</u> <u>downloads-public solicitation forms</u> / DSWD- SB- PS-F-007: Fund Utilization Report | | | | |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSIN G TIME | PERSON RESPONSIBLE |
|--|--|--------------------|---------------------|--|
| A. Assessment F | Procedures for Walk-in A | pplicants | | |
| 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 |
| STEP 2: 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: | | | | |



| CLIENT STEPS | AGENCY ACTIONS | FEES TO | PROCESSIN | PERSON |
|---|---|---------|-------------|---|
| CLIENT STEPS | AGENCT ACTIONS | BE PAID | G TIME | RESPONSIBLE |
| Submit/file application documents | IfCompleteandCompliant:1.1Receivethedocumentaryrequirements includingcopy of Official Receipt(OR)(OR)forpaymentofprocessing fee;fee;fee;fee; | None | *15 minutes | Focal Person - Standards Section - DSWD Field 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 |
| | 1.2Conduct agency visit, if necessary. | | | |
| 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 | None | 3 days | Focal Person - Standards Section/Section Head/Division Chief/Regional Director - DSWD Field Office |



| CLIENT STEPS | AGENCY ACTIONS | FEES TO | PROCESSIN | PERSON |
|-------------------------------|--|----------------|-----------|--|
| | | BE PAID | G TIME | RESPONSIBLE |
| | Conduct Regional Fund Raising Campaign to the Regional Director or his/her authorized representative for approval and signature. | | | |
| | 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. <i>As needed.</i> | | | |
| STEP 5: Issuance of Permit | 1.1 Notify the Applicant Organization on the availability of the Certificate1.2 Issues the | None | 1 day | Focal Person - Standards Section - DSWD Field Office |
| | Certificate of Accreditation or the Denial Letter | | | |
| | 1.3 Provide orientation conforming to the standard operating procedures in the inventory, monitoring | | | |



| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSIN G TIME | PERSON RESPONSIBLE |
|-----------------------------|------------------------------------|--------------------|---------------------|-----------------------|
| | and utilization of solicited funds | | | |
| | TOTAL | | | |
| For Complete and Compliant: | | ₱500.00 | 7 working days | |
| | If Disapproved: | ₱500.00 | 5 working days | |
| For Ir | complete Submission: | None | 30 minutes | |

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

| FEEDBACK AND COMPLAINTS MECHANISMS | | | |
|---------------------------------------|---|--|--|
| How to send feedback | Cindly accomplish the <i>Client Satisfaction Survey Form</i> DSWD – FO Caraga- HRMDD 001-F-001) from the aceiving admin staff of the Section | | |
| | Tel. Nos.: (085) 342-5619 to 20 loc. 105 Telefax: (085) 815-9173 E-mail: <u>standardscaraga@gmail.com</u> | | |
| 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 <i>Client Satisfaction Survey Form (DSWD – FO Caraga-</i> <i>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 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 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 | | |
|--------|---|--|--|
| CONTA | ACT 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/ | | |
| | | | |

21. 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: Classification: | DSWD Field Office Caraga - Standards Section (Policy and Plans Division (<i>Covering the area of operation if operating only in one</i> (1) region) Simple | | | |
|--|--|---|--|--|
| | | ant(C2C) | | |
| Type of Transaction: | Government to Client (G2C) | | | |
| Who may avail: | All Private Organization that intends to engage in Social Welfare and | | | |
| | Development Activ | | | |
| CHECKLIST OF REQU | | WHERE TO SECURE | | |
| 1. One (1) Duly Accomp Form | lished Application | DSWD Field Office Caraga - Standards Section | | |
| | | <u>https://www.dswd.gov.ph/downloads-2/</u> Annex 1. DSWD-RLA-F001 Application Form for Registration | | |
| 2. One (1) Updated Copy of Certificate of Registration and latest Articles of Incorporation and by-laws indicating that the organization's primary purpose is within the purview of social welfare and development issued by SEC that gives a juridical personality to a non-stock non – profit organization to operate in the Philippines Documents issued by different agencies such as | | 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) | | |
| Securities Exchange Comm Certification from National Indigenous People (NCIP) under New Normal. However, | ission (SEC) and Commission on are still required | | | |



| secured due to current situation, the FO-SS or SB shall instead require the applicant SWDA to secure and submit the Annex 30. DSWD-SB- RLA-FO30 Undertaking during State of Calamity/Emergency as attached herein. For the safety certificates issued by the Local Government Units, cannot be 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. | |
|--|--|
| An Action Plan indicating the lacking requirements and timeframe of compliance shall be prepared by the SWDA and for concurrence by the concerned FO-SS or SB. The SWDA shall be given a maximum period of six months, which must be strictly observed. Failure to comply shall be ground for revocation of the issued certificate. | |
| 3. One (1) Copy of any of the following: | |
| Handbook or Manual Operations of its programs policies and procedures to attain its purposes | • <u>https://www.dswd.gov.ph/downloads-2/</u> Annex 4. DSWD-RLA-F004 Manual of Operation |
| Brochure | <u>https://www.dswd.gov.ph/downloads-2/</u> Annex 5. DSWD-RLA-F005 Brochure |
| Duly signed Work and Financial Plan for at least two (2) years | • <u>https://www.dswd.gov.ph/downloads-2/</u> 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 Procedures for Walk-in Applicants | | | | |





| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME (under normal circumstance) | PERSON RESPONSIBLE |
|---|--|--------------------|--|--|
| STEP 1: Secure application form thru the DSWD Website or from the DSWD Field Office Caraga | Provides client application form, and checklist of requirements | 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 | 1.1 Receive the documentary requirements and provide the applicant organization with the checklist of completed requirements with filing code for easy tracking and reference. 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 | 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 | PERSON RESPONSIBLE |
|--|---|--------------------|--------------------------------|---|
| | | BE PAID | (under normal circumstance) | RESPONSIBLE |
| | 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) |
| <i>Step 5:</i> 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 Certificate and Preparation of Confirmation Letter | 1.2 Once the applicant Organization satisfies the prescribed requirements, the Technical Staff assessing the documents shall prepare the Confirmation Report and the Draft Certificate of Registration. | None | 3 hours | Technical Staff Standards 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) |





| | | | - | |
|---|---|--------------------|--|--|
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME (under normal circumstance) | PERSON RESPONSIBLE |
| | 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 in- charge of outgoing documents (Standards Section- Field Office) |
| TOTAL For Complete and Compliant: | | ₱1,000.00 | 2 days or 16 ho minutes | urs and 20 |

| FEED | DBACK AND COMPLAINTS MECHANISMS |
|--|---|
| How to send feedback | Kindly accomplish the <i>Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001)</i> from the receiving admin staff of the Section Tel. Nos.: (085) 342-5619 to 20 loc. 105 Telefax: (085) 815-9173 E-mail: <u>standardscaraga@gmail.com</u> |
| 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 <i>Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD</i> 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 : c | complaints@arta.gov.ph |
|----------------------|--|
| PCC: 888 | 88 |
| SMS Call Email | CT CENTER NG BAYAN: : 0908 881 6565 : 165 56 P 5.00 + VAT per call anywhere in the Philippines via PLDT landlines : email@contactcenterngbayan.gov.ph |
| Faceboo | k : <u>https://facebook.com/civilservicegovph/</u> |
| Web | : <u>https://contactcenterngbayan.gov.ph/</u> |

22. 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: Classification: Type of Transaction: Who may avail: | DSWD Field Office Caraga - Standards Section (Policy and Plans Division (<i>Covering the area of operation if operating only in one (1)</i> <i>region</i>) Highly Technical Government to Client (G2C) ALL Private SWDAs Intending to Operate | | |
|---|---|--|--|
| CHÉCKLIST OF REQUIREMEN | | WHERE TO SECURE | |
| 1. One (1) Duly Accom Application Form | plished | DSWD Central Office - Standards Bureau (SB) IBP Road, Constitution Hills, Batasan Pambansa Complex, Quezon City DSWD Field Office Caraga - Standards Section <u>https://www.dswd.gov.ph/downloads-2/</u> Annex 2. DSWD-RLA-F002 Application Form for Licensing | |
| One (1) set of the following Documents: a. A certification of plan to l required Registered Worker (RSW) or complement; or (b) Press | hire the Social staff | • <u>https://www.dswd.gov.ph/downloads-2/</u> Annex 22. DSWD-RLA-F022 Profile of Employees | |



Employees and volunteers whichever is applicable

- Manual of Operation containing the SWDAs program and administrative policies, procedures and strategies to attain its purpose/s among others
- c. Profile of Board of Trustees
- d. Certified True Copy of General Information Sheet issued by SEC (One (1) copy)

Documents issued by different agencies such as Securities Exchange Commission (SEC) and Certification from National Commission on Indigenous People (NCIP) are still required under New Normal. However, if these cannot be secured due to current situation, the FO-SS or SB shall instead require the applicant SWDA to secure and submit the Annex 30. DSWD-SB-RLA-FO30 Undertaking during State of Calamity/Emergency as attached herein. For the safety certificates issued by the Local Government Units, cannot be 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.

- e. 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

- <u>https://www.dswd.gov.ph/downloads-2/</u> Annex 4. DSWD-RLA-F004 Manual of Operation
- <u>https://www.dswd.gov.ph/downloads-2/</u> Annex 21. DSWD-RLA-F021 Profile of Governing Board
- 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)
- Board resolution by the Organization
- <u>https://www.dswd.gov.ph/downloads-2/</u> Annex 9. DSWD-RLA-F009 Work and Financial Plan



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

- 1. For those operating in more than one region:
 - □ Validation report from concerned DSWD Field Office or Certification from 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.
 - 2. For Center Based (*Residential and Non-Residential Based*)

- <u>https://www.dswd.gov.ph/downloads-2/</u> 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
- <u>https://www.dswd.gov.ph/downloads-2/</u> Annex 22. DSWD-RLA-F022 Profile of Employees
- <u>https://www.dswd.gov.ph/downloads-2/</u> Annex 23. DSWD-RLA-F023 ABSNET Active Membership



| certifica a. Occu new Build Inspe | ection/Structural y Certificate (for old | City/Municipal Engineering Office of Local Government Unit covering the SWDAs area of operation or Private Engineer | | | |
|--|---|---|---|---|---|
| b. Fire Certif | Safety Inspection ficate | | City/Muni | the Bureau of Fire cipal Local Gover the SWDAs area of | nment Unit |
| | r Potability Certificate Initary Permit | | Governm | cipal Health Office ent Unit covering on or Private Serv | the SWDAs area |
| For applicant serving within the Ancestral Domains of Indigenous People (IP) – Photocopy of NGO Accreditation from NCIP. | | | National Commission of Indigenous People (NCIP) Regional Office where the NGO operates. | | |
| 4. 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 | | | Manageme Hills, Batas City Governme | ntral Office – Fina ent Service IBP R san Pambansa Co ent Agency where ed or implements | oad, Constitution omplex, Quezon the Organization |
| CLIENT STEPS | ty/obligation AGENCY ACTION | S | FEES TO | PROCESSING | PERSON |
| | | | BE PAID | TIME (under normal circumstances) | RESPONSIBLE |
| A. Assessment Procedures for Walk-in Applicants | | | | | |
| STEP 1: Secure application form thru the DSWD Website or DSWD Field Office Caraga | | lient and ents | None | *10 minutes | Support Staff Standards Section- Field Office) |
| STEP 2: | | | | | |
| · | | | | | |





| CLIENT STEPS | AGENCY ACTIONS | FEES TO | PROCESSING | PERSON |
|---|---|----------------|----------------|--|
| | | BE PAID | TIME | RESPONSIBLE |
| | | | (under normal | |
| | | | circumstances) | |
| 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. | 1.5 Receive the documentary requirements and provide the applicant organization with the checklist of completed requirements with filing code for easy tracking and reference. 1.6 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 compliance. | None | *20 minutes | Support Staff in charge of all incoming documents Standards Section- Field Office) Officer of the day Standards Section- Field Office) |
| 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) |





| CLIENT STEPS | AGENCY ACTIONS | FEES TO | PROCESSING | PERSON |
|--|---|-----------|------------------------------|---|
| | | BE PAID | TIME | RESPONSIBLE |
| | | | (under normal circumstances) | |
| | Process payment and | ₱1,000.00 | *15 minutes | Cashier /Cash |
| | issues Official Receipt. | | | 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 residential facility serving a particular sector and the absence of related facility | None | 2 working days | Technical Staff Standards Section- Field Office) |





| CLIENT STEPS | AGENCY ACTIONS | FEES TO | PROCESSING | PERSON |
|--------------|--|---------|------------------------------|-------------|
| | | BE PAID | TIME (under normal | RESPONSIBLE |
| | | | circumstances) | |
| | to cater them. | | on companies (| |
| | 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 | | | |
| | | | | |
| | for | | | |
| | administrative | | | |
| | services. | | | |
| | | | | |
| | | | | |
| | | | | |
| | are disbursed for administrative | | | |





| CLIENT STEPS | AGENCY ACTIONS | FEES TO | PROCESSING | PERSON |
|---|---|---------|------------------------------|-----------------|
| | | BE PAID | TIME (under normal | RESPONSIBLE |
| | operate for at | | circumstances) | |
| | 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 | | | |
| | 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 Availability on the | For those with requirements that are | None | *30 minutes | Technical Staff |
| proposed Validation | complete and compliant, | | | |





| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---|---|--------------------|---|--|
| | | BL FAID | (under normal | RESPONSIBLE |
| Visit/Online Virtual assessment STEP 8: Assist the Assessor during the conduct of Validation visit/Online Virtual assessment | Confirmation of ValidationVisit/Onlinevirtualassessment.Conduct ofValidationvisit/OnlineVirtualAssessment | None | circumstances) 1 working day per agreed schedule | (Standards Section- Field Office) Technical Staff Standards Section- Field Office) |
| | With the current situation, 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 (under normal | RESPONSIBLE |
| | | | 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) |





| CLIENT STEPS | AGENCY ACTIONS | FEES TO | PROCESSING | PERSON |
|-----------------------------|-----------------------------|-----------|----------------|-----------------|
| | | BE PAID | TIME | RESPONSIBLE |
| | | | (under normal | |
| | | | circumstances) | |
| | 1.4.1 If favorable, for | | Favorable; | Regional |
| | approval and signature of | | 3 working days | Director |
| | the Certificate of License | | | (Standards |
| | to Operate. | | Unfavorable; | Section- Field |
| | | | 2 working | Office) |
| | 1.4.2 If unfavorable, the | | days | |
| | Support Staff shall send | | | |
| | the Confirmation Report | | | Support Staff |
| | to the SWDA through | | | (Section- Field |
| | email and via courier. | | | Office) |
| STEP 11: | Send the Confirmation | None | 1 working day | Support Staff |
| Acknowledge the | Report and notify the | | (depending on | (Standards |
| receipt of the | availability of the | | the choice of | Section- Field |
| Certificate of License | Certificate of License to | | the applicant) | Office) |
| to Operate. | Operate for release | | | |
| | through various means | | | |
| | per preference indicated | | | |
| | in the application form. | | | |
| | (direct pick-up or courier) | | | |
| | TOTAL | | | |
| - | | | | |
| For Complete and Compliant: | | ₱1,000.00 | 20 working | |
| | | | days | |
| F | For Incomplete Submission: | None | | |

| FEEDBACK AND COMPLAINTS MECHANISMS | | | | |
|------------------------------------|--|--|--|--|
| How to send feedback | Kindly accomplish the <i>Client Satisfaction Survey Form</i> (<i>DSWD – FO Caraga- HRMDD 001-F-001</i>) from the receiving admin staff of the Section | | | |
| | Tel. Nos.: (085) 342-5619 to 20 loc. 105 Telefax: (085) 815-9173 E-mail: <u>standardscaraga@gmail.com</u> | | | |
| 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 <i>Client Satisfaction Survey Form (DSWD – FO Caraga-</i> <i>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 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 Section2nd 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: 8888CONTACT 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. ACCREDITATION OF PRE-MARRIAGE COUNSELORS

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

| | rds Section – Policy and Plans Division Technical (20 working days) | |
|--|--|--|
| Type of Transaction: Governme | ent to Client (G2C) | |
| Who may avail: ALL Practi Sessions | LL Practicing/Planning to practice Pre-Marriage Counseling | |
| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE | |
| One (1) Duly Accomplished Application Form | DSWD Field Office Caraga - Standards Section | |
| | <u>https://www.dswd.gov.ph/issuances/MCs/M</u> <u>C_2019-001.pdf</u> Annex A. PMC Form_App | |



| | Department of Social Welfare and Development "Kalidad na Serbisyo, Kalidad na |
|---|--|
| Constitution and By-Laws/Local Ordinance or Resolution | 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 of the following documents (<u>original</u> <u>copies must be presented</u>): | |
| Any of the following as proof that the applicant is a graduate of four (4) year course: | |
| a. Photocopy of Certificate of graduation/college diploma or transcript of records; or | |
| b. Certified photocopy of valid PRC ID. | |
| Photocopy of Training Certificates/Certificates from seminars, conferences, training, and other related activities on basic counseling service for at least twenty-four (24) four hours. If original copy is unavailable, a certified true copy of the certificate of participation/attendance from the training provider will be accepted; | |
| 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 | |





5. Other documents to be made available during the assessment visit.
 a. Accomplished Marriage Expectation Inventory Form of would-bemarried couple/s present during the

present during 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 to Gender and Development, Human Maturity, Clarification Value and 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 (<u>Annex D</u>);
- Summary documentation of PMC session/s conducted for the past year using the template provided by DSWD (<u>Annex C</u>);
- 4. Other documents to be made available during the validation visit.
 - a. Accomplished Marriage Expectation Inventory Form of would-be-married couple/s present during the validation visit.
 - b. Accomplished and consolidated result of client

- DSWD Field Office Caraga Standards Section
- <u>https://www.dswd.gov.ph/issuances/MCs/M</u>
 <u>C 2019-001.pdf</u> Annex D. PMC Form
- <u>https://www.dswd.gov.ph/issuances/MCs/M</u> <u>C_2019-001.pdf</u> Annex C. PMC Form

<u>https://www.dswd.gov.ph/issuances/MCs/M</u>
 <u>C_2019-001.pdf</u> Annex F. PMC Form





| feedback/satisfaction survey (See <u>Annex F</u>) 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. | |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME (under normal circumstances) | PERSON RESPONSIBLE |
|---|---|--------------------|---|--|
| Δ Assessment Pr | ocedures for Walk-in Appli | cante | circumstances) | |
| | 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 | Receive the documentary requirements and shall provide the applicant with an application reference number for easy tracking and reference. | None | *5 minutes | Support Staff in charge of all incoming documents (Field Office - Standards Section) |
| 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. | None | *10 minutes | Technical Staff or Officer of the day / Support Staff in charge of all incoming documents (Field Office - Standards Section) |



| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME (under normal circumstances) | PERSON RESPONSIBLE |
|--|---|--------------------|---|--|
| Step 4: Accomplish and drop the | 1.3Iffoundinsufficient/havenotmetrequiredqualificationandrequirements,acknowledgereceiptacknowledgereceiptandnotifythe applicantonlackingrequirements,providenecessarytechnicalassistanceandreturnallthesubmitteddocuments.ProvidetheProvidetheapplicantOrganizationtheCustomer'sFeedback | None | *5 minutes | Support Staff (Field Office - Standards |
| Customer's Feedback Form on the dropbox. | Form | | | 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) |



| | ACENCY ACTIONS | | DDOCESSINC | DEDGON |
|---|---|--------------------|---|---|
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME (under normal circumstances) | PERSON RESPONSIBLE |
| 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 reassessment. | None | 7 working days | Technical Staff/ Section Head/ Division Chief/ |
| | 1.3 Forwards to the office of the RD for approval/signature. | | | Support Staff |
| | 1.4 Approval and signature of the documents | | | Regional Director |
| STEP 7: Receives the Accreditation Certificate | Release of Certificate | None | 1 working day | Support Staff (Field Office - Standards Section) |
| | TOTAL | | | |
| For Complete and Compliant: | | None | 20 working days | |
| For Complete Requirements with Areas for Compliance: | | None | | |

| FEEDBACK AND COMPLAINTS MECHANISMS | | | |
|------------------------------------|---|--|--|
| How to send feedback | Accomplish the <i>Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001)</i> 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 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 <i>Client Satisfaction Survey Form (DSWD – FO Caraga-</i> <i>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 Section and Division meetings. | | |
| Contact Information of CCB, PCC, ARTA | Standards Section2nd Floor, Pag-amoma Building,DSWD Caraga, R. Palma Street,Barangay Dagohoy, Butuan CityTel. Nos.: (085) 342-5619 to 20 loc. 105Telefax: (085) 815-9173E-mail: standardscaraga@gmail.comARTA : complaints@arta.gov.phPCC: 8888 | | |
| | CONTACT CENTER NG BAYAN:SMS: 0908 881 6565Call: 165 56P 5.00 + VAT per call anywhere in the Philippines via PLDT landlinesEmail: email@contactcenterngbayan.gov.phFacebook: https://facebook.com/civilservicegovph/Web: https://contactcenterngbayan.gov.ph/ | | |



24. 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 | actice Pre-Marriage Counseling |
| CHECKLIST OF F | REQUIREMENTS | WHERE TO SECURE |
| Google Form Online Re | gistration | DSWD Field Office Caraga – Standards Section |
| Per AO No. 14 s. 2009 NEW APPLICANT | | |
| Scanned copy of the following | Scanned copy of the following documents: | |
| 1. Accomplished Applic | 1. Accomplished Application Form | |
| Certificate of graduation/college diploma or transcript of records from last school attended. | | Standards Section |
| Certificate of attendance from PMC orientation program. | | |
| | Certificate from immediate supervisor that the applicant is tasked to conduct PMC sessions. | |
| Summary Documentation of PMC session/s conducted by the applicant in the past six (6) months period should be made available. | | |
| | | |



DSWD Field Office Caraga -

Standards Section

FOR RENEWAL

Scanned copy of the following documents:

- 1. Accomplished Application Form
- 2. 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.

| CLIENT STEPS | AGENCY ACTIONS | FEES TO | PROCESSING | PERSON |
|--|---|---------|----------------|--|
| | | BE PAID | TIME | RESPONSIBLE |
| | | | (under normal | |
| | | | circumstances | |
| A. PRE-ASSESSM | 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) |
| | ssessment Observation (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) |



| Department of Social Wenate and Development "Kalidad na Sarbisyo, Kalida | | | | |
|--|---|-----------------------|--|--|
| 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 | 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. | None | 1 day | Technical Staff or Officer of the day (Field Office- Standards Section) |
| Submit recorded file in flash drive/CD via courier | Contact applicant after watching the video and provide a brief post assessment observation. | | | |
| STEP 2: Awaits 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. Submit for approval of the FO Director | | 7 working days | Technical Staff/ Section Head/ Division Chief |
| STEP 3: Receives the Accreditation Certificate | Email e-copy of confirmation report and Certificate | None | 1 working day | Support Staff (Field Office Standards Section |
| | TOTAL r Complete and Compliant: nutes shall be included on th | None | 12 working days and 15 minutes | |

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



| BACK AND COMPLAINTS MECHANISMS |
|---|
| Accomplish the <i>Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001)</i> from the receiving admin staff of the Section Tel. Nos.: (085) 342-5619 to 20 loc. 105 |
| Telefax: (085) 815-9173 E-mail: <u>standardscaraga@gmail.com</u> |
| 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. |
| You can write your complaint/s in the comment section of the <i>Client Satisfaction Survey Form (DSWD – FO Caraga-</i> <i>HRMDD 001-F-001)</i> 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 Section2nd 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 6565Call: 165 56P 5.00 + VAT per call anywhere in the Philippines via PLDT landlinesEmail: email@contactcenterngbayan.gov.phFacebook: https://facebook.com/civilservicegovph/Web: https://contactcenterngbayan.gov.ph/ |
| |



25. Augmentation of Welfare Goods

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

| Office or Division Disaster Response Management Division | | | | | on | |
|---|--|--|--------------------------------|-----------------------------------|---|--|
| Classification S | | Simple | | | | |
| Type of Transaction G2G – | | G2G – Gove | G2G – Government to Government | | | |
| Who may avail Local Government | | | mment Ur | nits and Other Requesting Agency | | |
| CHECKLIST OF | | MENT | | RESPONSI | BLE PERSON | |
| LOCAL GOVER | | | | 1 | | |
| Disaster Report using the prescribed DRC Forms or any substantial report that will re the total number of affected families and individuals. | | l reflect Client | | lient | | |
| Request Letters or any authorize | d represent | ative | ecutives | C | lient | |
| OTHER REQUE Request Letter s Approving Office | signed by the | | | C | lient | |
| CLIENT STEPS | | ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| 1. Submission of required documents | | ng of the ument | None | 2 minutes | Administrative Assistant | |
| | complete | on on the ness of the ument | None | 5 minutes | Disaster Focal | |
| Confirmation and verification of information thru the submitted disaster reports | | None | 10 minutes | Disaster Focal/DROMIC Focal | | |
| | request an the reque on the app | ng of the ad informing sting party proval of the uest. | None | 5 minutes | DRRS Head and Chief of the Division | |
| | Assessm for recomm the app request in | ation of ent Report nendation of proval of dicating the of food and | None | 25 minutes | DRRS Head, Chief of the Division | |



| | non-food items needed by the LGU. | | | |
|--|---|------|-------------------------------------|--|
| | Preparation and approval of the Request of Issuance Slip (RIS) | None | 10 minutes | Administrative Assistant (RROS) DRRS Head and Chief of the Division |
| | Preparation and approval of the Journal Entry Voucher (JEV), Inventory Transfer Report (ITR) and Letter of Transfer (LOT) based on the approved RIS. | None | 3 hours | Administrative Assistant (RROS) and Accounting Section |
| | Notification to the LGU on the approved request | None | 5 minutes | RROS Head |
| | Coordinate with the Warehousing Unit on the release of welfare goods | None | 5 minutes | Warehousing Unit Head |
| | Loading and releasing of the welfare goods | None | 3 hours | Disaster Focal, Warehousing Unit Head |
| | Delivery of the goods to the affected LGU | None | 1 day | Disaster Focal, Warehousing Unit Head |
| 2. Distribution of the welfare goods to the beneficiaries | Distribution of welfare goods to the beneficiaries | None | 1 day | DRMD Staff and Field Staff |
| TOTAL | | None | 2 days, 7 hours and 2 minutes | |

Note: If the submitted documents of the LGU were lacking, the office will inform the LGU on the needed documents thru formal communication and call or text. Processing of the request will commence once the LGU have already complied with the requirements.

| FEEDBACK AND COMPLAINTS MECHANISMS | | | |
|------------------------------------|---|--|--|
| How to send feedback | Accomplish the <i>Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001)</i> 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 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 <i>Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD</i> 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) 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. 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 Govern | nment | |
| Who may avail | Local Government Units | | |
| CHECKLIST OF REQUIREM | ENT | WHERE TO SECURE | |
| Disaster Report using the prescr disaster related report prepared substantial data damaged house | by the MSWDO capturing | 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 | | | |

* 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 STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|--|--|-----------------------|--------------------|-----------------------------|
| 1. 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 conduct of payout to the beneficiaries | Distribution of ESA to the beneficiaries | None | 1 day | DRMD Staff and payout masters |
| TOTAL | | None | 6 working days, 1 hour and 17 minutes | |

| 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 | |
| | 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 <i>Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD</i> 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 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. 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 | | Client | |
| representative | | | |



* 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 |
|---|--|-----------------------|--------------------|--|
| 1. 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 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 |
| | 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 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 <i>Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD</i> 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 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/ |

28. 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 REQUIREN | IENT | WHERE TO SECURE | |
| Sangguniang Bayan (SB) Resol | lution | Client | |
| * Duly notarized Specific Implen Agreement (SIA) | nentation | Client | |
| * Certificate of Eligibility of Bene | ficiaries | Client | |
| * Project Proposal signed by the Executive or any authorized rep | | Client | |
| Photos (Before, During and After) with specified vantage point of the project area | | Client | |
| Work Accomplishment Report with complete signatories, to wit: Barangay Captain MSWDO Mayor | | 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 coordinate with the office/division for the proper template of the documents. ** 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 transfer it to other beneficiaries.

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---|--|-----------------------|--------------------|--|
| 1. 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 |
| | 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.

| FEE | DBACK AND COMPLAINTS MECHANISMS |
|--|--|
| How to send feedback | Kindly accomplish the <i>Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001)</i> 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 <i>Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD</i> 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: <u>drmd.focrg@dswd.gov.ph</u> |



| ARTA : con PCC: 8888 | 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/ | | | |
| | | | | |

29. Walk-in Name Matching Data Request

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

| Office or Division: | National Household Tar | National Household Targeting Section/Policy and Plans Division | | | |
|---------------------------------|----------------------------------|--|---------------------|---------------------|--|
| Classification: | Simple | | | | |
| Type of Transaction: | G2G-Government to Cit | - | | | |
| Who may avail: | -Any member of the hou | | | | |
| | -Any household membe | | | uthorization letter | |
| | or government-issued II | • | | | |
| | (In instances where the | | | nembers, only the | |
| | eldest member may file | the grievance. | | | |
| CHECKLIST OF R | | · · · · · · | WHERE TO SECU | | |
| | tion Card/Proof of | | ealth, SSS,LTO,BIR, | Pag-ibig, | |
| Identity | | Come | | | |
| Walk-in Name Ma | tching Form (1 original) | National Household Targeting Section- Administrative Assistant | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO | PROCESSING | PERSON | |
| CLIENT STEFS | AGENCT ACTIONS | BE PAID | TIME | RESPONSIBLE | |
| 1.Approach the Public | 1. Attending staff to | None | 15 minutes | PACC Desk | |
| Assistance Complaints | ask the client's | | | Officer and/or | |
| Center and present the purpose. | purpose | | | clerk | |
| | 1.1 Issue referral slip | | | | |
| | 1.2 Direct the client/s | | | | |
| | to NHTS office | | | | |
| | | | | | |
| 2. The requesting party | 2. Receive and record | None | 5 minutes | Administrative | |
| will fill out the walk-in | the request in the Assistant III | | | | |
| name matching form | document | | | | |
| | transaction/tracking | | | | |
| | system | | | | |





| | 2.1 Endorse request to the Project Development Officer (PDO) | | | |
|------------------------------------|--|------|------------|--------------------------------------|
| | 3.Interview the client to evaluate the validity of the request as to its purpose | None | 10 minutes | Project Development Officer |
| | If not valid-The PDO will inform the client on the grounds for the denial of the request based on the DSWD MC 12, s.2017. End of process. If valid-Forward the request to the Information Technology Officer for matching | | | |
| | Note: *In case, the ITO is on official travel, the client shall leave his/her contact details. | | | |
| | 4. Process the name matching request Manual verification Running of name matching application | None | 5 minutes | Information Technology Officer |
| | *Note: 1 day processing time if the ITO is on official travel | | | |
| | 5. Review and archive result.5.1 Endorse result to the RDO | None | 5 minutes | Information Technology Officer |
| 3. Receive Name Matching Result | the PDO6. Present and explainthe result of namematchingadminister the CSMS | None | 5 minutes | Project Development Officer |



| form (per Guidelines) | CART | | | |
|---------------------------|------|------|------------|--|
| TOTAL | | None | 45 minutes | |

| FE | EDBACK AND COMPLAINTS MECHANISMS | | | |
|---------------------------------------|---|--|--|--|
| How to send feedback | Kindly accomplish the <i>Client Satisfaction Survey Form</i> from the receiving admin staff of the Section | | | |
| | Tel. Nos.: (085) 342-5619 to 20 loc. 247 Telefax: (085) 815-9173 E-mail: <u>nhts.focrg@dswd.gov.ph</u> | | | |
| 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 <i>Client Satisfaction Survey Form</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 quarterly/ special meetings. | | | |
| Contact Information of CCB, PCC, ARTA | Concerned staff/requester may call the designated extension number: | | | |
| | 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 E-mail: <u>nhts.focrg@dswd.gov.ph</u> | | | |
| | 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/ | | | |



30. Data Sharing-Name Matching

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

| Office or Division: | National Household Targ | eting Section/I | Policy and Plans Divi | sion |
|--|--|--------------------|----------------------------|-----------------------|
| Classification: | Highly Technical | | | |
| Type of Transaction: | Government to Government (G2G) Government to Business (G@B), | | | |
| | Government to Citizen | | | |
| Who may avail: | -All NGAs, GOCCs, NGC | s, CSOs, and | Private Foundations | for the purpose |
| | of utilizing the data for so | cial protection | programs | |
| | REQUIREMENTS | | WHERE TO SECU | RE |
| 1. Letter of Request (in | dicating reasons for | Provided by t | he Requesting Party | |
| name-matching) | | | | |
| | e names to be matched | | | |
| 0 15 | resolution of Governing | | | |
| into data sharing MC | ead of agency to enter | | | |
| NGOs, CSOs, Priva | | | | |
| | otection Officer (DPO) | | | |
| 5 | ies of the agency head | | | |
| and DPO | lee of the agency field | | | |
| Memorandum of Age | reement | NHTS PDO a | Ind ITO | |
| | ificate of orientation on | | | |
| the DPA, (b) Certific | | | | |
| , | Receipt of the copy of the | | | |
| law, IRR and its issu | | | | |
| Setup Certification a | nd (d) Organizational, | | | |
| Technical, and Secu | rity Setup Certification. | | ſ | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1.The Requesting | 1. Receive and record | None | 5 minutes | Administrative |
| Party will endorse | the request in the | | | Assistant |
| their letter of request | document | | | |
| with attached e-copy | transaction/tracking | | | |
| of names for name matching to NHTS. | system | | | |
| matching to NITI 3. | 1.1 Endorse request | | | |
| | for approval to the | | | |
| | PPD Chief | | | |
| | | | | |
| | Note: Administrative | | | |
| | staff will advise the | | | |
| | requesting party that | | | |
| | they will receive an | | | |
| | email or call after 1 | | | |
| | working day on the | | | |
| | approval of their | | 1 | |
| 1 | request and the | | | |



| | | | | 1 |
|--|---|------|------------|-----------------------------------|
| | expected schedule of release of the results | | | |
| | 2.Decide if the request is for processing of not. The PPD Chief input comments and decisions and endorse to the NHTS-PDO/RFC | None | 2 hours | PPD Chief |
| | 3.Inform the requesting party on the approval/disapproval of the data request based on the DSWD MC 12, s 2017 If approved –the | None | 10 minutes | Project Development Officer |
| | inspection meeting will be scheduled including preparation of documentary requirements for submission. | | | |
| | If disapproved- inform the requesting party of the disapproval | | | |
| 2. Requesting party will attend the scheduled orientation with the PDO | 4. Orient the requesting party on Listahanan and discussion of the Salient Provision of the Data Privacy Act | None | 2 hours | NHTS Inspection Team |
| | 4.1 Hand-over of the copy of the law, its IRR and the issuances of the NPC | | | |
| 3. Compliance and Submission of signed Memorandum of Agreement and documentary | 5. Review all submitted documentary requirements including MOA submitted by the requesting party. | None | 2 hours | RFC Information Technology |
| requirements to NHTS | 5.1 Make a schedule with the requesting party on the inspection meeting. | | | Officer |



| | DSWD FIELD OFFICE CARAGA |
|-------------------------|--------------------------------|
| Kalidad na Serbisyo, Ka | lidad na Buhay Sigurado" |

| 4.Requesting Party will present their IT facilities to the NHTS inspection team | 6. Check on the capability of the second party to protect the Listahanan data Inspect the IT facilities of the requesting party Collection of documentations based on data requirements *Note-NHTS conduct signing of the certifications of the inspection completion and exit conference | None | 1 day | NHTS Inspection Team |
|--|--|------|------------|--------------------------------------|
| | 7.Certification will be attached to the MOA and endorsed to the Department's Data Protection Officer | None | 35 minutes | RFC |
| | 8. Assess the MOA, its purpose and attachments. | None | 1 day | DSWD Data Protection Officer |
| | 9. Review and sign the MOA. The signed MOA will be endorsed to the NHTO for data processing | None | 3 days | DSWD Data Protection Officer |
| | 10. The approved request is endorsed to the ITO to assess if the attached electric copy of names is in accordance with the template required. If not in accordance with the required template-inform the requesting party for revision | None | 1 hour | Information Technology Officer |
| | If in accordance-ITO shall inform the administrative staff of | | | |





| the schedule of release of the results | | | |
|--|------|-----------------------------------|--------------------------------------|
| 11. Process the request on a set deadline, depending on the volume or number of names to be matched. | None | 1 day (maximum 5,000 names) | Information Technology Officer |
| 12. Review result of name matching | None | 3 days | Information Technology Officer |
| 13. Secure the data by adding password protection to the file 13.1 Prepare Data Release Form (DRF), draft memo reply and burn results in a compact disc (CD). Other storage device may apply as long as it is approved by the IT Head and the storage device is provided by the requesting party | None | 1 hour | Information Technology Officer |
| 13.2 Counter sign the DRF | | | RFC |
| 13.3 Finalize the memo, attach the Data release Form (DRF) and secure data then forward it to the administrative unit. | | | RFC |
| 14. Sign the memo/ endorsement letter | None | 1 hour | Regional Director |
| 15. Track and scan the documents before releasing the result to the requesting party | None | 5 minutes | Administrative Assistant |
| 16. Give the password of the file to the requesting party thru phone upon inquiry. | None | 5 minutes | Information Technology Officer |



| | And administer CSMS form per CART guidelines. | | | |
|---|---|------|--------------------------|--|
| *With possible extension on the actual data processing depending on the volume of data requirements, number of names required, and the compliance and submission of the documentary requirements by the | TOTAL: | None | 10 days, and 2 hours. | |
| requesting party | | | | |

| FE | EDBACK AND COMPLAINTS MECHANISMS |
|---------------------------------------|---|
| How to send feedback | Kindly accomplish the <i>Client Satisfaction Survey Form</i> from the receiving admin staff of the Section |
| | Tel. Nos.: (085) 342-5619 to 20 loc. 247 Telefax: (085) 815-9173 E-mail: <u>nhts.focrg@dswd.gov.ph</u> |
| 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 <i>Client Satisfaction Survey Form</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 quarterly/ special meetings. |
| Contact Information of CCB, PCC, ARTA | Concerned staff/requester may call the designated extension number: |
| | 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: (08 | Telefax: (085) 815-9173 | | | |
| | ts.focrg@dswd.gov.ph | | | |
| | ls.loorg@dswd.gov.ph | | | |
| | | | | |
| | nplaints@arta.gov.ph | | | |
| PCC: 8888 | | | | |
| | | | | |
| CONTACT | CENTER NG BAYAN: | | | |
| SMS | : 0908 881 6565 | | | |
| Call | : 165 56 | | | |
| Call | | | | |
| | 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/ | | | |
| vveb | . mips.//contactcentemgbayan.gov.ph/ | | | |
| | | | | |

31. Data Sharing-List of Data Subjects

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

| Office or Division: | National Household Targeting Section/Policy and Plans Division | | | | | |
|------------------------|--|---|--|--|--|--|
| Classification: | Highly Technical | | | | | |
| Type of | Government to Governme | nt (G2G), Government to Citizen (G2C) | | | | |
| Transaction: | | | | | | |
| Who may avail: | All NGAs, GOCCs, NGC | os, CSOs, and Private Foundations for the | | | | |
| | purpose of utilizing the dat | a for social protection programs. | | | | |
| | | | | | | |
| CHECKLIST | OF REQUIREMENTS | WHERE TO SECURE | | | | |
| | | | | | | |
| | uest (including reasons for | | | | | |
| the request | | Provided by the requesting party | | | | |
| | Copy of Resolution of | | | | | |
| 0 | Board authorizing head of | | | | | |
| | agency to enter into data | | | | | |
| • | A with DSWD (for NGOs, | | | | | |
| | te Foundations) | | | | | |
| | copy of the Data | | | | | |
| | | | | | | |
| - | Data Protection Officer | | | | | |
| (DPO) | of Identified of the access | | | | | |
| | of Identified of the agency | | | | | |
| head and D | FU | | | | | |
| | | | | | | |



| 10. Memorandum of Agreement 11. Certificates; (a) Certificate of orientation on the DPA, (b) Certificate on Acknowledgement Receipt of the copy of the law, IRR and its issuances, (c) Physical Setup Certification and (d) Organizational, Technical, and Security Setup Certification. | | NHTS PDC |) and ITO | |
|---|--|--------------------|-----------------|---------------------------------------|
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESS TIME | PERSON RESPONSIBLE |
| 1. Endorse the letter of request with attached e- copy of the data requirements to NHTS . | 1.Receive and record the request in the document transaction/tracking system. 1.1Advise the requesting party that they will receive an email or call after 1 working day on the approval of their request and the expected schedule of release of the results. 1.2Forward the request to the Director for approval | None | 5 minutes | Administrative Assistant |
| | 2.Input comments and decide if the request is for processing or not then endorse it to the Policy and Plans Division Chief. | None | 4 hours | Regional Director |
| | 3.Input comments and endorsed it to the RFC. | None | 10 minutes | PPD Chief |
| | 4.Inform the client on the approval or disapproval of the data request base on the DSWD MC 12 s 2017. If approved-the orientation will be scheduled including | None | 30 minutes | RFC/Project Development Officer |





| 2. Requesting party will attend the scheduled orientation with the NHTS | preparation of documentary requirements for submission. If disapproved-inform the requesting party of the disapproval. End Process. 5.Orient the requesting party on Listahanan, Data Privacy, data sharing policy and requirement | None | 2 hours | NHTS Inspection Team |
|--|--|------|---------|-------------------------|
| inspection team 3.Compliance and submission of signed Memorandum of Agreement and documentary requirements to the NHTS for review on completeness | 6.Review all documentary requirement including MOA submitted by the requesting party 6.1Make a schedule with the requesting with the requesting with the requesting party on the inspection meeting | None | 2 hours | NHTS Inspection Team |
| 4.Requesting party will present their IT facilities to the NHTO Inspection Team | 7.Inspection of IT facilities of the requesting party and issuance of Certifications (Physical Setup Certification and Organizational, technical and Security Setup Certification) | None | 1 day | IT Inspection Team |
| | 8.Certifications will be attached to the MOA and endorsed by the NHTO Director to the Department's Data Protection Officer | None | 2 hours | RFC |



| 9.Assess the MOA, its purpose, and attachments. Once approved, the DPO will endorse the MOA for the Department Secretary's signature | None | 1 day | DSWD Data Protection Officer |
|---|------|--------|--------------------------------------|
| 10.Review and sign the MOA. The signed MOA will be endorsed to the NHTS for data processing. | None | 3 days | Information Technology Officer |
| 11. Process the request | None | 3 days | Information Technology Officer |
| 12.Review result of the data generation | None | 1 day | Information Technology Officer |
| 13.Secure the data by adding password protection to the file. | None | 1 day | Information Technology Officer |
| 13.1Prepare Data Release Form (DRF), draft memo reply and burn results in a compact disc (CD). | | | |
| •Other storage device may apply as long as it is approved by the IT Head and the storage device is provided by the requesting party | | | |
| 13.2 Countersigning the DRF. | | | RFC |
| 13.3 Finalize the memo attach the Data Release Form (DRF) and secure data the forward it to the Administrative unit. | | | RFC |



| | 14. Track and scan the documents before | None | 5 minutes | Administrative Assistant |
|---|--|---------|--------------------------|--------------------------------------|
| | releasing the result to the | | | |
| | requesting party. | | | |
| | 15.Give the password of the file to the requesting party thru phone upon inquiry. And administer the CSMS form per CART guidelines. | None | 5 minutes | Information Technology Officer |
| | TOTAL | No Fees | 11 days, 2 hours , 55 | |
| *With possible extension on the actual data processing depending on the volume of | | | minutes | |
| | ents, number of names | | | |
| | the compliance and the documentary | | | |
| requirements l | by the requesting party | | | |

| FE | EDBACK AND COMPLAINTS MECHANISMS |
|---------------------------------------|--|
| How to send feedback | Kindly accomplish the <i>Client Satisfaction Survey Form</i> from the receiving admin staff of the Section |
| | Tel. Nos.: (085) 342-5619 to 20 loc. 247 Telefax: (085) 815-9173 E-mail: <u>nhts.focrg@dswd.gov.ph</u> |
| 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 <i>Client Satisfaction Survey Form</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 quarterly/ special meetings. |
| Contact Information of CCB, PCC, ARTA | Concerned staff/requester may call the designated extension number: |
| | 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 |



| E-mail: | E-mail: <u>nhts.focrg@dswd.gov.ph</u> | | | | |
|------------------------|---|--|--|--|--|
| | ARTA : complaints@arta.gov.ph PCC: 8888 | | | | |
| CONT SMS Call | ACT CENTER NG BAYAN: : 0908 881 6565 : 165 56 P 5.00 + VAT per call anywhere in the Dhilling in service DI DT long lines | | | | |
| Email Facebo Web | Philippines via PLDT landlines : <u>email@contactcenterngbayan.gov.ph</u> ook : <u>https://facebook.com/civilservicegovph/</u> : <u>https://contactcenterngbayan.gov.ph/</u> | | | | |

32. Data Sharing – Statistics/Raw Data Request

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

| Office or Division: | | National Household Targeting Section/Policy and Plans Division | | | licy and Plans |
|--|--|---|--|--------------------|-----------------------------|
| Classification: | | Complex | | | |
| Type of Transaction | : | | to Government (G2G), Government to C), Government to Business (G2B) | | |
| Who may avail: | | All | | | |
| CHECKLIST O | F REQUI | REMENTS | | WHERE TO | SECURE |
| Letter of Request and data request | | cify purpose | | | |
| CLIENT STEPS | AGENCY ACTIONS | | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. The requesting party (NGAs, CSOs / NGOs, LGUs, academe etc.) sends a communication letter addressed to the Regional Director for request of statistical data/ raw data generated from <i>Listahanan</i> . | the required the r | ve and record lest in the ent transaction/ system. ward the to the PPD | None | 10 minutes | Administrative assistant |



| Review, input comments and approval in the request based on MC 12, s. 2017 then endorse to the NHTS RFC. | None | 5 hours | PPD Chief |
|--|------|---------|-------------------------------|
| 3.Review the request, if the request is: a. Not clear – In case of vague data request will coordinate with the data users to clarify the data requirements. He/ She shall provide recommendations on other possible data that can be requested if the requested data is not available in the <i>Listahanan</i> database. b. Clear-Endorse request to the Associates Statisticians for data generation | None | 5 hours | Regional Field Coordinator |
| 4. Generate the requested data from the <i>Listahanan</i> database. The generated statistical/ raw data can be in excel or in the any format available. 4.1. Draft reply letter/ memorandum 4.2. Submit to RFC | None | 1 day | Associate Statistician |
| 5. Review generated statistical/ raw data. | None | 5 hours | Regional Field Coordinator |





| · · · · · · · · · · · · · · · · · · · | | | |
|--|--|---------|----------------------|
| If the Statistical/ r data. If the statistical/raw dat a. Not accurate Return the genera statistical/ raw da be to the associa Statisticians for revisions. b. Accurate – Sub the generated | a is: e- ated ta will te | | |
| statistical/raw dat the PPD Chief. | a to | | |
| 6. Review facilitat data, countersign letter/ memorand and endorse to th NHTS Regional Director for appro- and release. | reply um ie | 5 hours | PPD Chief |
| 7. Further review facilitated data re for approval to re If the generated statistics/ raw dat a. Not accurate a acceptable – Ret the facilitated dat request to the Statistics section revisions. b. Accurate and acceptable – Sign reply letter/ memorandum. The facilitated dat request will be approved for release | quest lease. a is: nd urn a for n the ta | 5 hours | Regional Director |



| 2. Receive the data requested | 8. Facilitate the release of the approved data request to the requesting party. Administer the CSMS form per | None | 10 minutes | Administrative Assistant Associate Statistician |
|-------------------------------|---|------|----------------------------------|--|
| Total: | CART guidelines. | None | 4 days, 1 hour, 20 minutes | |

| FEEDBACK AND COMPLAINTS MECHANISMS | | |
|---------------------------------------|---|--|
| How to send feedback | Kindly accomplish the <i>Client Satisfaction Survey Form</i> from the receiving admin staff of the Section | |
| | Tel. Nos.: (085) 342-5619 to 20 loc. 247 Telefax: (085) 815-9173 | |
| | E-mail: <u>nhts.focrg@dswd.gov.ph</u> | |
| 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 <i>Client Satisfaction Survey Form</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 quarterly/ special meetings. | |
| Contact Information of CCB, PCC, ARTA | Concerned staff/requester may call the designated extension number: | |
| | 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 E-mail: <u>nhts.focrg@dswd.gov.ph</u> | |
| | 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/ |

33. 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 Sec | ction (Cl | BS) | | |
|---|---|---------------|------|------------------------------|------------------------------------|
| Classification: | Simple | | | | |
| Type of Transaction: | Government to Academe | | | | |
| Who May Avail: | All Students from any | State 8 | Priv | | ~ |
| CHECKLIST O | F REQUIREMENTS | | | WHERE TO | SECURE |
| Application Form Memorandum of Agreen Internship Agreement (w | | | DS | SWD SWD ncerned School | |
| CLIENT STEPS | AGENCY ACTIONS | FEES BE PA | | 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 |



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

| FEEDB | ACK 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 |
| How complaint are processed | telephone number: (085) 342-5619 local 132 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 : <u>email@contactcenterngbayan.gov.ph</u> Facebook : https://facebook.com/civilservicegovph/ | | |
| | Web : https://contactcenterngbayan.gov.ph/ | | |
| | | | |

34. 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 Sec | tion (CE | BS) | | |
|-------------------------|--|---------------|------|---------------------|-----------------------|
| Classification: | Highly Technical | | | | |
| Type of Transaction: | Government to Acade | me | | | |
| Who May Avail: | All Students from any | State & | Priv | vate Universities a | and Colleges |
| CHECKLIST O | F REQUIREMENTS | | | WHERE TO | SECURE |
| Application Form | | | DS | WD | |
| Memorandum of Agreen | morandum of Agreement (with the School) DSWD | | | | |
| Internship Agreement (w | with the Student) Concerned School | | | | |
| | | | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES BE PA | | PROCESSING TIME | PERSON RESPONSIBLE |
| | | | | | |



| | | | | Nandud nu Serbisyo, Nandud nu s |
|---|---|------|------------|------------------------------------|
| 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 Issues | | | | |
|--|--|---------------|------------|------------------------------------|
| card and handbook identif | s STP ication card andbook to es | none | 20 minutes | Student Training Coordinator |
| | les OJT ants in the Portal | none | 20 minutes | Student Training Coordinator |
| | ites number of red OJT hours | none | 10 minutes | Student Training Coordinator |
| evaluation & fills-out accord | ts ements ding to eteness | Php 500.00 | 1 hour | Student Training Coordinator |
| Stude | sment of the nt and Field ment or OJT | none | 30 minutes | Agency Field Instructor |
| Prepa venue logisti | res schedule, and other cal ements for exit | none | 30 minutes | Student Training Coordinator |
| Appro attend confe | | none | 10 minutes | CBS Head |
| Attends exit Facilit conference confe | ates exit rence | none | 2 hours | Student Training Coordinator |
| | res certificate | none | 15 minutes | Administrative Assistant of CBS |
| | es STP Portal | none | 10 minutes | Student Training Coordinator |
| TOTAL | | Php 500 | 15 hours | |

| 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 |
| | Facebook : https://facebook.com/civilservicegovph/ |
| | Web : https://contactcenterngbayan.gov.ph/ |
| | |



Regional Office

Non-Frontline Services



1. 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 Section / HRMDD | | | | |
|--|---|---------|--------------------|---------------------|--------------------------------|
| Classification: | Simple | | | | |
| Type of Transaction: | G2G – Government to G | Bove | rnmen | t Employee | |
| Who May Avail: | All DSWD employees | | | | |
| CHECKLIST OF REQ | UIREMENTS | | W | HERE TO SE | CURE |
| Certification Request Slip for walk-in o | clients | | Perso Sectio | nnel Adminis on | tration |
| E-mail/ text/ call requests | | | Emplo | byee | |
| Additional Requirements: For Pag-IBIG Certificate of Oneness -1 photocopy of Employee's St Value | | | Emplo | oyee / represe | entative |
| Representative 1 signed authorization letter and 1 pho employee and the representative | | | • | esentative | |
| CLIENT STEPS | AGENCY ACTIONS | тс | ees) be Aid | PROCESS ING TIME | PERSO N RESPO NSIBLE |
| 1. 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 | 1. 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 | 2.1 Receives filled out COE Request Slip and requirements and | No | fees | 5 minutes | PACC/D O or |



| present Valid ID and other | examines to determine | | | COE |
|------------------------------------|--|--------------------|------------------------|----------|
| applicable requirements | its completeness and inform staff that the | | | Focal |
| For text/email requests, please | request needs to be | | | |
| provide the following information: | validated first. | | | |
| *Name | 2.2 Verifies the | No Fees | 2 days | COE |
| *Type of Request | information in the | 1101000 | 2 dayo | Focal |
| *Purpose | request | | | and |
| *Contact Number/Email-address | slip/email/text/call with | | | Payroll- |
| | the payroll-in-charge | | | in- |
| and send to 09485890907 or | and the database/Per | | | charge |
| personneldocs.focaraga@gmail.com | 16 and prepare the | | | Ū. |
| | 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 | | | |
| | payroll-in-charge. | | | |
| | | | | 510 |
| | 2.3 Reviews and | No fees | 2 hours | PAS |
| | initials in the | | | Head |
| | certification | | | |
| | 2.4 Records and | No Fees | 3 minutes | PAS |
| | forwards the | | | Admin |
| | Certification to HRMD | | | Staff |
| | for signature | | | |
| | 2.5 Poviowa and signa | No fees | 4 hours | HRMDD |
| | 2.5 Reviews and signs the certification | 110 1665 | | Chief |
| | | | | |
| | 2.6 Receives the | No fees | 5 minutes | PAS |
| | signed Certification | | | Admin |
| | and forwards to the | | | Staff |
| | COE focal | | | |
| 3 Receives notification | 3 Notifies the | No fees | 2 minutes | COF |
| | | 1101003 | | |
| | | | | |
| | Certification is | | | |
| | | | | |
| 3. Receives notification | signed Certification and forwards to the COE focal 3. Notifies the requester through text/call/email that the | No fees No fees | 5 minutes 2 minutes | Admin |



| 4. Receives the Certification in the logbook or confirm receipt of scanned COE | 4. Release/email Certification to the requester and gives customer satisfaction survey form | No fees | 3 minutes | PACC/D O or COE Focal |
|--|---|---------|---|--------------------------------|
| 5. Accomplishes Customer Satisfaction Survey Form | 5. Receives the Customer Satisfaction Survey Form | No fees | 5 minutes | PACC/D O or COE Focal |
| TOTAL | | No fees | 2 days, 6 hours and 25 minutes | |

| FE | EDBACK AND COMPLAINTS MECHANISMS |
|--|---|
| How to send feedback | Accomplish the <i>Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001)</i> 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 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 HRMDD Chief for approval and consolidation. |
| How to file a complaint | You can write your complaint/s in the comment section of the <i>Client</i> 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 2 nd 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 : <u>col</u> PCC: 8888 | mplaints@arta.gov.ph 3 |
|--------------------------------|--|
| 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 | |
| Web | : https://contactcenterngbayan.gov.ph/ |
| | |

2. 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 | Personnel Administration Section / HRMDD | | | | | |
|---|---|--|---------------------|---------------------------|--|--|--|
| Classification: | Simple | | | | | | |
| Type of | G2G – Government to G | overnment E | mployee | | | | |
| Transaction: | | | | | | | |
| Who May Avail: | All DSWD regular and co | ontractual em | ployees | | | | |
| CHECKLIST O | F REQUIREMENTS | ۱ ۱ | WHERE TO SE | CURE | | | |
| SALN Request Form (PERSONNEL FORM FORM) | | | | | | | |
| Valid Identification Ca | ard (original) | Employee | | | | | |
| Representative | | Represent | ative | | | | |
| | n letter and 1 photocopy | | | | | | |
| | and the representative | | | | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBL E | | | |
| 1. 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 | No Fees | 30 minutes | Records Custodian |
| | *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 Head for signature | | | |
| 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 |
| 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 |
| 6. Accomplishes Customer Satisfaction Survey Form | 6. Receives the Customer Satisfaction Survey Form | No fees | 5 minutes | Records Custodian |



| TOTAL | No fees | 51 | |
|-------|---------|---------|--|
| | | minutes | |

| FEED | BACK AND COMPLAINTS MECHANISMS |
|--|---|
| How to send feedback | Accomplish the <i>Client Satisfaction Survey Form (DSWD – FO</i> <i>Caraga- HRMDD 001-F-001)</i> from the receiving admin staff of the Section (Table 1) Telephone: (085) 342-5619 loc. 113 Cellphone Number: 09489748507 |
| How feedbacks are processed | E-mail: personnel.focrg@dswd.gov.ph 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 HRMDD 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-</i> <i>HRMDD 001-F-001)</i> 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 2 nd 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 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/ |



3. Transfer of Property Accountability

Transfer of property accountability to another accountable person shall be processed for documentation of the actual transfer of property and issuance of new Property Acknowledgement Receipt for signature of the new accountable person to warrant cancellation of property accountability of the previous accountable person.

| Office/Division: | | Administrative Service – Property and Supply Section (AD-PSS) | | | | oply Section (AD-PSS) |
|---|--|---|---|--------------------------|--------------------|-----------------------|
| Classification: | | Simple | | | | |
| Type of Transaction |) : | G2G | – Governn | nent to G | Government | |
| Who may avail: | | | rtment of \$ als and En | | elfare and Develo | pment (DSWD) |
| | | I | | | WHERE TO SEC | URE |
| One (1) original cop accomplished Fur Equipment Transfer \$ | niture | and | To be prepared by the client OBSUs' Designated Property and Supply Custodian through the Property Records and Equipment Monitoring Inventory System (PREMIS); | | | |
| CLIENT STEPS | AGENCY ACTION | | CTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Submit duly accomplished request for FETS | Validate submitted request if duly signed by the concerned officials and employees 1.1 Validate FETS Request created by the Designated Property and Supply Custodian (DPSC) in PREMIS vis-à-vis the submitted FETS Request 2.4 Approve request in PREMIS | | None | 1 Hour | PSS Staff | |





| | Accomplish the "encoded by" portion in the submitted FETS request 4 Generate and print 2 copies of PAR if acquisition cost of property is 15,000 and above, 2 copies of ICS if acquisition cost is lower than 15,0000. Should the end user be COS, 2 copies of the undertaking shall be printed. 5 Generate and print barcode sticker and attach to the printed PAR/ICS 6 Record in the logbook details of transfer properties as stated in the printed PAR/ICS 7 Forward PAR/CS to the concerned OBSUs for signature of the previous accountable person and the new accountable person | | | |
|---|---|------|------------|---------------------|
| 2. Return the duly accomplished PAR/ICS and or Undertaking and | Validate the returned document if accurately signed and forward to | None | 15 Minutes | PSS Technical Staff |

Г





| attach the barcode sticker to the visible and secure area of the property | PSS Head for approval | | | |
|---|--|------|-----------------------|-----------|
| | 2.1 Approve duly accomplished document | None | 5 Minutes | PSS Head |
| | 2.2 Provide 1 copy of approved PAR/ICS and or Undertaking to the Accountable Person 2.3 Record the approval of record in PREMIS 2.4 Scan and upload the approved PAR/ICS and or Undertaking 2.5 File approved PAR/ICS and or undertaking in the respective folder of the accountable person for safekeeping | None | 30 Minutes | PSS Staff |
| | TOTAL | None | 1 HOUR, 50 MINUTES | |
| | | | WIINUTES | |



| FEEDBACK AND COMPLAINTS MECHANISMS | | | | | |
|------------------------------------|---|--|--|--|--|
| How to send a feedback | Customer Feedback Form may be provided to the client upon request or from the designated location of Customer Feedback Form tray | | | | |
| How feedback is processed | Duly accomplished customer feedback forms shall be consolidated once a month, identify issues and concerns of the clients which shall be discussed for appropriate action. Status on the identified issues and concerns shall be monitored on a monthly basis. | | | | |
| How to file a complaint | Requesting OBSU, Satellite/Cluster Offices may submit an appeal for the request that have been denied or may send a complaint letter to the Administrative Division – Property and Supply Section DSWD FO Caraga, R. Palma Street, Capitol Site, Butuan City with email address: property.focrg@dswd.gov.ph Tel No. 342-5619 local 243 | | | | |
| How complaints are processed | Upon receipt of complaint the concerned section shall make necessary evaluation and investigation to create a report for information and appropriate action of the concerned officials. Feedback shall be provided to the client. | | | | |
| | For inquiries and follow-ups, clients may contact AD-PSS through 342-5619 local 243 or through email address: property.focrg@dswd.gov.ph | | | | |
| Contact information | email address: property.focrg@dswd.gov.ph contact number: <u>342-5619 local 243</u> ARTA : <u>complaints@arta.gov.ph</u> PCC: 8888 | | | | |
| | CONTACT CENTER NG BAYAN: SMS : 0908 881 6565 Call : 165 56 | | | | |

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

4. Receipt of Surrendered Equipment and Semi-Expendable Equipment

Turned over property due to its unserviceability or when the same is no longer needed by the accountable person shall be recorded in order to effect cancellation of property accountability of the client.

| Office/Division: | | Administrative Division – Property and Supply Section (AD-PSS) | | | | |
|--|---|--|--------------------------------------|--|--------------------|-----------------------|
| Classification: Simple | | | ļ | | | |
| Type of Transaction :G2G – Governme | | | nent to Government | | | |
| Who may avail: | | Department of Social Welfare and Development (DSWD) Officials and Employees | | | | ment (DSWD) |
| CHECKLIST OF REQUIREMENTS | | | WHERE TO SECURE | | | |
| photo copy of duly Accomplished Pro Furniture and Equipment Rec Transfer Slip (FETS) (PR | | | | be prepared by the client OBSUs' Designated berty and Supply Custodian through the Property ords and Equipment Monitoring Inventory System EMIS) with prescribed format; be made available by the accountable person | | |
| CLIENT STEPS | AGEN | GENCY ACTION | | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| accomplished FETS for turnover and property for turnover | duly a FETS 1.1 Fill up and re portio 1.2 Provie signe Accou | erty vis-à accompli b the "ins eceived on in FET | spected by" ΓS of to the | None | 15 Minutes | PSS Staff |



| | | Property and Supply Custodian. | | | |
|----|---|--|------|------------|-----------|
| 2. | Updates record of surrendered items in PREMIS | 2.1. Validate submitted request if duly signed by the concerned officials and employees 2.2. Validate FETS Request created by the Designated Property and Supply Custodian (DPSC) in PREMIS vis- à-vis the submitted FETS Request 2.3. Approve request in PREMIS 2.4. Generate and print PAR if acquisition cost of property is 15,000 and above, ICS if acquisition cost is lower than 15,0000. Signed the received by portion of PAR/ICS. 2.5. Generate and print barcode sticker and attach to the surrendered property. | None | 1 Hour | PSS Staff |
| | | 2.6. Approve PAR/ICS | None | 5 Minutes | PSS Head |
| | | 2.7. Scan approved documents and upload to PREMIS 2.8. Record the approval of record in PREMIS 2.9. File approved PAR/ICS and or undertaking in the respective folder of the accountable | None | 15 Minutes | PSS Staff |



| 1HOUR, 35 | |
|-----------|----------------------|
| MINUTES | |
| | 1HOUR, 35 MINUTES |

| FEEDBACK AND COMPLAINTS MECHANISMS | | | | |
|------------------------------------|--|--|--|--|
| How to send a feedback | Customer Feedback Form may be provided to the client upon request or from the designated location of Customer Feedback Form tray | | | |
| How feedback is processed | Duly accomplished customer feedback forms shall be consolidated once a month, identify issues and concerns of the clients which shall be discussed for appropriate action. Status on the identified issues and concerns shall be monitored on a monthly basis. | | | |
| How to file a complaint | Requesting OBSU, Satellite/Cluster Offices may submit an appeal for the request that have been denied or may send a complaint letter to the Administrative Division – Property and Supply Section DSWD FO Caraga, R. Palma Street, Capitol Site, Butuan City with email address: property.focrg@dswd.gov.ph Tel No. 342-5619 local 243 | | | |
| How complaints are processed | Upon receipt of complaint the concerned section shall make necessary evaluation and investigation to create a report for information and appropriate action of the concerned officials. Feedback shall be provided to the client. For inquiries and follow-ups, clients may contact AD-PSS through 342-5619 local 243 or through email address: property.focrg@dswd.gov.ph | | | |



| Contact information | email address: property.focrg@dswd.gov.ph | | |
|---------------------|---|--|--|
| | contact number: 342-5619 local 243 | | |
| | ARTA : <u>complaints@arta.gov.ph</u> 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.phFacebook: https://facebook.com/civilservicegovph/Web: https://contactcenterngbayan.gov.ph/ | | |

5. Issuance of Portable Equipment Sticker Pass

Clients with portable equipment which are frequently brought outside and inside the DSWD premises may request for issuance of Portable Equipment Sticker Pass (PESP) in lieu of Gate Pass.

Unlike Gate Pass which is valid until the stated date of returned, PESP is valid from issuance or renewal until the last working day of the semester for regular/casual//contractual/co-terminus employee, the same shall apply for personal portable equipment frequently brought by the employee and until the last day of the quarter for COS workers but not beyond the last day of the contracted service.

| Office/Division: Adm | | ministrative Division – Property and Supply Section (AD-PSS) | | |
|-----------------------------------|--|---|--|--|
| Classification: Sim | | ble | | |
| Type of Transaction : G20 | | G – Government to Government | | |
| | | partment of Social Welfare and Development (DSWD) icials and Employees | | |
| CHECKLIST OF REQUIREMENTS | | | | |
| | | WHERE TO SECURE | | |





| | CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|----|---|--|-----------------------|--------------------|-----------------------|
| 1. | Submit duly accomplis hed request for PESP | Validate submitted request if duly signed by the Head of OBSUs for MOA workers and PSS Head for Regular/Contractual Staff | None | 1 Hour | PSS Staff |
| | | 1.1 Update expiration date of the sticker in PREMIS; for DSWD property with accountable person under regular / contractual / co- terminus / casual employee expiration date shall be every at the end of every semester and for COS workers, expiration date shall be by the end of the last month of every quarter. For personal property expiration date shall be similar to the DSWD property with regular accountable person 1.2 Generate and portable equipment sticker pass and forward to PSS Head for signature 1.3 Record PESP details in the logbook | | | |
| | | 1.4 Sign PESP | None | 5 Minutes | PSS Head |
| 2. | Claim PESP and present | Validate presented property vis-à-vis the details of property | None | 30 Minutes | PSS Staff |



| the | indicated in the request | | | |
|----------|--------------------------|------|------------|--|
| portable | for issuance of PESP | | | |
| property | | | | |
| p. op o | 2.1 Attach PESP in the | | | |
| | most visible and secure | | | |
| | | | | |
| | area of the property | | | |
| | | | | |
| | 2.2 Present PESP request | | | |
| | submitted by the client | | | |
| | for signature as | | | |
| | received sticker | | | |
| | | | | |
| | 2.3 Update PREMIS and | | | |
| | marked sticker pass as | | | |
| | claimed | | | |
| | TOTAL | Nono | | |
| | TOTAL | None | 1 HOUR, 35 | |
| | | | MINUTES | |
| | | | | |

| FEEDBACK AND COMPLAINTS MECHANISMS | | | | |
|------------------------------------|--|--|--|--|
| How to send a feedback | Customer Feedback Form may be provided to the client upon request or from the designated location of Customer Feedback Form tray | | | |
| How feedback is processed | Duly accomplished customer feedback forms shall be consolidated once a month, identify issues and concerns of the clients which shall be discussed for appropriate action. Status on the identified issues and concerns shall be monitored on a monthly basis. | | | |
| How to file a complaint | Requesting OBSU, Satellite/Cluster Offices may submit an appeal for the request that have been denied or may send a complaint letter to the Administrative Division – Property and Supply Section DSWD FO Caraga, R. Palma Street, Capitol Site, Butuan City with email address: property.focrg@dswd.gov.ph Tel No. 342-5619 local 243 | | | |



| How complaints are processed | Upon receipt of complaint the concerned section shall make necessary evaluation and investigation to create a report for information and appropriate action of the concerned officials. Feedback shall be provided to the client. | | |
|------------------------------|---|--|--|
| | For inquiries and follow-ups, clients may contact AD-PSS through 342-5619 local 243 or through email address: property.focrg@dswd.gov.ph | | |
| Contact information | email address: property.focrg@dswd.gov.ph | | |
| | contact number: <u>342-5619 local 243</u> | | |
| | ARTA : <u>complaints@arta.gov.ph</u> PCC: 8888 | | |
| | CONTACT CENTER NG BAYAN:SMS: 0908 881 6565Call: 165 56P 5.00 + VAT per call anywhere in the Philippines via PLDT landlinesEmail: email@contactcenterngbayan.gov.phFacebook: https://facebook.com/civilservicegovph/Web: https://contactcenterngbayan.gov.ph/ | | |

6. Issuance of Supplies and Materials from Stockpile

Request of issuance of commonly use office supplies is being done through filling-out of Requisition and Issue Slip (RIS) prepared by designated OBSU staff. The RIS and actual issuance of supplies shall be processed by the Property and Supply Section subject to approval of the Chief of Administrative Division.

| Office/Division: | Administrative Service – Property and Supply Section (AD-PSS) | | |
|-----------------------|---|--|--|
| Classification: | Complex Transaction | | |
| Type of Transaction : | G2G – Government to Government | | |
| Who may avail: | Department of Social Welfare and Development (DSWD) OBSUs | | |
| CHECKLIST OF REQUIR | REMENTS WHERE TO SECURE | | |



| 1. | Three (3) copies of duly accomplished RIS of concerned OBSU | 1. | RIS template issued to respective Office, Bureaus, Services, Units (OBSUs) with |
|----|--|----|--|
| 2. | One (1) Photocopy of approved | | prescribed format; |
| | PPMP of requesting OBSU | 2. | Designated Supply/Property Officer of respective |
| 3. | One (1) Photocopy of approved | | Office, Bureaus, Services, Units; |
| | Technical Assistance Request, if required | 3. | Focal person of concerned technical support office such as GSS, ICTMS, SMS, among others, depending on the nature of technical assistance request without any prescribed format |
| 4. | One (1) Photocopy of project proposal, if required | 4. | Focal person of proponent OBSU |

| | CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|----|---|--|--------------------------|--------------------|-----------------------|
| 1. | Submit duly approved RIS to Property and Supply Section including required attachment such as PPMP and Technical Assistance Request | Receive, review and record the submitted duly approved RIS Assign RIS number Verify availability of requested supplies and materials Update concerned OBSU staff on the availability of supplies and materials Request for the approval of RIS of the Chief of Admin. Division | None | 2 Hours | PSS Staff |
| 2. | Receipt of issued supplies and materials | 2. Update stock card and issue requested supplies and materials a. Updating of stock/bin card | None | 4 Hours | PSS Staff |



| | Pull out of stocks for issuance to requesting OBSU Update database | | | |
|--|---|------|---------|--|
| | TOTAL: | None | 6 HOURS | |

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| FEEDBAC | FEEDBACK AND COMPLAINTS MECHANISMS | | | | |
|------------------------------|--|--|--|--|--|
| How to send a feedback | Customer Feedback Form may be provided to the client upon request or from the designated location of Customer Feedback Form tray | | | | |
| How feedback is processed | Duly accomplished customer feedback forms shall be consolidated once a month, identify issues and concerns of the clients which shall be discussed for appropriate action. Status on the identified issues and concerns shall be monitored on a monthly basis. | | | | |
| How to file a complaint | Requesting OBSU, Satellite/Cluster Offices may submit an appeal for the request that have been denied or may send a complaint letter to the Administrative Division – Property and Supply Section DSWD FO Caraga, R. Palma Street, Capitol Site, Butuan City with email address: property.focrg@dswd.gov.ph Tel No. 342-5619 local 243 | | | | |
| How complaints are processed | Upon receipt of complaint the concerned section shall make necessary evaluation and investigation to create a report for information and appropriate action of the concerned officials. Feedback shall be provided to the client. For inquiries and follow-ups, clients may contact AD-PSS through 342-5619 local 243 or through email address: property.focrg@dswd.gov.ph | | | | |



| Contact information | email address: property.focrg@dswd.gov.ph | | |
|---------------------|---|--|--|
| | contact number: 342-5619 local 243 | | |
| | ARTA : <u>complaints@arta.gov.ph</u> PCC: 8888 | | |
| | CONTACT C | ENTER 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 : <u>https://facebook.com/civilservicegovph/</u> | | |
| | Web | : https://contactcenterngbayan.gov.ph/ | |
| | | | |

7. Re-issuance of Equipment and Semi-expendable Supplies

Surrendered serviceable equipment may be requested for re-issuance to optimize the use of equipment or semi-expendable equipment or supply due to lack of equipment, lack of capital outlay and other exigencies.

| Office/Division: | Administra PSS) | Administrative Division – Property and Supply Section (AD- PSS) | | | | |
|---|-------------------------------------|---|--------------------|------------------------|--|--|
| Classification: | Complex ⁻ | Fransaction | | | | |
| Type of Transaction : | G2G – Go | overnment to | Government | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | | | |
| 1. One (1) Original copy of memorandum requestin issuance of property | um requesting for memorandum format | | | | | |
| 2. Two (2) Original copies Furniture and Equipmer Transfer Slip (FETS) | | rom AS-PSS f concerned (| U | nated Property Officer | | |
| 3. Two (2) Original copies Property Accountability Receipt or Inventory Custodian Slip | | From the AS-PSS / PREMIS online through the Designated Property Officer of concerned OBSU | | | | |
| CLIENT STEPS AGEN | CY ACTION | I FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | | |



| Prepare request letter containing item specifications, quantity, purpose and to whom the equipment or semi- expendable equipment/sup ply shall be assigned. | Receive, review and verify the availability of request a. Inform requesting OBSU of availability or non- availability of items. Request approval of FETS for confirmation of transfer | None | 3 Hours | Requesting OBSU PSS staff |
|---|---|------|---------|------------------------------|
| 2. Process the signing of FETS of the recipient office or accountable person for the re-issuance of item or equipment | 2. Update PREMIS and generate PAR or ICS a. Transfer accountability through updating of database and issuance of PAR or ICS b. Process the approval of PAR or ICS | None | 3 Hours | Requesting OBSU PSS staff |
| Confirm acceptance of item or property through signing of PAR or ICS | Physical issuance of item or equipment and filing of PAR or ICS | None | 2 Hours | Requesting OBSU PSS staff |
| | TOTAL: | None | 8 Hours | |



| FEEDBAC | FEEDBACK AND COMPLAINTS MECHANISMS | | | | |
|------------------------------|---|--|--|--|--|
| How to send a feedback | Customer Feedback Form may be provided to the client upon request or from the designated location of Customer Feedback Form tray | | | | |
| How feedback is processed | Duly accomplished customer feedback forms shall be consolidated once a month, identify issues and concerns of the clients which shall be discussed for appropriate action. Status on the identified issues and concerns shall be monitored on a monthly basis. | | | | |
| How to file a complaint | Requesting OBSU, Satellite/Cluster Offices may submit an appeal for the request that have been denied or may send a complaint letter to the Administrative Division – Property and Supply Section DSWD FO Caraga, R. Palma Street, Capitol Site, Butuan City with email address: property.focrg@dswd.gov.ph Tel No. 342-5619 local 243 | | | | |
| How complaints are processed | Upon receipt of complaint the concerned section shall make necessary evaluation and investigation to create a report for information and appropriate action of the concerned officials. Feedback shall be provided to the client. | | | | |
| | For inquiries and follow-ups, clients may contact AD-PSS through 342-5619 local 243 or through email address: property.focrg@dswd.gov.ph | | | | |
| Contact information | email address: property.focrg@dswd.gov.ph | | | | |
| | contact number: <u>342-5619 local 243</u> ARTA : <u>complaints@arta.gov.ph</u> 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/ | |
|---|--|
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8. Facilitation of Request for Relief from Property Accountability from Commission on Audit

In case of the lost, damaged and destroyed property issued to employees due to force majeure, theft/robbery and fire, the Accountable Officer can request for Relief from Property Accountability to COA. AD-PSS facilitate this request upon submission of pertinent documents by the Accountable Officer.

| Office/Division: | Administrative Division – Property and Supply Section (AD- PSS) | | | | |
|--|--|--|--|--|--|
| Classification: | Complex | | | | |
| Type of Transaction : | G2G – Governm | nent to Government | | | |
| Who may avail: | Department of Social Welfare and Development (DSWD) Employees who are: a. DSWD employees and officials | | | | |
| CHECKLIST OF REQU | | WHERE TO SECURE | | | |
| | | WHERE TO SECORE | | | |
| One (1) original copy of duly accomplished and notarized Report of Loss, Stolen, Damaged and Destroyed Property (RLSDDP). One (1) original copy of duly notarized Affidavit of Loss One (1) original copy of duly notarized Joint Affidavit of Two (2) | | From PSS Office through PREMIS To be prepared by the client without any prescribed format To be prepared by the client without any prescribed format | | | |
| Disinterested Person. 4. One (1) original copy | of Police Report | To be prepared by the client without any prescribed format | | | |
| One (1) original copy Comments of the Head Cluster | | To be prepared by the client without any prescribed format | | | |
| One (1) original copy from Competent Auth Destruction brought b Calamity and Insurger | ority on the y Natural | To be prepared by the client without any prescribed format | | | |



| One (1) original copy of Inspection Report of Damaged Property. One (1) photocopy of Property Acknowledgement Receipt (PAR)/Inventory Custodian Slip (ICS) | | F | To be prepared by th prescribed format From PSS Office | e client without any |
|---|---|--------------------------|--|----------------------------------|
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| Submit request for Technical Assistance to PSS regarding the loss of issued property | 1. Record the request in the Data Tracking System (DTS). Forward request to Chief Administrative Division | None | 5 Minutes | PSS Staff |
| | 1.1 Review the document and assign to concerned Technical Staff | None | 5 Minutes | Administrative Division Chief |
| | 1.2 Review and prepare Memorandum for signature of the Administrative Division Chief addressed to the requester to inform of the processes to be undertaken in requesting for relief from property | None | 3 Hours | PSS Head |





| | accountability and the requirements to be submitted in accordance with the COA Guidelines. | | | |
|---|--|------|---------|-----------|
| 2. Submit request for relief from property accountability to COA with the following documentary requirements: | 2. Review the documents submitted: 2.1. If not complete - Prepare Memorandum for Accountable Officer to require compliance | None | 3 Hours | PSS Staff |
| a. RLSDDP b. Affidavit of Loss c. Affidavit of Two (2) Disinterested Person d. Comment of the Cluster Head e. Police Blotter and Certification (if applicable) f. Certification from Competent Authority on the Destruction brought by Natural Calamity and Insurgency g. Inspection Report of Damaged Property. h. Copy of Property | 2.2. If complete – Prepare endorsement letter to Commission on Audit for Request for Relief to be signed by Regional Director. a. Forward the signed endorsement to COA copy furnished the Accountable Officer. | | | |





| | | | | | "Kalidad na Serbisyo, Kalidad na Buhay Sigurado" |
|----|---|---|------|---------|--|
| | Acknowledgem ent Receipt (PAR)/Inventor y Custodian Slip (ICS) | | | | |
| | Upon receipt of COA Decision, request Technical Assistance as to settlement of accountability in accordance with COA decision | 3. Provide Technical Assistance as follows: 3.1. Request Granted – a. Prepare Memorandum endorsing the COA Decision to FMS for dropping of the lost property, for signature of Admin Chief, copy furnished the Accountable Officer b. Update records/PREMIS 3.2 Request Denied – Prepare memorandum informing the Accountable Officer of the processes for replacement, payment or reimbursement | None | 3 Hours | PSS Staff |
| 4. | Submit replacement unit in accordance with COA Decision | Request presence of COA representative during inspection of replacement unit | | 1 Hour | PSS Staff |





| | | | "Kalidad na Serbisyo, Kalidad na Buhay Sigurado" |
|--------------------------------|------------------|---------|--|
| | 4.1. Analyze the | 1 Hour | |
| | specification of | | |
| | offered | | |
| | replacement | | |
| | item. | 2 Hours | |
| | 4.2. Accept | 2110010 | |
| | replacement | | |
| | unit upon | | |
| | concurrence of | | |
| | COA | | |
| | representative | | |
| | 4.3. Prepare | | |
| | necessary | | |
| | documentation/ | | |
| | update record | | |
| | in PREMIS | | |
| | 4.4. Prepare | | |
| | Memorandum | | |
| | to FMS and | | |
| | COA on the | | |
| | acceptance of | | |
| | offered | | |
| | replacement | | |
| | items for | | |
| | reference and | | |
| | recording in the | | |
| | Books of | | |
| | Account. | | |
| 5. Pay the value of | 5. Provide | 3 Hours | PSS Staff |
| - | assistance as to | 5110015 | r 55 Stall |
| property in accordance with | | | |
| the COA | the mode of | | |
| | payment | | |
| Decision | 5.1. Prepare | | |
| | Memorandum | | |
| | to FMS for the | | |
| | receipt of | | |
| | payment; or | | |
| | 5.2. Prepare | | |
| | Memorandum | | |
| | to HRMDD- | | |
| | PAS for the | | |
| | deduction of | | |
| | the amount of | | |
| | property in | | |
| | accordance | | |



| Ę | with COA Decision 5.3. Prepare necessary documentation/ update record in PREMIS | | | |
|---|---|------|---------------|--|
| | TOTAL: | None | 16 HOURS , 10 | |
| | | | MINUTES | |

| FEEDBACK AND COMPLAINTS MECHANISMS | | | |
|------------------------------------|--|--|--|
| How to send a feedback | Customer Feedback Form may be provided to the client upon request or from the designated location of Customer Feedback Form tray | | |
| How feedback is processed | Duly accomplished customer feedback forms shall be consolidated once a month, identify issues and concerns of the clients which shall be discussed for appropriate action. Status on the identified issues and concerns shall be monitored on a monthly basis. | | |
| How to file a complaint | Requesting OBSU, Satellite/Cluster Offices may submit an appeal for the request that have been denied or may send a complaint letter to the Administrative Division – Property and Supply Section DSWD FO Caraga, R. Palma Street, Capitol Site, Butuan City with email address: property.focrg@dswd.gov.ph Tel No. 342-5619 local 243 | | |
| How complaints are processed | Upon receipt of complaint the concerned section shall make necessary evaluation and investigation to create a report for information and appropriate action of the concerned officials. Feedback shall be provided to the client. For inquiries and follow-ups, clients may contact AD-PSS through 342-5619 local 243 or through email address: property.focrg@dswd.gov.ph | | |



| Contact information | email address: property.focrg@dswd.gov.ph | | |
|---------------------|--|--|--|
| | contact number: 342-5619 local 243 | | |
| | ARTA : <u>complaints@arta.gov.ph</u> 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.phFacebook: https://facebook.com/civilservicegovph/Web: https://contactcenterngbayan.gov.ph/ | | |

9. Facilitation of Request for Relief from Property Accountability Through Reimbursement/Replacement

When the lost, damaged and destroyed property issued to employees was due to other circumstance other that force majeure, theft/robbery and fire (whereas lost may be credited), the Accountable Officer can request for the replacement or reimbursement of the money value of the lost property or payment of cost of repair of the damaged property, within thirty (30) days from the occurrence of loss.

| Office/Division: | Administrative Division – Property and Supply Section (AD- PSS) | | | |
|--|--|--|--|--|
| Classification: | Complex | | | |
| Type of Transaction : | G2G – Goverr | nment to Government | | |
| Who may avail: | Department of Social Welfare and Development (DSWD) Employees | | | |
| CHECKLIST OF REQUIREMENTS WHERE TO SECURE | | WHERE TO SECURE | | |
| 1. One (1) copy of duly accomplished Report of Loss, Stolen, Damaged and Destroyed Property (RLSDDP), with proof of submission to COA | | 1. From PSS Office through PREMIS | | |
| 2. One (1) original copy of Memorandum requesting reimbursement/replacement of item lost endorsed by Division concern to Administrative Division Chief | | To be prepared by the Client without any prescribed format | | |



| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---|---|-----------------------|--------------------|----------------------------------|
| 1. Submit copy of Memorandum to PSS and duly accomplished RLSDDP received by COA | Record the request in the Data Tracking System (DTS). Forward request to Chief Administrative Division 1.1 Review the Request and RLSDDP | None | 5 Minutes | PSS Staff |
| | 1.2 Assigned the request to concerned Technical Staff | None | 5 Minutes | Administrative Division Chief |
| | 1.3 Review the Request. a. If not complete - Return to Accountable Officer for Compliance b. If complete – Prepare Memorandu m on the recommend ation relative to request to Regional Director to be signed by the Administrativ e Division | None | 4 Hours | PSS Staff |





| | 1.4 Prepare Memorandum for Accountable Officer informing the approval of the request for Reimbursement/ Replacement of Lost Property. | | | |
|---|--|------|--------|---------------------|
| 2. Submit compliance on the approved recommenda tion of settlement. | 2. Reimbursement 2.1 Assist the Accountable Officer for the Issuance of Order of Payment from Accounting Division. 2.2 Assist the Accountable Officer for the issuance of Official Receipt of Cash Division for the payment. 2.3 Update PREMIS as to the settlement of property accountability. 2. Replacement 2.1 Inspection of the offered replacement item. a. If not compliant – Returned the item/s to Accountable Officer for compliance. b. If compliant – Updates | None | 1 Hour | PSS Technical Staff |



| record in | | | |
|---------------|------|--------------|--|
| PREMIS | | | |
| 2.2 Prepare | | | |
| Memorandum | | | |
| to FMS and | | | |
| COA on the | | | |
| acceptance of | | | |
| offered | | | |
| replacement | | | |
| items for | | | |
| reference and | | | |
| recording in | | | |
| the Books of | | | |
| Account | | | |
| TOTAL: | None | 5 HOURS , 10 | |
| | | MINUTES | |
| | | | |

| FEEDBACK AND COMPLAINTS MECHANISMS | | | |
|------------------------------------|--|--|--|
| How to send a feedback | Customer Feedback Form may be provided to the client upon request or from the designated location of Customer Feedback Form tray | | |
| How feedback is processed | Duly accomplished customer feedback forms shall be consolidated once a month, identify issues and concerns of the clients which shall be discussed for appropriate action. Status on the identified issues and concerns shall be monitored on a monthly basis. | | |
| How to file a complaint | Requesting OBSU, Satellite/Cluster Offices may submit an appeal for the request that have been denied or may send a complaint letter to the Administrative Division – Property and Supply Section DSWD FO Caraga, R. Palma Street, Capitol Site, Butuan City with email address: property.focrg@dswd.gov.ph Tel No. 342-5619 local 243 | | |



| How complaints are processed | Upon receipt of complaint the concerned section shall make necessary evaluation and investigation to create a report for information and appropriate action of the concerned officials. Feedback shall be provided to the client. | | |
|------------------------------|--|--|--|
| | For inquiries and follow-ups, clients may contact AD-PSS through 342-5619 local 243 or through email address: property.focrg@dswd.gov.ph | | |
| Contact information | email address: property.focrg@dswd.gov.ph | | |
| | contact number: <u>342-5619 local 243</u> | | |
| | ARTA : <u>complaints@arta.gov.ph</u> 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 : <u>https://contactcenterngbayan.gov.ph/</u> | | |

10. Provision of Technical Assistance on Property and Supply Management

Technical Assistance is provided to Office/Section/Unit/Division/Program in the area Property Management to capacitate their Designated Property Supply Custodian (DPSC) on the knowledge of DSWD Guidelines, Oversight Agencies Rules and Regulations on Property and Supply Management and Land Titling facilitation.

| Office/Division: | Administrative Division – Property and Supply Section | | |
|-----------------------|--|--|--|
| | (AD-PSS) | | |
| Classification: | Highly Technical | | |
| Type of Transaction : | G2G – Government to Government | | |
| Who may avail: | DSWD Offices DSWD Designated Property and Supply Custodian Field Offices | | |



| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE | | |
|---|--|--|--|
| Request for Technical Assistance - One (1) original copy. | To be prepared by Office/Section/Unit/Division/Program though Memorandum addressed to Administrative Division Chief, Attention the Property and Supply Section Head signed by their Division Chief or authorize official. | | |

| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---|---|-----------------------|--------------------|-----------------------|
| Forward the request for Technical Assistance indicating the specific topics and concerns to be discussed. | Received the request and forward to the Head of PSS | None | 5 Minutes | PSS Clerk |
| | 1.1 Review the request. Check the availability of Technical Staff on the requested date of Technical Assistance. | None | 15 Minutes | PSS Head |
| | If not available - Assign request to concerned Technical Staff and advise staff to request for reschedule of TA through Memorandum | | | |
| | If available - Assign request to concerned Technical | | | |



| | 0 / <i>"</i> | | | 1 |
|--|---|------|--|-----------|
| | Staff and advise staff to confirm request for TA through Memorandum | | | |
| | 1.2 Technical Staff prepare a reply for confirming the date of Technical Assistance. | None | 5 Days | PSS Staff |
| | a. Prepare Special Order (Satellite/Cluster Offices) for the period of Technical Assistance. b. Prepare the needed documents and information for the conduct of Technical Assistance | | | |
| | Conduct Technical Assistance on the scheduled date | None | 1 day for FO/4 days for Satellite/Cluste r Office | PSS Staff |
| 2. Accomplished the Technical Assistance Evaluation Form | 2. Receive the duly accomplished Technical Assistance Evaluation Form. | None | 10 Minutes | PSS Staff |
| | 2.1 Consolidate the Technical Assistance Evaluation Form. | None | 7 Days from returned to Field Office | PSS Staff |
| | 2.2 Prepared Feedback Report for approval of the PSS Head | None | | |
| | 2.3 Provide copy of Feedback Report to | None | | |



| the requestor of Technical Assistance | | | |
|--|------|--|--|
| TOTAL | None | 14 Days and 25 Minutes for Satellite/Cluste r Offices/ 18 Days and 25 Minutes for Field Office | |

| FEEDBAC | K AND COMPLAINTS MECHANISMS |
|------------------------------|--|
| How to send a feedback | Customer Feedback Form may be provided to the client upon request or from the designated location of Customer Feedback Form tray |
| How feedback is processed | Duly accomplished customer feedback forms shall be consolidated once a month, identify issues and concerns of the clients which shall be discussed for appropriate action. Status on the identified issues and concerns shall be monitored on a monthly basis. |
| How to file a complaint | Requesting OBSU, Satellite/Cluster Offices may submit an appeal for the request that have been denied or may send a complaint letter to the Administrative Division – Property and Supply Section DSWD FO Caraga, R. Palma Street, Capitol Site, Butuan City with email address: property.focrg@dswd.gov.ph Tel No. 342-5619 local 243 |
| How complaints are processed | Upon receipt of complaint the concerned section shall make necessary evaluation and investigation to create a report for information and appropriate action of the concerned officials. Feedback shall be provided to the client. For inquiries and follow-ups, clients may contact AD-PSS through 342-5619 local 243 or through email address: |



| | property.focr | <u>g@dswd.gov.ph</u> |
|---------------------|---|---|
| Contact information | email address: property.focrg@dswd.gov.ph | |
| | contact number: 342-5619 local 243 | |
| | ARTA : <u>complaints@arta.gov.ph</u> PCC: 8888 | |
| | CONTACT C SMS Call | ENTER NG BAYAN: : 0908 881 6565 : 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/ | |

11. Request for Technical Assistance for Repair and Maintenance

This service has been offered to provide immediate solutions such as, but not limited to repairs, adjustments and reconfigurations. Pending action may occur to those works that requires materials procurement.

| Office or Division: | Adminstrative Division- G | enera | Services Section | |
|---|---|------------|-------------------------|------------------------------------|
| Classification: | Simple | | | |
| Type of | End Users | | | |
| Transaction: | | | | |
| Who May Avail: | DSWD Staffs and Person | nel | | |
| CHECKLIST | OF REQUIREMENTS | | WHERE TO |) SECURE |
| Request for Technical | Assistance Form | | General Services | Section Office |
| | | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES | | PERSON |
| | | TO | TIME | RESPONSIBLE |
| | | BE PAID | | |
| 1. Fill up request for Technical Assistance Form | 1.1 The Attending Staff will receive the request. 1.2 Conduct assessment to the said request. 1.3 Conduct assessment to the said request. | None | | GSS Staff/ Skilled Personnel |



| | 1.4 Refer to Technical Staff & assigned skilled Personnel | | | |
|--------------------------|---|------|------------|------------------------------------|
| 2. Conduct Inspection | 2.1 Conduct inspection, review and prepare action plan based on the result of the inspection report. 2.2 Assigned Skilled personnel shall perform immediate corrective actions if applicable. 2.3 For possible repair, the technical staff shall prepare Purchase Request for the materials needed. 2.4 For other maintenance concerns which are covered by existing contracts with outsourced service providers or contractors, the technical staff shall call the attention of the contractor/service provider for their immediate corrective action. 2.5 If the work needed is beyond the capability of the available personnel/staff, the technical staff informs the Head of the office. 2.6 The Technical Staff shall prepare Job Order for the hiring | None | 15 minutes | GSS Staff/ Skilled Personnel |





| | of an Outsourced Service Provider/ contractor to do the specific works. | | | |
|---------------------------|--|------|---|--|
| 3. Procurement Process | 3.1 For the procurement of materials or hiring of outsourced Service provider/Contractor, the designated procurement office shall be responsible for the preparation of Requisition and Issue Slip (RIS). 3.2 If there is no budget allocated to support the procurement of needed materials, implementation of the action plan will be on hold until the materials are available. 3.3 Hired Outsourced Service Provider/Contractor shall coordinate with the assigned technical staff during the execution of work. | None | Vary depending on the procurement process and delivery schedule | Procurement |
| 4. Work Implementation | 4.1 If the nature of the work required does not affect the usual work operations. The execution shall be performed within office hours. 4.2 If the nature of the work may affect the usual work | None | Vary depending on the scope of the work/s | GSS Staff, Skilled Personnel, Outsource Service Provider/ Contractor |



| | operations, execution shall be performed after office hours or during weekends. a. Should it be necessary to work on beyond office hours, weekends and/or holidays, the concerned personnel shall secure request for Entry to DSWD premises, Request to stay and Request for Overtime for personnel. 4.3 The work shall be completed within the approved duration. 4.4 The technical staff shall monitor and document the progress in the implementation of work. | | | |
|-----------------------|---|------|-------|--|
| 5. Completion of work | 5.1 The technical staff shall verify the output of the work. 5.2 The Concerned office together with the DSWD Inspection committee shall conduct post repair inspection if necessary. 5.3 If disapproved, the assigned personnel shall conduct necessary | None | 1 day | GSS Staff, Skilled Personnel, Administrative staff, Outsource Service Provider/ Contractor and DSWD Inspection Committee |



| | corrective action | | |
|-------|--------------------------|------------|--|
| | based on the | | |
| | comments/findings. | | |
| | 5.4Once | | |
| | accomplished, the | | |
| | assigned staff shall | | |
| | request another | | |
| | turnover and acceptance. | | |
| | 5.5. For outsourced | | |
| | service | | |
| | provider/contractor, | | |
| | conduct joint | | |
| | inspection together | | |
| | with assigned staff | | |
| | and concerned | | |
| | office. | | |
| | a. If correction/ | | |
| | modification is | | |
| | needed, | | |
| | assigned | | |
| | personnel shall | | |
| | conduct | | |
| | corrective action and | | |
| | request for | | |
| | another set of | | |
| | inspection. | | |
| | 5.6 Issue Certificate of | | |
| | Final Completion | | |
| | and/or Certificate of | | |
| | Acceptance/ Turn- | | |
| | over if applicable. | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | 1 day & 17 | |
| | | minutes | |

| FEEDBACK AND COMPLAINTS MECHANISM | | |
|-----------------------------------|---|--|
| How to send a feedback | Write your feedback on the services provided through the Client's Satisfactory Survey Form to be provided by our attending GSS staff. A space below is provided for you to write further comments. Return the fully accomplished | |



| | Client's Satisfactory Survey Form to the attending GSS staff for consolidation. |
|-----------------------------|---|
| How feedback is processed | Every 5th day of the month, Administrative Assistant III consolidates all Client's Satisfactory Survey Forms results are reviewed by Head of GSS. Approved monthly consolidation is submitted to the Admin Division and to be forwarded to the Human Resource Management 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 a complaint | Citizen with complaints relative to General Services Section 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 GSS Hotline (117) or e-mail (gss.focrg@dswd.gov.ph) with the following information: Name of Complainant Address Name of Person/Entity being complained Issue/Concern Evidence |
| How complaint 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 Administrative Division-General Services Section concerns, |
| | you may contact: General Services Section Hotline - 117 General Services Section e-mail address – |



| ARTA : cor | <u>gss.focrg@dswd.gov.ph</u> ARTA : <u>complaints@arta.gov.ph</u> PCC: 8888 | | |
|--------------------------|--|--|--|
| CONTACT SMS Call | | | |
| Email Facebook Web | email@contactcenterngbayan.gov.ph https://facebook.com/civilservicegovph/ https://contactcenterngbayan.gov.ph/ | | |

12. Request for Technical Assistance for Special Sanitation and Disinfection of the Offices

This service has been offered to provide sanitation and disinfection of all offices as per safety and health protocol.

| Office or Division: | Adminstrative Division- General Services Section | | | | | |
|----------------------|--|------|-------------------------|----------------|--|--|
| Classification: | Simple | | | | | |
| Type of | End Users | | | | | |
| Transaction: | | | | | | |
| Who May Avail: | DSWD Staffs and Personn | nel | | | | |
| CHECKLIST | OF REQUIREMENTS | | WHERE TO | O SECURE | | |
| Request for Technica | I Assistance Form | | General Services | Section Office | | |
| | | | | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEE | | PERSON | | |
| | | ТО | TIME | RESPONSIBLE | | |
| | | BE | | | | |
| | | PAIC | | | | |
| 6. Fill up request | 6.1 The Attending Staff | None | e 5 minutes | GSS Staff | | |
| for Technical | will receive the | | | | | |
| Assistance | request. | | | | | |
| Form | 6.2 Verify if there is an | | | | | |
| | existing Purchase Order. | | | | | |
| | a. If Yes, | | | | | |
| | immediately | | | | | |
| | coordinate with | | | | | |
| | the Outsourced | | | | | |
| | service provider | | | | | |
| | for the Sanitation | | | | | |
| | and Disinfection. | | | | | |





| | b. If No, let the end user prepare a Purchase Order. c. After the approval of PO, contact outsource service provider and set scheduled date for the disinfection and sanitation. | | | |
|--|---|------|------------|------------------------------------|
| 7. Conduct Disinfection and sanitation | 7.1 Inform all offices or the requesting office that the disinfection/sanitation will commence at 5:30pm. 7.2 Assigned Skilled personnel shall assist and guide the outsourced service provider in locating the requesting office to be sanitize/disinfected. 7.3 There will be a 4 hour clearance time after performing disinfection/sanitation before personnel can enter the office. | None | 2 hours | GSS Staff/ Skilled Personnel |
| 8. Conduct cleaning | 8.1 Assigned Skilled personnel shall clean and arrange the tables, chairs and other equipment in office that has been recently sanitize/ disinfected. | None | 30 minutes | Skilled Personnel |
| | | | | |



| TOTAL | 2 hours and | |
|-------|-------------|--|
| | 35 minutes | |

| FEEDBACK AND COMPLAINTS MECHANISM | | | | |
|-----------------------------------|---|--|--|--|
| How to send a feedback | Write your feedback on the services provided through the Client's Satisfactory Survey Form to be provided by our attending GSS staff. A space below is provided for you to write further comments. Return the fully accomplished Client's Satisfactory Survey Form to the attending GSS staff for consolidation. | | | |
| How feedback is processed | Every 5th day of the month, Administrative Assistant III consolidates all Client's Satisfactory Survey Forms results are reviewed by Head of GSS. Approved monthly consolidation is submitted to the Admin Division and to be forwarded to the Human Resource Management 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 a complaint | Citizen with complaints relative to General Services Section 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 GSS Hotline (117) or e-mail (gss.focrg@dswd.gov.ph) with the following information: Name of Complainant Address Name of Person/Entity being complained Issue/Concern Evidence | | | |
| How complaint 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 Administrative Division-General Services Section concerns, | | | |
| | you may contact: General Services Section Hotline - 117 General Services Section e-mail address – gss.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/ | | | |

13. Request for Technical Assistance for DSWD Dormitory Accommodation

This service has been offered to provide a place where guests can rest and sleepover in the field office.

| Office or Division: | Adminstrative Division- General Services Section | | | | |
|---|--|------------------------------|---------------------------------|-----------------------|--|
| Classification: | Simple | | | | |
| Type of | G2C – Government to Ci | G2C – Government to Citizens | | | |
| Transaction: | | | | | |
| Who May Avail: | DSWD Staffs and Persor | nnel | | | |
| CHECKLIST | OF REQUIREMENTS WHERE TO SECURE | | | O SECURE | |
| Request for Technical Assistance Form | | | General Services Section Office | | |
| | | | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE | B PROCESSING TIME | PERSON RESPONSIBLE | |
| | | | | | |
| 9. Fill up request for Technical Assistance Form | 9.1 The Attending Staff will receive and confirm the request. 9.2 Cancellation of the | None | 2 minutes | GSS Staff | |





| | 1 | | | · · · · · · · · · · · · · · · · · · · |
|---------------------------|--|------|--|--|
| | be coordinated with the staff in charge of the Facilities a day (1 day) before the date of activity. 9.3 The guest will fill up the details in the logbook and present their identification at the security desk. 9.4 A key to the dormitory shall be given to the guest. | | | |
| 10. Conduct Inspection | 10.1 Security personnel shall conduct inspection of the guest's luggage as part of safety precautions. 10.2 Assigned personnel shall check the airconditioned unit, comfort room, water and electric connection and the linens that will be used. | None | 5 minutes | Security Personnel/ Skilled personnel |
| 11.Conduct monitoring | 3.4 Assigned Personnel shall conduct monitoring and checking of the dormitory. 3.5 Dormitory guests with alcoholic beverages in their possession or under the influence of such shall be denied access to the Dormitory. 3.6 Guests are entitled to receive guests from 0800H to | None | 2 minutes monitoring (staying vary depending on the itinerary of the guest) | Security Personnel/ Skilled personnel |





| | 2200H, but are responsible for them along with any damage and disturbance they may cause. 3.7 Incurred damage shall be compensated by the person guilty at the prices as of the day the damage was incurred; if no guilty person is found, the damage shall be compensated jointly and severally by tenants of the respective room, section, floor or house. | | | |
|------------------------------|---|----------------------------|------------|---|
| 12. Leaving the dormitory | 12.1 After staying the dormitory, the guest must pay the bill in the cash section. 12.2 Security Personnel shall inspect and check the dormitory for clearance of the guest. 12.3 The guest will return the key and inspection of the luggage shall be performed. 12.4 The guest shall be cleared after no findings of damages occurred. | 250 pesos per day | 30 minutes | Security Personnel/ Skilled personnel/ concerned personnel |



| | ssigned | |
|-----------|---------|--|
| personne | | |
| clean the | | |
| dormitor | | |
| including | | |
| linens us | | |
| garbage | waste. | |
| TOTAL | | |

| FEEDBAC | K AND COMPLAINTS MECHANISM |
|-----------------------------|---|
| How to send a feedback | Write your feedback on the services provided through the Client's Satisfactory Survey Form to be provided by our attending GSS staff. A space below is provided for you to write further comments. Return the fully accomplished Client's Satisfactory Survey Form to the attending GSS staff for consolidation. |
| How feedback is processed | Every 5th day of the month, Administrative Assistant III consolidates all Client's Satisfactory Survey Forms results are reviewed by Head of GSS. Approved monthly consolidation is submitted to the Admin Division and to be forwarded to the Human Resource Management 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 a complaint | Citizen with complaints relative to General Services Section 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 GSS Hotline (117) or e-mail (gss.focrg@dswd.gov.ph) with the following information: Name of Complainant Address Name of Person/Entity being complained Issue/Concern Evidence |
| How complaint are processed | Complaints received by respective offices are escalated to the Regional/Provincial Grievance |



| | | rification and veracity of complaint for at upon receipt of the complaint. | |
|---------------------|--|--|--|
| | Grievance Offic appropriate act | | |
| Contact Information | For Administrat concerns, | tive Division-General Services Section | |
| | you may contact: General Services Section Hotline - 117 General Services Section e-mail address – gss.focrg@dswd.gov.ph ARTA : complaints@arta.gov.ph PCC: 8888 | | |
| | SMS : | 165 56 P 5.00 + VAT per call anywhere in the | |
| | Facebook : | Philippines via PLDT landlines email@contactcenterngbayan.gov.ph https://facebook.com/civilservicegovph/ https://contactcenterngbayan.gov.ph/ | |

14. Request for Technical Assistance for the Use of DSWD Conference Room

This service has been offered to provide a location for meetings and seminars.

| Office or Division: | Adminstrative Division- General Services Section | | | | |
|-----------------------|--|---------------------------|-------|-------------|----------------|
| Classification: | Simple | | | | |
| Type of | G2G | | | | |
| Transaction: | | | | | |
| Who May Avail: | DSWD Staffs and Person | DSWD Staffs and Personnel | | | |
| CHECKLIST | FOF REQUIREMENTS WHERE TO SECURE | | | | |
| Request for Technical | Assistance Form | | Gener | al Services | Section Office |
| | | | | | |
| CLIENT STEPS | AGENCY ACTIONS FEES PROCESSING PERSON | | | | |
| | | | | RESPONSIBLE | |
| | BE | | | | |
| | | PAI | | | |



| TOTAL | | | 1 hour and 35 minutes | |
|---|---|------|-----------------------|----------------------|
| 15. After the usage of conference room | 15.1 End Users must inform the GSS that the meetings/event has ended. 15.2 Assigned personnel shall check the conference room including equipment and accessories used. | None | 1 hour | Skilled Personnel |
| 14. Conduct cleaning and preparing the conference room. | 14.1 Assigned personnel shall assist and prepare the conference room. 14.2 Inform the End User that the conference room is ready to occupy. | None | 30 minutes | Skilled Personnel |
| 13. Fill up request for Technical Assistance Form | 13.1 The Attending Staff will receive the request. 13.2 Verify if there is an existing booking/ session in the conference room. d. If Yes, schedule for another available time. e. If No, confirm their request. | None | 5 minutes | GSS Staff |

| FEEDBAC | FEEDBACK AND COMPLAINTS MECHANISM | | | |
|---------------------------|---|--|--|--|
| How to send a feedback | Write your feedback on the services provided through the Client's Satisfactory Survey Form to be provided by our attending GSS staff. A space below is provided for you to write further comments. Return the fully accomplished Client's Satisfactory Survey Form to the attending GSS staff for consolidation. | | | |
| How feedback is processed | Every 5th day of the month, Administrative Assistant III consolidates all Client's Satisfactory Survey Forms | | | |



| | results are reviewed by Head of GSS. Approved monthly consolidation is submitted to the Admin Division and to be forwarded to the Human Resource Management 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 a complaint | Citizen with complaints relative to General Services Section 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 GSS Hotline (117) or e-mail (gss.focrg@dswd.gov.ph) with the following information: Name of Complainant Address Name of Person/Entity being complained Issue/Concern Evidence |
| How complaint 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 Administrative Division-General Services Section concerns, you may contact: General Services Section Hotline - 117 General Services Section e-mail address – <u>gss.focrg@dswd.gov.ph</u> ARTA : <u>complaints@arta.gov.ph</u> PCC: 8888 |



| C | CONTACT C | ENTER NG BAYAN: |
|---|-----------|---|
| S | SMS | : 0908 881 6565 |
| C | Call | : 165 56 |
| | | P 5.00 + VAT per call anywhere in the |
| | | Philippines via PLDT landlines |
| E | Email | : email@contactcenterngbayan.gov.ph |
| F | acebook | : https://facebook.com/civilservicegovph/ |
| V | Veb | : https://contactcenterngbayan.gov.ph/ |

15. PROVISION OF ASSESSMENT ON THE REQUEST FOR THE DECLARATION OF FORCE MAJEURE / STATE OF CALAMITY

As **Rule VIII (Conditions for Entitlement) of the 4Ps Act IRR** states "Section 15. Any or all of the conditions for entitlement may be suspended by the DSWD Secretary during times of calamities, war and armed conflicts and force majeure situations in accordance with relevant laws and DSWD Guidelines. In such cases, full compliance to such conditions are deemed waived and payments to beneficiaries shall be granted in full."

The following shall serve as operational definitions particularly on the suspension of the program conditions or handling compliance verification for areas under force majeure:

- "State of Calamity" a condition involving mass casualty and / or major damages to property, disruption of means of livelihoods, roads and normal way of life of people in the affected areas as a result of the occurrence of natural or human-induced hazard (*RA 10121*).
- "Complex Emergency" a form of human-induced emergency in which the cause of the emergency as well as the assistance to the afflicted is complicated by intense level of political considerations.
- "Disaster" a serious disruption of the functioning of a community of a society involving widespread human, material, economic or environmental losses and impact, which exceeds the ability of the affected community or society to cope using its own resources. Disasters are often described as a result of the combination of: the exposure to a hazard; the conditions of vulnerability that are present; and insufficient capacity or measures to reduce or cope with the potential negative consequences. Disaster impacts may include loss of life, injury, disease and other negative effects on human, physical, mental and social well-being, together with damage to property, destruction of assets, loss of services, social and economic disruptions and environmental degradation (*RA 10121*).



- Exceptional Cases" those that are NOT declared by National Disaster Risk Reduction Management Council as State of Calamity / Complex Emergency or Disaster cases but have equivalent adverse effect on the implementation of the program. The exceptional cases prevent the program implementers or beneficiaries to comply beyond their will with the requirements of the program, such as:
 - Regular and continuous heavy rains but are not declared as state of calamity or disaster areas which render the facility inaccessible;
 - Facilities used as evacuation centers by adjacent areas declared as state of calamity, disaster, or complex emergencies;
 - The only way going to and from that unaffected areas is through a state of calamity, disaster, or complex emergency-declared areas;
 - Shortage of manpower when program implementers of unaffected areas are summoned to prioritize helping areas declared as state of calamity, disaster, or complex emergencies;
 - Administrative reasons that prevent the school, health or DSWD facility or personnel from accomplishing their duties;
 - Renovation of facilities or transitory fixes;
 - Resignation, illness, death, leave if absence and similar cases that will trigger non-performance of duties of the lone educational or health facility worker in a remote education facility where no immediate replacement was provided that cause stoppage of service;
 - Unavailability of school / health center records to validate compliance of the concerned beneficiaries due to the calamity which destroyed the school records of concerned beneficiaries which are drastically affected by calamities (typhoon, earthquake or any other justifiable causes that are hampering the verification of previous compliance data from the school/health facility for the processing retro payments of the concerned beneficiaries); and
 - Other justifiable causes that prevent the implementers and beneficiaries to comply with the requirements of the program.

• State of calamity, disaster, complex emergency, or exceptional cases can affect the program implementation by preventing the compliance of the beneficiaries to the conditions or by hampering the verification of compliance data (from the distribution and collection of physical CV forms down to the electronic conversion and approval of CV data).

| Office or Division: | 4Ps Division |
|------------------------|--------------|
| Classification: | Complex |



| Type of Transaction: | G2G – Government to Government | | | |
|---|---|--|--------------------|--|
| Who may avail: | Provincial / City / Municipal Operations Offices | | | |
| CHECKLIST O | CHECKLIST OF REQUIREMENTS WHERE TO SECURE | | | |
| Provincial Lin Section 15 Certification/ occurrence of the implement or hampering | est signed by the nk to invoke Rule VIII, is attesting the of the event/s affecting ntation of the program g the beneficiaries from ith the program | Requesting areas where fortuitous events occurred Concerned agencies and Local Government Units | | nd Local |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 9. Submit official request specifying the areas affected and program conditions requested, together with the necessary certifications from the concerned agencies / offices. | 1. Assess and validate the request to invoke Rule XIII Section 15 of the 4Ps Act IRR | None | 2 working days | 4Ps RPMO – RCVO |
| | 2. Review the certifications attached to the provincial / municipal request and draft memorandum for DC's recommending approval. | None | 1 day | 4Ps RPMO – RCVO |
| NONE | Review endorsed assessment result and provide initials; forward to the | None | 1 day | 4Ps RPMO – RPC/DC or ARD for Operations |



| | the Regional Director. | | | |
|------|---|------|--------------------|--|
| NONE | Review endorsed assessment result and sign. | None | 1 day | Office of the Regional Director |
| NONE | 5. 4Ps RPMO / Records Section endorse the signed request to NPMO thru Compliance Verification Division | None | 1 day | 4Ps RPMO / Records Section |
| NONE | Review and approval of the request. | NONE | 12 working days | DSWD Central Office – National Program Management Office |
| NONE | Provide feedback on the status of submitted request to the concerned Field Office. | NONE | 1 day | 4Ps NPMO-CVD |
| NONE | The concerned Field Office shall notify the concerned operations office on the status of the request. | NONE | 1 day | 4Ps RPMO - RCVO |
| NONE | Ensure that the request for Force Majeure / State of Calamity is reflected in the PPIS | NONE | 1 day | 4Ps RPMO (RCVO) or requesting POO (CCVO) |
| | Fotal | None | 21 wor | king days |

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 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 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 (<u>pantawid.focrg@dswd.gov.ph</u>) 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 | may contact Pantawid He Pantawid e- pantawid.for | otline - 09658354188 mail address – <u>crg@dswd.gov.ph</u> | | |
|---------------------|---|--|--|--|
| | PCC: 8888 | ARTA : <u>complaints@arta.gov.ph</u> PCC: 8888 | | |
| | CONTACT | CENTER NG BAYAN: | | |
| | SMS | : 0908 881 6565 | | |
| | Call | : 165 56 | | |
| | | P 5.00 + VAT per call anywhere in the | | |
| | Email | Philippines via PLDT landlines | | |
| | : email@contactcenterngbayan.gov.ph | | | |
| | Facebook | : https://facebook.com/civilservicegovph/ | | |
| | Web | : https://contactcenterngbayan.gov.ph/ | | |

16.PROVISION OF TECHNICAL ASSISTANCE AND MONITORING VISITS

The 4Ps Division conducts technical assistance and monitoring visits in provincial and/or city/municipal operations offices to conduct assessments and attend to other activities based on the need and request from the area.

| Office or Division: | 4Ps Division | | | |
|--|--|---|--------------------|--------------------------------------|
| Classification: | Technical | | | |
| Type of Transaction: | G2G or P2G– Governm | ent to Gover | nment or Private t | o Government |
| Who may avail: | Provincial / City / Munic | ipal Operatio | ns Offices | |
| CHECKLIST O | F REQUIREMENTS | | WHERE TO SEC | URE |
| Letter of Request for Technical Assistance | | Provincial / City / Municipal Operation Offices | | cipal Operations |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 10. Submit a request for technical assistance from the Regional Program Management Office. | 14. Receive, and record the request with attach routing slip and forward to the Division Chief for action. | None | 10 minutes | Attending Administrative Staff |



| NONE | 15. Review and endorse the request to corresponding focal person/s and provide further instructions. | None | 1 day | Division Chief |
|------|---|------|------------|--------------------------------------|
| NONE | 16. Prepare confirmation memo to the requesting office and secure required travel documents; coordinate with the concerned office on details and itinerary of travel. | None | 2 days | Concerned Focal Person/s |
| NONE | 17. Review and approve confirmation memo; review and approve the request for travel order. | None | 30 minutes | Division Chief |
| NONE | 18. Record the approved confirmation memo and forward to the concerned focal person/s for transmission; prepare and submit a travel order and forward to the Office of the ARDO for approval. | None | 10 minutes | Attending Administrative Staff |
| NONE | 19. Transmit the confirmation memo to the | None | 5 minutes | Concerned Focal Person/s |



| | requesting office. | | | |
|------|---|------|--------------|--|
| NONE | 20.Conduct actual technical assistance and monitoring visit. | None | 5 days | Concerned Focal Person/s |
| NONE | 21. Prepare and submit feedback and confirmation report om the conducted TA and monitoring visit. | None | 6 days | Concerned Focal Person/s |
| NONE | 22. Review and approve the submitted feedback and confirmation report for ARDO's recommending approval. | None | 30 minutes | Division Chief |
| NONE | 23. Record and transmit the report to Office of the ARDO for recommending approval. | None | 10 minutes | Attending Administrative Staff |
| NONE | 24. Signs the recommending approval and to be endorsed to the Regional Director. | | 30 minutes | Office of the Assistant Regional Director for Operations |
| NONE | 25. Approves the feedback report and returns it to 4Ps division. | | 30 minutes | Office of the Regional Director |
| NONE | 26. Returns the approved feedback report to the concerned focal person/s; shares the | | 5-10 minutes | Attending Administrative Staff |



| Total | None | hours and 45 nutes |
|--|------|-----------------------|
| document to the concerned MOO/POO. | | |

| 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 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 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. |
| | 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 (<u>pantawid.focrg@dswd.gov.ph</u>) with the following information: Name of Complainant Address Name of Person/Entity being complained Issue/Concern Evidence |



| Complaints received by respective offices are escalate 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. | | | |
| For Pantawid Pamilyang Pilipino Program concerns, you may contact: Pantawid Hotline - 09658354188 Pantawid e-mail address – pantawid.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/ | | | |
| | | | |

17. 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 | overnment | | |
| Who may avail: | Internal Staff | | | |
| CHECKLIST C | F REQUIREMENTS | | WHERE TO SE | CURE |
| Request Form | Legal Unit | | | |
| CLIENT STEPS | EPS AGENCY ACTION | | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Approach the Administrative | 1.Require the client to fill-out the request form | None | 2 minutes | Administrative Assistant |



| Assistant of the Legal Unit | | | | | |
|---|--|--|---------------------------|------------------|--|
| 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/ | 3.Name mate Inventory of 0 | | None | 5 minutes | Administrative Assistant |
| information reflected in the Certificate | 3.1Prepare th Certificate or Letter | | | 10 minutes | Legal Officer |
| | 3.2Impress the seal in the Ce | | | | |
| 4.Receive the Certificate or the Denial Letter | 4. 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 | AND COMI | PLAINTS | MECHANISM | |
| How to send feed | back? | Survey (CS | SS) Form | • | Client Satisfaction ed to make their |
| | | A designated portion of the form is provided for client's suggestion(s) or comment(s). | | | |
| Form and | | Form and on The attend | drop it to t | the designated C | ccomplished CSS SS feedback box. t (AA) assists the |
| a n | | all the CS | S form in ort out from | the designated f | he Unit will collect eedback box and the clients written |



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| | 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 out from the submitted reports from the different Units/ Sections. | | | |
| | The consolidated report will be submitted to the Regional Director for signature, reference, and for action. Every 5 th day of the following month is the deadline of the consolidated report. | | | |
| How to file complaints? | The staff shall fill out a Complaint/s 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 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 ARTA : <u>complaints@arta.gov.ph</u> 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.phFacebook: https://facebook.com/civilservicegovph/Web: https://contactcenterngbayan.gov.ph/ | | | |

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18. Data Sharing with DSWD ODSUs – Name Matching

Processing of data to determine if a household is in the Listahanan database and what its corresponding poverty status.

| Office or Division: | vision: National Household | | d Targeting | g Section/Policy and | d Plans Division | |
|--|----------------------------|-----------------------------------|---|----------------------|------------------|--|
| Classification: | | Highly Technical | | | | |
| Type of Transaction: Govern | | Government to G | overnment to Government (G2G), Government to Business | | | |
| | | | B), Government to Citizen | | | |
| Who may avail: | | All DSWD OBSU | S | - | - | |
| CHECKLIST | | | | WHERE TO SE | ECURE | |
| 1. Letter of reques | t (indicat | ing reasons for | | | | |
| name matching) 2.Electronic copy of | of the new | mes to be | | | | |
| matched. | | | | | | |
| materiou | | | | | | |
| CLIENT STEPS | AGE | NCY ACTIONS | FEES | PROCESSING | PERSON | |
| | | | TO BE | TIME | RESPONSIBLE | |
| | | | PAID | | | |
| 1. The | | eive and record | None | 5 minutes | Administrative | |
| Requesting party will endorse their | | uest in the ent transaction/ | | | assistant | |
| letter of request | | g system. | | | | |
| with attached e- | | <i>y</i> • <i>y</i> • • • • • • • | | | | |
| copy of names | 1.1. Ad | vise the | | | | |
| for name | | ing party that | | | | |
| matching to | | l receive an | | | | |
| NHTS. | | r call after 1 | | | | |
| | | day on the al of their request | | | | |
| | | expected | | | | |
| | | le of release of | | | | |
| | the rest | | | | | |
| | | | | | | |
| | | rward request for | | | | |
| | | al to the PPD | | | | |
| | Chief. | | | | | |
| | 2. Review, input | | None | 4 hours | PPD Chief | |
| | | nts and decide if | | | | |
| | | the request is for | | | | |
| | processing or not then | | | | | |
| | endors | | | | | |
| | Informa Officer | tion Technology | | | | |
| | Unicer | | | | | |
| | | | | | | |



| 3. Review and facilitate the request If Disapproved - Return to requesting party and stating in the letter the reasons for disapproval based on MC 12, s. 2017. End of process. If approved – the request will be processed | None | 10 minutes | Information Technology Officer |
|---|------|--|--------------------------------------|
| 4. Assess if the attached electronic copy of name is in accordance with the template required. not in accordance with the required template – Inform the requesting party for revision. If in accordance – Inform the Administrative Assistant of the schedule of release of the results. | None | 1 hour | Information Technology Officer |
| 5. Process the request on a set deadline, depending on the volume or number of names to be matched. | None | 1 day (maximum of 5,000 households) | Information Technology Officer |
| 6. Review the result of the name matching. | None | 3 days | Information Technology Officer |
| 7. Secure the data by adding password protection to the file. | None | 2 days | Information Technology Officer |





| | 7.1. Prepare the Data Release Form (DRF), Draft memo reply and burn results in a compact disc (CD). Other storage device may apply as long as it is approved by the IT Head and the storage device is provided by the requesting party 7.2. Counter sign in the DRF 7.3. Finalize the memo, attach the Data Release form (DRF) and secure data then forward it to the Administrative unit. | | | Regional Field Coordinator Regional Field Coordinator |
|------------------------|---|------|----------------------------------|--|
| | 8. Sign the memorandum/ endorsement letter. | None | 4 hours | Regional Director |
| | 9. Track and scan the document before releasing the result to the requesting party. | None | 5 minutes | Administrative Assistant |
| 2. Call NHTS Office | 10. Give the password of the file to the requesting party thru phone upon inquiry. And Administer the CSMS form per CART Guidelines. | None | | Information Technology Officer |
| - | ension on the actual data ding on the volume of data ed | None | 7 days, 1 hour, 20 minutes | |



| 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: <u>nhts.focrg@dswd.gov.ph</u> | | | |
| 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 <i>Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD</i> 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 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 | | | |
| | E-mail: <u>nhts.focrg@dswd.gov.ph</u> | | | |
| | 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 : <u>https://facebook.com/civilservicegovph/</u> Web : <u>https://contactcenterngbayan.gov.ph/</u> | | | |



19. Data Sharing with DSWD ODSUs – List of the Data Subjects

Generation of data sets with Personal Information (PI) and Sensitive Personal Information (SPI) for social protection purpose.

| Office or Division: | | Policy and Plans Division/ National Household Targeting Section | | | |
|---|---|---|-----------------------|--------------------|-----------------------------|
| Classification: | | Highly Technical | | | |
| Type of Transaction | on: | Government to Go | vernmen | t (G2G), Governm | nent to Business |
| | | (G2B), Governmei | nt to Citiz | en | |
| Who may avail: | | All DSWD OBSUs | | | |
| | | UIREMENTS | | WHERE TO SE | ECURE |
| 1. Letter of reques | st (indica | ting and list of | | | |
| data sets) | | NCY ACTIONS | ГГГО | DROCESSING | DEBSON |
| | AGE | NCT ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. The Requesting party will endorse their letter of request with attached e- copy of data requirements to NHTS. | Receive and record the request in the document transaction/ tracking system. Advise the requesting party that they will receive an email or call after 1 working day on the approval of their request and the expected schedule of release of the results. Forward request for approval to the PPD Chief. | | None | 5 minutes | Administrative assistant |
| | comme the req process request the Info | ew, input ent and decided if uest is for sing or not. The t is forwarded to ormation ology Officer. | None | 4 hours | PPD Chief |
| | 3. Revi the req | ew and facilitated uest | None | 10 minutes | Information Technology |





| | | | Officer |
|---|------|-----------|--------------------------------------|
| If Disapproved – Return to requesting party and stating in the letter the reasons for disapproval based on MC 12, s. 2017. End of process. If Approved – the | | | |
| NHTS will process the request | | | |
| 4. Process the request. | None | 3 days | Information Technology Officer |
| 5. Review result of data generate. | none | 3 days | Information Technology Officer |
| 6. Secure the data by adding password protection to the file.6.1 Property the Data | None | 1 day | Information Technology Officer |
| 6.1 Prepare the Data Release Form (DRF), draft memo reply and burn results in a compact disc (CD). | | | PDO/Regional Field Coordinator |
| • Other storage device may apply as long as it is approved by the IT Head and the storage device is provided by the requesting party | | | |
| 6.2. Counter sign in the DRF | | | PDO/Regional Field Coordinator |
| 7. Finalize the memo, attach with the DRF and secured data (CD), then forward it to the Administrative Section. | None | 4 hours | PDO/Regional Field Coordinator |
| 8. the Director will sign the memorandum. | None | 4 hours | Regional Director |
| 9. The Administrative Section will track and | None | 5 minutes | Administrative Assistant |



| 2. Call NHTS | scan the document before releasing the result to the requesting Party. 10. Upon receiving the | None | | Information |
|--------------|--|------|----------------------------------|-----------------------|
| Office | result from NHTS, the requesting party will contact (thru phone) Data Processing Section for the password of the file. | | | Technology Officer |
| Total: | | none | 8 days, 4 hour, 20 minutes | |

| EDBACK AND COMPLAINTS MECHANISMS |
|---|
| Kindly accomplish the <i>Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001)</i> from the receiving admin staff of the Section |
| Tel. Nos.: (085) 342-5619 to 20 loc. 247 Telefax: (085) 815-9173 E-mail: <u>nhts.focrg@dswd.gov.ph</u> |
| 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. |
| You can write your complaint/s in the comment section of the <i>Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD</i> 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 quarterly/ special meetings. |
| Concerned staff/requester may call the designated extension number: |
| 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 E-mail: <u>nhts.focrg@dswd.gov.ph</u> 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/ |

20. Data Sharing with DSWD ODSUs-Statistics/Raw Data Request Generation of source data, unprocessed anonymized data or numerical processed data as requested by the client.

| Office or Division | | Daliay and Diana/Na | tional Llaus | ahald Targating C | · a ation | |
|--|-------------------------------|---|--------------|-------------------|-----------------------------|--|
| Office or Division: | | Policy and Plans/Na | alional Hous | enoid rargeting s | bection | |
| Classification: Complex | | | | | | |
| Type of Transact | tion: | Government to Gov | | 2G), Government | to Business | |
| | | (G2G), Governmen | t to Citizen | | | |
| Who May Avail: | | DSWD OBSUs | _ | | | |
| | | OF REQUIREMENT | | WHERE T | O SECURE | |
| 6. Letter of reque requested) | st (sp | ecify purpose and da | ta | | | |
| CLIENT STEPS | AG | SENCY ACTIONS | FEES TO | PROCESSING | PERSON | |
| | | | BE PAID | TIME | RESPONSIBLE | |
| 5. The requesting party will endorse their letter of request of statistical data/raw data generated from Listahanan (specify purpose and data requested) | the retrans trans syste | orward request to ffice of the PPD | None | 10 minutes | Administrative Assistant | |
| | in the MC endo | Review, input ments and approval e request based on 12, s 2017 then orse to the Regional Coordinator | None | 20 minutes | PPD Chief | |



| | | | "Kalidad na Serbisyo, Kalidad na Buhay Sig |
|--|------|---------|--|
| 3.Review the request if: a.) Not clear-in case of vague data request-coordinate with the data users to clarify the data requirements. He/she shall provide recommendations on other possible data that can be requested if requested data is not available in the Listahanan database b.) Clear-endorse the request to the Associate Statistician for data generation. | None | 5 hours | Regional Field Coordinator |
| 4.Generate the requested data from the Listahanan database. The generated statistical/raw can be in excel or in any format available. 4.1Draft reply letter/memorandum 4.2Submit the generated data and reply letter to the Regional Field Coordinator. | None | 1 day | Associate Statistician |
| 5. Countercheck the generated statistical/raw data if: a. Not accurate-Return the generated statistical/raw data to the Associate Statistician for revisions. | None | 5 hours | RFC |



| | b. Accurate-submit the generated data statistical/raw data to the PPD Chief. | | | |
|-------|--|------|----------------------------------|-----------------------------|
| | 6. Review the facilitated data, countersign reply letter/memorandum and endorse to the Director for approval | None | 5 hours | PPD Chief |
| | 7.Review further the facilitated data request. If the generated statistics/raw data is: | None | 5 hours | Regional Director |
| | a. Not accurate and acceptable-Return the facilitated data request to the statistics section for revision | | | |
| | b. Accurate and acceptable-Sign the reply letter/ memorandum. The facilitated data request will be approved for release. | | | |
| | 8.Track and facilitate the release of the approved data request to the requesting party. | None | 10 minutes | Administrative Assistant |
| | Administer the CSMS form per CART guidelines. | | | Associate Statistician |
| Total | | None | 4 days, 1 hour, 20 minutes | |

| FEEDBACK AND COMPLAINTS MECHANISMS | | | | |
|------------------------------------|--|--|--|--|
| How to send feedback | Kindly accomplish the <i>Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD 001-F-001)</i> from the receiving admin staff of the Section | | | |



| | Tel. Nos.: (085) 342-5619 to 20 loc. 247 Telefax: (085) 815-9173 E-mail: <u>nhts.focrg@dswd.gov.ph</u> | | |
|---------------------------------------|---|--|--|
| 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 <i>Client Satisfaction Survey Form (DSWD – FO Caraga- HRMDD</i> 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 Section3rd Floor, Pahigayon BuildingDSWD Caraga, R. Palma Street,Barangay Dagohoy, Butuan CityTel. Nos.: (085) 342-5619 to 20 loc. 247Telefax: (085) 815-9173E-mail: nhts.focrg@dswd.gov.ph ARTA : complaints@arta.gov.phPCC: 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.phFacebook: 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 Program Management Office Social Pension Program Management Office Adoption Resource and Referral Unit Minors Travelling Abroad Center-Based Section | 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 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 loc. 115 Telefax: (085) 815-9173 Tel. Nos.: (085) 342-5619 to 20 loc. 115 Telefax: (085) 815-9173 Tel. Nos.: (085) 342-5619 to 20 loc. 115 Telefax: (085) 815-9173 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 | | |



| | | "Kalidad na Serbisyo, Kalidad na Buhay | |
|---------------------------------|----------------------------------|--|--|
| Regional Learning | 3 rd Floor, Pahigayon | Tel. Nos.: (085) 342-5619 to 20 | |
| Commons | Building, DSWD Caraga, R. | loc. 132 Telefax: (085) 815-9173 | |
| | Palma Street, Barangay | | |
| | Dagohoy, Butuan City | | |
| Crisis Intervention | 1 st Floor, Pag-amoma | Tel. Nos.: (085) 342-5619 to 20 | |
| Section | Building, DSWD Caraga, R. | loc. 103 Telefax: (085) 815-9173 | |
| Section | Palma Street, Barangay | 100. 105 Telelax. (005) 015-9175 | |
| | | | |
| | Dagohoy, Butuan City | | |
| Policy and Plans Division (PPD) | | | |
| Office of the PPD Chief | 3 rd Floor, Pahigayon | Tel. Nos.: (085) 342-5619 to 20 | |
| | Building, DSWD Caraga, R. | loc. 247 Telefax: (085) 815-9173 | |
| | Palma Street, Barangay | | |
| | Dagohoy, Butuan City | | |
| Policy Development and | 2 nd Floor, Pag-amoma | Tel. Nos.: (085) 342-5619 to 20 | |
| Planning Section | Building, DSWD Caraga, R. | loc. 244 Telefax: (085) 815-9173 | |
| | Palma Street, Barangay | | |
| | Dagohoy, Butuan City | | |
| National Household | 3 rd Floor, Pahigayon | Tel. Nos.: (085) 342-5619 to 20 | |
| Targeting Section | Building, DSWD Caraga, R. | loc. 247 Telefax: (085) 815-9173 | |
| | Palma Street, Barangay | | |
| | Dagohoy, Butuan City | | |
| Information and | | | |
| | 2 nd Floor, Pahigayon | | |
| Communications | Building, DSWD Caraga, R. | | |
| Technology Section | Palma Street, Barangay | | |
| | Dagohoy, Butuan City | | |
| Standards Section | 2 nd Floor, Pag-amoma | Tel. Nos.: (085) 342-5619 to 20 | |
| | Building, DSWD Caraga, R. | loc. 105 Telefax: (085) 815-9173 | |
| | Palma Street, Barangay | | |
| | Dagohoy, Butuan City | | |
| Disast | er Response Management Di | | |
| Office of the DRMD | 1 st Floor, Pahigayon | Tel. Nos.: (085) 342-5619 to 20 | |
| Chief | Building, DSWD Caraga, R. | loc. 106 or 115 Telefax: (085) | |
| | Palma Street, Barangay | 815-9173 | |
| | Dagohoy, Butuan City | | |
| Disaster Response and | 3 rd Floor, Pag-amoma | Tel. Nos.: (085) 342-5619 to 20 | |
| Rehabilitation Section | Building, DSWD Caraga, R. | loc. 238 Telefax: (085) 815-9173 | |
| Disaster Response | Palma Street, Barangay | Tel. Nos.: (085) 342-5619 to 20 | |
| Information and | Dagohoy, Butuan City | loc. 238 Telefax: (085) 815-9173 | |
| Management Section | | | |
| | 4 | Tol Noo : (095) 242 5610 to 20 | |
| Regional Resource | | Tel. Nos.: (085) 342-5619 to 20 | |
| Operation Section | | loc. 238 Telefax: (085) 815-9173 | |
| | Financial Management Divisi | | |
| 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 | | | |
| | Administrative Divisio | bn | | |
| Office of the Admin | 1 st 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 | | | |
| | Dagohoy, Butuan City | | | |
| Property and Supply | 1 st Floor, Pag-amoma | Tel. Nos.: (085) 342-5619 to 20 | | |
| Section | Building, DSWD Caraga, R. | loc. 243 Telefax: (085) 815-9173 | | |
| Reproduction Room | Palma Street, Barangay | Tel. Nos.: (085) 342-5619 to 20 | | |
| | Dagohoy, Butuan City | loc. 214 Telefax: (085) 815-9173 | | |
| Records Management | | Tel. Nos.: (085) 342-5619 to 20 | | |
| Section | | loc. 240 Telefax: (085) 815-9173 | | |
| Dormitory | 2 nd Floor, Pag-amoma | Tel. Nos.: (085) 342-5619 to 20 | | |
| Domitory | | () | | |
| | Building, DSWD Caraga, R. | loc. 122 Telefax: (085) 815-9173 | | |
| | Palma Street, Barangay | | | |
| | Dagohoy, Butuan City | T I N (005) 040 5040 (00 | | |
| Guard on Duty | Main Entrance DSWD | Tel. Nos.: (085) 342-5619 to 20 | | |
| <u> </u> | 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 | 1 st 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 Re | source Management and Dev | velopment 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 | | 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 | | | |
| 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 | 2 nd Floor, Pahigayon | Tel. Nos.: (085) 342-5619 to 20 | | |
| Director | Building, DSWD Caraga, R. | loc. Telefax: (085) 815-9173 | | |
| | | 100.10000.0000000000000000000000000000 | | |



| | Palma Street, Barangay Dagohoy, Butuan City | |
|--------------------------|---|---|
| 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