



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT  
 Field Office VII  
 Corner M.J. Cuenco and Gen. Maxilom Ave., Cebu City

**REQUEST FOR QUOTATION  
 NP- SMALL VALUE PROCUREMENT**

RFQ No. : DSWD7-2024-0541A  
 Date : May 10, 2024

Company Name : \_\_\_\_\_  
 Company Address : \_\_\_\_\_  
 Contact Person : \_\_\_\_\_  
 Contact No. : \_\_\_\_\_  
 PhilGEPS Registration No.: \_\_\_\_\_

**Sir/Madam:**

Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. Failure to indicate information could be the basis for non-compliance. Also, kindly furnish us with descriptive brochures, catalogues, literatures and/or samples, if applicable.

If you are the exclusive manufacturer, distributor or agent in the Philippines for the goods listed in **Annex A**, please attach in your quotation a duly notarized certification to this effect.

Interested supplier/s are required to submit true copies of their **valid Mayor's Permit, Philgeps Registration Number** upon submission of quotation/s. An **omnibus Sworn Statement** is required prior to award.

Please accomplish and submit this **form** together with **Annex A** and **Bank Information** to the BAC Secretariat, DSWD Field Office VII, Cebu City or send it through facsimile numbers (032) 233-8785; 233-0261; 231-2172 local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before **May 14, 2024 at 5:00PM.**

Very truly yours,

  
**ENGR. EMMANUEL M. EDLES**  
 AO VI Head, Procurement Management Section

**Terms and Conditions:**

- Award shall be made on per:  item basis  total quoted price  lot basis
- Quotation validity shall be not less than **60 calendar days.**
- Good/s or Services shall be delivered **within 30 days calendar from receipt and conformity of P.O.**
- Place of Delivery: **DSWD FO VII, Corner M.J. Cuenco Avenue and Gen. Maxilom Ext., Carreta, Cebu City**
- Terms of Payment: **within 30 days from the receipt of billing statement.**
- Liquidated Damages/Penalty: **One-tenth of one percent for everyday of delay shall be imposed.**
- In case of discrepancy between total price per item and unit price for the item as extended or multiplied by the quantity of that item, the latter shall prevail.
- Warranty period, if applicable: \_\_\_\_\_

  
**BONAPARTE D. CASENAS II**  
 Canvasser

I am interested to quote and agree to the terms and conditions.

\_\_\_\_\_  
 (Signature over Printed Name of Supplier / Service  
 Provider / Authorized Representative)



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT  
Field Office VII, Cebu City

Company Name \_\_\_\_\_  
 Company Address \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Contact No. \_\_\_\_\_  
 PhilGEPS Registration No.: \_\_\_\_\_  
 Tin Number: \_\_\_\_\_

RFQ No. DSWD7-2024-0541A  
 Date: May 10, 2024

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
<b>Supply and Delivery of Forms</b>							
1	200	ream	<b>BUS Form</b> <b>Specification:</b> 2 pages Back to Back black Printing Long Size bondpaper 70 GSM white Pack in 500 sheets per reams for the delivery				
2	100	ream	<b>GRS FORM 1 &amp; 2</b> <b>Specification:</b> 1 pages Back to Back black Printing A4 size bondpaper 70 GSM white Pack in 500 sheets per reams for the delivery				
3	312	ream	<b>Social Welfare and Development Indicators (SWDI) Form</b> <b>Specification:</b> 4 Pages Back to Back folded pull black Printing A3 size bondpaper 80 GSM White Pack in 500 sheets per reams for the delivery <b>Remarks:</b> Supplier must be in Cebu due to the urgency of the Activity.				
<b>Total:</b>							
<b>Approved Budget for the Contract: Php 399,600.00</b>				Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: <b>PANTAWID</b>							
<b>PURPOSE : For Distribution of Forms of Pantawid Region VII CY 2024</b>							

Note: Procurement procedure in accordance with DSWD-Memorandum Circular No. 2, Series of 2007.

*Bonaparte DCB*  
**BONAPARTE D. CASEÑAS II**  
 Canvasser

Signature of Supplier / Authorized Representative Over  
 Printed Name

## CLIENT ASSISTANCE FORM - REQUEST AND INQUIRY

Ang Client Assistance Form (CAF) na ito ay iminungkahi na gamitin sa pagdulog ng inyong hiling (request) o katanungan (inquiry) tungkol sa Pantawid Pamilyang Pilipino Program (4Ps). Importanteng lagyan ng tamang impormasyon ang mga seksyon na may simbolong "asterisk" tulad nito (\*). Maraming salamat po.

TRACKING NUMBER:

PETSA NG PAGHAIN:

### I. IMPORMASYON NG KLIYENTE

Uri ng Kliyente\*:  RCCT Beneficiary  MCCT Beneficiary  Non-beneficiary  Authorized Representative  Manatiling di kilala o anonymous? (kung tsek, iaktawan ang detalye ng pangalan)

4Ps Household ID #:	Set:	Client Status:	IP Affiliation:
Buong Pangalan: <small>Unang Pangalan (First Name)      Gitnang Pangalan (Middle Name)      Huling Pangalan (Last Name)</small>	Sex*:	Contact #*:	
Tirahan (Street, Brgy, City/Municipality, Province, Region)*:			Email:

### II. DETALYE NG HILING/KATANUNGAN

Kumpletong Detalye ng Mensahe o Hiling/Katanungan\*:

Uri ng Hiling/Katanungan\*:

#### A. UPDATE REQUEST

##### 1. School Facility Update (Pagbabago ng Eskwelahan)

Pangalan ng Bata	Pangalan ng Eskwelahan

##### 2. Health Facility Update (Pagbabago sa Pasilidad ng Kalusugan)

Pangalan ng Miyembro ng Pamilya	Pangalan ng Pasilidad ng Kalusugan

##### 3. Change Grantee (Pagbabago ng Grantee)

Pangalan ng Kasalukuyang Grantee:
Pangalan ng Bagong Grantee:
Dahilan ng Pagpalit ng Grantee:

##### 4. Change Address (Pagbabago ng Tirahan)

Lumang Tirahan:	
Bagong Tirahan:	

##### 5. Add Child/Children for Monitoring (Pagdagdag ng Bata para sa Monitoring)

Pangalan ng Karagdagang Bata	

#### B. OTHER REQUEST

- ID Replacement (Pagpapalit ng ID)
- Oath of Commitment (Panunumpa)
- Philhealth Certification (Sertipikasyon para sa Philhealth)

#### C. INQUIRY

- Payout Schedule (Takda ng Payout)
- PPIS Record Information (Impormasyon sa PPIS)

#### D. OTHER REQUEST/INQUIRY

ITO ANG MAGSILIBING GRIEVANCE STUB. ✂

TRACKING NUMBER:

PETSA NG PAGHAIN:

Buong Pangalan:	4Ps Household ID #:	Tirahan:
Uri ng hiling/katanungan:		
<input type="checkbox"/> School Facility Update <input type="checkbox"/> Health Facility Update <input type="checkbox"/> Change Grantee <input type="checkbox"/> Change Address	<input type="checkbox"/> Add Child/Children for Monitoring <input type="checkbox"/> ID Replacement <input type="checkbox"/> Oath of Commitment <input type="checkbox"/> Philhealth Certification	<input type="checkbox"/> Payout Schedule <input type="checkbox"/> PPIS Record Information <input type="checkbox"/> Other Request/Inquiry: _____
Remarks:	Status	Ongoing      Resolved
Para sa follow-up, mangyaring makipag-ugnayan kay:		
Pangalan:	Designation:	Contact Number:

**Pabatid sa Pribasiya at Pagiging Kumpidensiyal**

Ang pagkolekta ng personal na impormasyon ay gagamitin lamang sa dokumentasyon at pagproseso ng inyong idinulog na isyu o mensahe sa loob ng 4Ps at kapag naaangkop, ito ay aming i-eendorso sa ibang opisina ng Kagawaran at/o sa ibang ahensya ng gobyerno na may saklaw sa paksa ng inyong idinulog.

Ang inyong personal na impormasyon at ang inyong pinapaabot na mensahe tungkol sa Programa ay pribado at kumpidensiyal. Maliban sa tunay na layunin ng mensahe, walang bahagi nito o pagkakakilanlan ng pagkatao ang maaaring ibunyang, kopyahin o ipalabas nang walang pahintulot mula sa nagpadala. Ang mga awtorisadong tauhan lamang ng 4Ps ang pwedeng gumamit nito. Kaakibat nito ang layuning ang aksyon at proseso ay mapapadali sa pamamagitan ng email at nakalimbag na kopya. Hanggat maari, aming pangangalagaan na ang inyong personal na impormasyon ay mananatiling pribado, para sa katuparan ng layunin nito.

**III. RESOLUTION INFORMATION**

**TO BE COMPLETED BY THE PANTAWID PAMILYA STAFF.**

Initial Resolution:

*This form has been thoroughly discussed with me and all information disclosed herein should not be used against me.*

Client's Signature:

Assisted by:

*Signature over Printed Name and Designation*

Date:

Date Assisted:

Date	Updates	Updated By:



# Beneficiary Data Update Request Form



**Pantawid Pamilyang Pilipino Program**

Date Filed: \_\_\_\_\_

- Instructions:**
1. The household grantee shall properly fill-out this form. **Fill out only the section that is applicable.**
  2. Please refer to Types of Updates at the back for the details of the supporting documents.
  3. Updates related to payments should be prioritized for updating. This is to ensure the maximum amount of grants will be received by the household.
  4. Ensure to secure a copy of Acknowledging Receipt once this form submitted to the Pantawid Personnel.

## PART I - TO BE FILLED OUT BY THE HOUSEHOLD GRANTEE

### A. HOUSEHOLD AND PERSONAL DATA

<b>GRANTEE NAME</b>		LAST NAME	FIRST NAME	MIDDLE NAME	EXTENSION NAME
<b>HOUSEHOLD ID NUMBER</b>			<b>ADDRESS</b>		HOUSE NO.
<b>ADDRESS</b>		BARANGAY	CITY/MUNICIPALITY	PROVINCE	REGION

### B. DATA CHANGE/CORRECTION/UPDATING

#### NEWBORN AND/OR ADDITIONAL HOUSEHOLD MEMBER

<b>NAME OF CHILD:</b>		LAST NAME	FIRST NAME	MIDDLE NAME	EXTENSION NAME
DATE OF BIRTH (MM/DD/YYYY): _____		SEX: _____		DISABLED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF PARENT IN THE FAMILY ROSTER: _____			RELATIONSHIP TO HH HEAD: _____		
ATTENDING SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason for Not Attending: _____					
NAME OF SCHOOL: _____			ADDRESS OF SCHOOL: _____		
NAME OF HEALTH FACILITY: _____			ADDRESS OF HEALTH FACILITY: _____		

<b>CHANGE OF ADDRESS</b>		FROM	TO
REGION: _____			
PROVINCE: _____			
CITY/MUNICIPALITY: _____			
BARANGAY: _____			
STREET/PUROK/SITIO: _____			

<b>CHANGE OF HEALTH FACILITY</b>		FROM	TO
NAME OF MEMBER:	ATTENDING: <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason for Not Attending: _____		
	NAME OF FACILITY: _____		
	ADDRESS: _____		
	TYPE OF FACILITY: _____		
NAME OF MEMBER:	ATTENDING: <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason for Not Attending: _____		
	NAME OF FACILITY: _____		
	ADDRESS: _____		
	TYPE OF FACILITY: _____		

<b>CHANGE OF EDUCATION INFORMATION</b>		(Last Name, First Name, Middle Name, Extension Name)
1. NAME OF CHILD WITH CORRECTION OF EDUCATION INFORMATION: _____		
ATTENDING SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason for Not Attending: _____		
FROM		TO
NAME OF SCHOOL: _____		
ADDRESS OF SCHOOL: _____		
GRADE LEVEL: _____		
2. NAME OF CHILD WITH CORRECTION OF EDUCATION INFORMATION: _____		
ATTENDING SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason for Not Attending: _____		
FROM		TO
NAME OF SCHOOL: _____		
ADDRESS OF SCHOOL: _____		
GRADE LEVEL: _____		
3. NAME OF CHILD WITH CORRECTION OF EDUCATION INFORMATION: _____		
ATTENDING SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason for Not Attending: _____		
FROM		TO
NAME OF SCHOOL: _____		
ADDRESS OF SCHOOL: _____		
GRADE LEVEL: _____		

**Beneficiary's Copy**      Date Filed: \_\_\_\_\_

**ACKNOWLEDGEMENT RECEIPT**

Name of Beneficiary: \_\_\_\_\_      HH ID No.: \_\_\_\_\_

**City/Municipal Link's Copy**      Date Filed: \_\_\_\_\_

**ACKNOWLEDGEMENT RECEIPT**

Name of Beneficiary: \_\_\_\_\_      HH ID No.: \_\_\_\_\_

Type of Update	Field Updated	Change To	Type of Update	Field Updated	Change To	Remarks

**6**  **CHANGE OF HH GRANTEE** FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME OF GRANTEE: \_\_\_\_\_

NEW GRANTEE'S INFORMATION:

MOTHER'S MAIDEN NAME: \_\_\_\_\_ DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_ RELATIONSHIP TO HH HEAD: \_\_\_\_\_

GUARDIAN'S NAME (For Minor grantee only): \_\_\_\_\_ Relationship to the Minor Grantee: \_\_\_\_\_

REASON FOR CHANGE:  Long Absence  Deceased  Sickly or Old Age

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**7**  **DECEASED**

NAME (Last Name, First Name, Middle Name, Extension Name)	SEX	RELATIONSHIP TO HH HEAD	DATE OF BIRTH (MM/DD/YYYY)	FOR REPLACEMENT
1				<input type="checkbox"/> YES <input type="checkbox"/> NO
2				<input type="checkbox"/> YES <input type="checkbox"/> NO

(If for replacement, please facilitate the deselection using Update Type 11 with reason as deceased then proceed to the selection of the replacement child of the household)

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**9**  **CAPTURING/CORRECTION OF BASIC INFORMATION** FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME (Last Name, First Name, Middle Name, Extension Name): \_\_\_\_\_

DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_

RELATIONSHIP TO HH HEAD: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

SEX: \_\_\_\_\_

DISABLED?:  YES  NO SOLO PARENT:  YES  NO OCCUPATION: \_\_\_\_\_

NAME (Last Name, First Name, Middle Name, Extension Name): \_\_\_\_\_

DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_

RELATIONSHIP TO HH HEAD: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

DISABLED?:  YES  NO SOLO PARENT:  YES  NO OCCUPATION: \_\_\_\_\_

NAME (Last Name, First Name, Middle Name, Extension Name): \_\_\_\_\_

DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_

RELATIONSHIP TO HH HEAD: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

DISABLED?:  YES  NO SOLO PARENT:  YES  NO OCCUPATION: \_\_\_\_\_

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**10**  **CAPTURING/CORRECTION OF IP AFFILIATION**

NAME (Last Name, First Name, Middle Name, Extension Name) FROM \_\_\_\_\_ TO \_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Applicable to all household members

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**11**  **SELECTION/REPLACEMENT OF CHILD-BENEFICIARY (IES) FOR EDUCATION** (PLEASE USE THE UPDATE TYPE 4 AND/OR 5 TO UPDATE HEALTH AND/OR EDUCATION INFORMATION OF REPLACEMENT CHILD)

Name of Child	Selection	Deselection	Reason	Replacement Child for Selection
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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**12**  **CAPTURING OF PREGNANCY STATUS**

NAME (LAST NAME, FIRST NAME, MIDDLE NAME, EXTENSION NAME)	SEX	AGE	PREGNANCY STATUS	LAST MENSTRUAL PERIOD	RELATIONSHIP TO HOUSEHOLD HEAD
_____	_____	_____	_____	_____	_____

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Signature Over Printed Name of Grantee (Thumbmark if the grantee does not know how to write) \_\_\_\_\_

Signature Over Printed Name of Parent Leader \_\_\_\_\_

Signature Over Printed Name of DSWD Personnel Representative and Designation \_\_\_\_\_

**PART II - TO BE FILLED-OUT BY THE CBDO AND ENCODER**

(Do not transmit this Form to the RBDO/POO if supporting documents are not complete)

Reviewed by: _____	Encoded by: _____ Date Encoded: _____ Remarks of Encoder (if any): _____
Date Reviewed: _____	
POO Remarks: _____	

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**IF NOT ENCODED, THIS FORM WITH THE ATTACHED DOCUMENTS WILL BE RETURNED TO POO/ C/MOO BECAUSE OF THE FOLLOWING REASONS:**

( ) Lacking or inconsistent supporting documents. Specify lacking document/s \_\_\_\_\_

( ) ML to verify the correct name of school/health facilities with exact address, then prepare request to the RITO for the addition of new facility in the library. \_\_\_\_\_

( ) Not in the family roster \_\_\_\_\_

( ) Others (specify) \_\_\_\_\_

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TYPES OF UPDATES	SUPPORTING DOCUMENTS
1. Newborn	Birth Certificate from National Statistics Office (NSO) or Local Civil Registry Office (LCRO), Health Certificate from RHU/BHS and Medical Certificate (if PWD)
2. Change of Address	Applicable when the whole household moves to a new address, not for a single household member. Copy of Case Folder shall be endorsed to the new C/ML. A. Transferring Within Barangay - Certificate from the Barangay Captain B. Transferring to Other Barangay within the City/Municipality - Certificate of Residency from Old/New Address issued by the Barangay Captain where the request was emanated; Case Assessment Report C. Other Area within the Region - Certificate of Residency from Old/New Address issued by the Barangay Captain where the request was emanated; Case Assessment Report D. Other Area outside the Region - Certificate of Residency from Old/New Address issued by the Barangay Captain where the request was emanated; Case Assessment Report (Note: When the household moves out of the area with or without prior notice to C/ML and without applying for change of address within 60 days, the household will be tagged as Code 12 - Moved out of the Area without Notice)
3. Moving out of the area to non-Pantawid area	Barangay Certificate of old and new address and C/ML Certificate
4. Update of Health Facility	RHU/BHS Certificate from the new facility
5. Update of Education	School Certificate issued by the school where the child is enrolled; Filled up BUS Form 6
6. Change of Grantee	Death Certificate; Certification by C/ML stating reason for long absence; Medical Certificate; Letter from the old grantee; Filled out LBP form (if applicable); Social Case Study Report; Senior Citizen ID or Certification from OSCA or CMSWDO
7. Deceased	Death Certificate or Certification from the Tribal Leader or Chieftain
8. Additional Household Member	Birth Certificate from National Statistics Office (NSO) or Local Civil Registry Office (LCRO); School Certificate issued by the school where the child is enrolled (if 3-18 years old); Health Certificate (if 0-5 years old); Medical Certificate (if disabled); RHU/BHS Certificate where the member is availing health services; Letter from the household grantee;
9. Correction of Basic Information	Birth Certificate from National Statistics Office (NSO) or Local Civil Registry Office (LCRO), Marriage Certificate; Medical Certificate; Certificate of Employment or Barangay Certificate, indicating the present occupation of the household member; Solo Parent ID







**C. Income**

**C1. Salaries and Wages from Employment (in the past six months)**

Family Member	Pop'n. group (Code: 0- Aged less than 18 yrs. old not in school, 1-In school, 2-Senior citizen, 3-PWDs, 4- Others)	Salaries and Wages from Employment (Php)				
		Basic Compensation (in cash)	Cash Commission, Tips, Bonus	Cash Allowance (food, health, housing & clothing)	Basic Compensation (in kind)	Sub-Total (Col.3+Col.4+Col.5+Col.6) for Col.2≠0
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
<b>Sub-Total</b>						

\*Note: Does not include loans borrowed from the bank, withdrawals from savings account, cash surrender value of insurance, payments received from loaned grant to others, profits from sale of stocks and bonds and net winnings from gambling, lotto, community-based numbers game and sweepstakes

**C2. Income from Entrepreneurial/Sustenance Activities (in the past six months)**

Activity (e.g. net income from crop farming, gardening, fishing including backyard planting where produce is consumed by the family)	Type (Code: 1 - Entrepreneurial, 2 - Sustenance)	Gross Value/Sales (Php)	Deduction (Php) (e.g. cost of seed, fertilizer, pesticides, irrigation, labor, cost of capital)	Net Income (Php)
(8)	(9)	(10)	(11)	(12)
1.				
2.				
3.				
4.				
<b>Sub-Total</b>				

**C3. Transfers (in the past six months)**

Sources of Income	Amount (Php)		
	In Cash	In Kind	Sub-Total
	(13)	(14)	(15)
1. Receipts, gifts, support, relief and other forms of assistance abroad including those from OFWs			
2. Receipts, gifts, support and assistance from other families/entities in the country			
3. Support received from the Philippine government including support from the Pantawid Pamilya Program			
<b>Sub-Total</b>			

**C4. Other Sources (in the past six months)**

Sources of Income	Amount (Php)		
	In Cash	In Kind	Sub-Total
	(16)	(17)	(18)
1. Pensions			
2. Dividends			
3. Interests			
4. Imputed Rental of owner-occupied dwelling unit			
5. Other sources, not elsewhere classified			
<b>Sub-Total</b>			

Sub-Total of Income (Php) from				Total Income (Php) (Col. 19) + (Col. 20) + (Col. 21) + (Col.22)	Family Size	Per Capita Income (Php) (Col. 23) / (Col. 24)	Monthly Per Capita Income (Php) (Col. 25/6)
C1 (Col. 7)	C2 (Col. 12)	C3 (Col. 15)	C4 (Col. 18)				
(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)

Remarks:

*"Ako ay napili na maging bahagi sa pag-susuri na ito ng DSWD-Pantawid Pamilyang Pilipin Program. Alam ko at malinaw sa akin na ang impormasyong aking ibabahagi ay mananatiling kompidensyal. Bilang pagsunod sa "Data Privacy Act of 2022 o RA 10173", ako ay kusang-loob na nagbibigay pahintulot at/o pinapayagan ang DSWD na kolektahin, panatilihin, gamitin og ibahagi ang mga impormasyon sa mga kaugnay na ahensya o pribadong institusyon-katulad ng personal at sensitibong impormasyon na nakuha sa "2019 SWDI Assessment".*

*Alam ko at naiintindihan ko na malaya akong makibahagi sa pag-susuri na ito at maari kong tapusin ang pakikibahagi dito sa anu mang oras na aking gustuhin."*

Pangalan at Lagda

## CLIENT ASSISTANCE FORM - GRIEVANCE

*Ang Client Assistance Form (CAF) na ito ay iminungkahi na gamitin sa pagdulog ng inyong reklamo (grievance) tungkol sa Pantawid Pamilyang Pilipino Program (4Ps). Importanteng lagyan ng tamang impormasyon ang mga seksyon na may simbolong "asterisk" tulad nito (\*). Maraming salamat po.*

TRACKING NUMBER: \_\_\_\_\_

PETA NG PAGHAIN: \_\_\_\_\_

### I. IMPORMASYON NG KLIYENTE

Uri ng Kliyente\*:  RCCT Beneficiary  MCCT Beneficiary  Non-beneficiary  Authorized Representative  Manatiling di kilala o anonymous?   
 (kung tsek, iaktawan ang detalye ng pangalan)

4Ps Household ID #: \_\_\_\_\_ Set: \_\_\_\_\_ Client Status: \_\_\_\_\_ IP Affiliation: \_\_\_\_\_

Buong Pangalan: \_\_\_\_\_ Sex\*: \_\_\_\_\_ Contact #\*: \_\_\_\_\_  
Unang Pangalan (First Name)      Gitnang Pangalan (Middle Name)      Huling Pangalan (Last Name)

Tirahan (Street, Brgy, City/Muni, Province, Region)\*: \_\_\_\_\_ Email: \_\_\_\_\_

### II. DETALYE NG REKLAMO

Kumpletong Detalye ng Mensahe o Reklamo\*:

Uri ng Reklamo\*:

#### 1. Payment Issue (Di pagtanggap o kulang ang natanggap na cash grants)

	Year	Period
<input type="checkbox"/> No payment	_____	_____
<input type="checkbox"/> Underpayment	_____	_____
<input type="checkbox"/> Overpayment	_____	_____
<input type="checkbox"/> Unclaimed payment	_____	_____
<input type="checkbox"/> SSI payment issues	_____	_____

#### 2. Card Issue (Problema sa cash card)

<input type="checkbox"/> No card	<input type="checkbox"/> Damaged card	<input type="checkbox"/> Delayed card
<input type="checkbox"/> Inaccessible account	<input type="checkbox"/> Perforated card	<input type="checkbox"/> Delayed fund transfers
<input type="checkbox"/> No top-ups	<input type="checkbox"/> Captured card	<input type="checkbox"/> Delayed name-matching
<input type="checkbox"/> Lost card	<input type="checkbox"/> Locked/Hot card	
<input type="checkbox"/> Stolen card	<input type="checkbox"/> Blocked card	

Cash Card No.: \_\_\_\_\_

#### 3. Inclusion Request (Kahilingan na mapasama sa Programa)

Transient poor

Chronic poor

Extreme poor

Date of Birth: \_\_\_\_\_

#### 4. Disqualification (Reklamong diskwalipikasyon ng benepisyaryo ng Programa)

With regular income

With high-value property

With relative abroad

Name of HH Concerned: \_\_\_\_\_

Address: \_\_\_\_\_

#### 5. Misbehavior (Reklamo sa di tamang pag-uugali ng benepisyaryo ng Programa)

( ) 1st Offense ( ) 2nd Offense ( ) 3rd Offense

<input type="checkbox"/> Vices	<input type="checkbox"/> Beneficiary fraudulence
<input type="checkbox"/> Gambling	<input type="checkbox"/> Collection of any kind
<input type="checkbox"/> Pawning	<input type="checkbox"/> Persuasion
<input type="checkbox"/> Misrepresentation	<input type="checkbox"/> Disinformation

Name of HH Concerned: \_\_\_\_\_

Address: \_\_\_\_\_

#### 6. Appeal (Apela na mapabilang muli sa Programa)

Appeal for reactivation

Appeal for reinstatement

#### 7. Facility issue (Reklamo sa kakulangan ng pasilidad ng DepEd o DOH)

Inadequate education services and/or facilities

Inadequate health services and/or facilities

#### 8. Implementer issue (Reklamo sa mga nagpapatupad ng Programa)

<input type="checkbox"/> Imposition of additional conditions	<input type="checkbox"/> Incorrect reporting of information and data
<input type="checkbox"/> Discourtesy	<input type="checkbox"/> Inaction to requests
<input type="checkbox"/> Collection of any kind	<input type="checkbox"/> Delayed action to requests
<input type="checkbox"/> Implementer fraudulence	

**Other required information:**

Name of implementer Concerned: \_\_\_\_\_

Office Concerned: \_\_\_\_\_

Address: \_\_\_\_\_

ITO ANG MAGSISILBING GRIEVANCE STUB. ✕

TRACKING NUMBER: \_\_\_\_\_

PETA NG PAGHAIN: \_\_\_\_\_

Buong Pangalan: \_\_\_\_\_ 4Ps Household ID #: \_\_\_\_\_ Tirahan: \_\_\_\_\_

Uri ng reklamang hinain: \_\_\_\_\_

<input type="checkbox"/> Payment Issue	<input type="checkbox"/> Misbehavior	Remarks: _____
<input type="checkbox"/> Card Issue	<input type="checkbox"/> Appeal	
<input type="checkbox"/> Inclusion request	<input type="checkbox"/> Facility issue	
<input type="checkbox"/> Disqualification	<input type="checkbox"/> Implementer issue	

Status:  Ongoing  Resolved

Para sa follow-up, mangyaring makipag-ugnayan kay:

Pangalan: \_\_\_\_\_ Designation: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Pabatid sa Pribasiya at Pagiging Kumpidensiyal**

Ang pagkolekta ng personal na impormasyon ay gagamitin lamang sa dokumentasyon at pagproseso ng inyong dulong na isyu o mensahe sa loob ng 4Ps at kapag naaangkop, ito ay aming i-eendorso sa ibang opisina ng Kagawaran at/o sa ibang ahensya ng gobyerno na may saklaw sa paksa ng inyong dulong.

Ang inyong personal na impormasyon at ang inyong pinapaabot na mensahe tungkol sa Programa ay pribado at kumpidensiyal. Maliban sa tunay na layunin ng mensahe, walang bahagi nito o pagkakakilanlan ng pagkatao ang maaaring ibunyang, kopyahin o ipalabas nang walang pahintulot mula sa nagpadala. Ang mga awtorisadong tauhan lamang ng 4Ps ang pwedeng gumamit nito. Kaakibat nito ang layuning ang aksyon at proseso ay mapapadali sa pamamagitan ng email at nakalimbag na kopya. Hanggat maari, aming poprotektahan na ang inyong personal na impormasyon ay mananatiling pribado, para sa katuparan ng layunin nito.

**III. RESOLUTION INFORMATION**

**TO BE COMPLETED BY THE PANTAWID PAMILYA STAFF.**

**Initial Resolution:**

*This form has been thoroughly discussed with me and all information disclosed herein should not be used against me.*

**Client's Signature:**

**Assisted by:**

*Signature over Printed Name and Designation*

**Date:**

**Date Assisted:**

Date	Updates	Updated By: