DSWD
Department of Social Welfare and Development

TITLE OF SERVICE/PROCESS

ASSISTANCE TO INDIVIDUAL IN CRISIS SITUATION

I. OFFICE OR DIVISION

CRISIS INTERVENTION SECTION

II. SCHEDULE OF AVAILABILITY OF SERVICE

MONDAY - FRIDAY 8:00 AM - 5:00 PM

III. WHO MAY AVAIL OF THE SERVICE

INDIVIDUALS AND/OR FAMILIES WHO ARE INDIGENT, VULNERABLE, DISADVANTAGED OR ARE OTHERWISE IN CRISIS SITUATION BASED ON THE ASSESSMENT OF THE SOCIAL WORKER

WHAT ARE THE REQUIREMENTS	WHERE TO SECURE
ALL REQUIREMENTS MUST BE ORIGINAL AND TWO (2) PHOTOCOPIES	
MEDICAL ASSISTANCE	
1. CLINICAL ABSTRACT/MEDICAL CERTIFICATE WITH SIGNATURE AND LICENSE NUMBER OF THE ATTENDING PHYSICIAN (ISSUED NOT LATER THAN 3 MONTHS)	ATTENDING PHYSICIAN FROM A HOSPITAL/CLINIC OR FROM MEDICAL RECORDS
2. HOSPITAL BILL (FOR PAYMENT OF HOSPITAL BILL,) OR PRESCRIPTION (FOR MEDICINES) OR LABORATORY REQUESTS (FOR PROCEDURES)	BILLING SECTION OF THE HOSPITAL FOR HOSPITAL BILL, ATTENDING PHYSICIAN FROM A HOSPITAL/CLINIC FOR MEDICINES AND PROCEDURES
3. BARANGAY CERTIFICATE/ INDIGENCY	FROM THE BARANGAY WHERE THE CLIENT IS PRESENTLY RESIDING
4. ANY VALID ID OF THE CLIENT	GOVERNMENT AGENCIES ISSUING AN IDENTIFICATION CARD (SSS, PHILHEALTH, LTO, PAG-IBIG, COMELEC, NBI, DFA AND AMONG OTHERS)
5. SOCIAL CASE STUDY/CASE SUMMARY REPORT	LICENSED SOCIAL WORKER FROM ANY GOVERNMENT/ NON- GOVERNMENT WELFARE AGENCIES
BURIAL ASSISTANCE	
1. FUNERAL CONTRACT	THE AUTHORIZED STAFF OF THE FUNERAL PARLOR/ MEMORIAL CHAPEL
2. DEATH CERTIFICATE OF THE DECEASED	CITY/MUNICIPAL HALL, HOSPITAL, FUNERAL PARLOR OR TRIBAL CHIEFTAIN
3. BARANGAY CERTIFICATE/ INDIGENCY	FROM THE BARANGAY WHERE THE CLIENT IS PRESENTLY RESIDING
4. PERMIT TO TRANSFER/HEALTH PERMIT (FOR TRANSFER OF CADAVER)	CITY/MUNICIPAL HALL, HOSPITAL, FUNERAL PARLOR OR TRIBAL CHIEFTAIN
5. ANY VALID ID OF THE CLIENT	GOVERNMENT AGENCIES ISSUING AN IDENTIFICATION CARD (SSS, PHILHEALTH, LTO, PAG-IBIG, COMELEC, NBI, DFA AND AMONG OTHERS)
EDUCATIONAL ASSISTANCE	
1. ENROLLMENT ASSESSMENT FORM OR CERTIFICATE OF ENROLLMENT OR REGISTRATION	REGISTRAR, AUTHORIZED STAFF FROM THE SCHOOL
2. SCHOOL ID OF THE STUDENT/ BENEFICIARY	REGISTRAR, AUTHORIZED STAFF FROM THE SCHOOL
3. VALID ID OF THE PARENT/GUARDIAN	GOVERNMENT AGENCIES ISSUING AN IDENTIFICATION CARD (SSS, PHILHEALTH, LTO, PAG-IBIG, COMELEC, NBI, DFA AND AMONG OTHERS)
4. STATEMENT OF ACCOUNT FOR COLLEGE STUDENTS	REGISTRAR, AUTHORIZED STAFF FROM THE SCHOOL

WHAT ARE THE REQUIREMENTS	WHERE TO SECURE
ALL REQUIREMENTS MUST BE ORIGINAL AND TWO (2) PHOTOCOPIES	
FOOD ASSISTANCE	
1. ANY VALID ID OF THE CLIENT	GOVERNMENT AGENCIES ISSUING AN IDENTIFICATION CARD (SSS, PHILHEALTH, LTO, PAG-IBIG, COMELEC, NBI, DFA AND AMONG OTHERS)
2. BARANGAY CERTIFICATE/ INDIGENCY	FROM THE BARANGAY WHERE THE CLIENT IS PRESENTLY RESIDING
3. MEDICAL CERTIFICATE/ABSTRACT (WITH COMPLETE NAME, SIGNATURE AND LICENSE NO. OF THE PHYSICIAN), IF NECESSARY	ATTENDING PHYSICIAN FROM A HOSPITAL/ CLINIC OR FROM MEDICAL RECORDS
TRANSPORTATION ASSISTANCE	
1. ANY VALID ID OF THE CLIENT	GOVERNMENT AGENCIES ISSUING AN IDENTIFICATION CARD (SSS, PHILHEALTH, LTO, PAG-IBIG, COMELEC, NBI, DFA AND AMONG OTHERS)
2. BARANGAY CERTIFICATE/ INDIGENCY	FROM THE BARANGAY WHERE THE CLIENT IS PRESENTLY RESIDING
3. POLICE BLOTTER (FOR VICTIMS OF PICK POCKETS, ILLEGAL RECRUITMENT, ETC.)	POLICE STATION
CASH ASSISTANCE FOR OTHER SUPPORT SERVICES	
1. ANY VALID ID OF THE CLIENT	
2. DEPENDING ON THE CIRCUMSTANCE OF THE CLIENT: • POLICE OR BFP REPORT/ CERTIFICATION FOR FIRE VICTIMS • PASSPORT, TRAVEL DOCUMENTS, CERTIFICATION FROM OWWA OR THE BARANGAY OR ANY PROOF OF REPATRIATION BY THE OFS • A CERTIFICATION FROM THE SOCIAL WORKER FOR RESCUED CLIENTS • POLICE BLOTTER AND SOCIAL WORKER CERTIFICATE FOR VICTIMS OF OSEC	POLICE STATION, BARANGAY, BUREAU OF FIRE, PHILIPPINE EMBASSY/CONSULATE, SOCIAL WORKER FROM WELFARE AGENCIES.

IV. HOT TO AVAIL OF THE SERVICE

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
1. LOG IN THE VISITORS LOGBOOK AT THE GUARDHOUSE	PROVIDE PRIORITY NUMBER TO THE CLIENT FOR DOCUMENT REVIEW	NONE	2 MIN	SECURITY GUARD
2. SUBMIT THE REQUIRED DOCUMENTS BASED ON THE TYPE OF ASSISTANCE	REVIEW THE DOCUMENTS USING THE CHECKLIST BASED ON THE TYPE OF ASSISTANCE	NONE	5 MIN	PUBLIC ASSISTANCE AND COMPLAINT DESK (PACD) OFFICER
	TAKE PHOTO OF THE CLIENT	NONE	1 MIN	ADMIN STAFF
	ENCODE THE DATA OF THE CLIENT IN THE CRISIS INTERVENTION MONITORING SYSTEM (CRIMS)	NONE	4 MIN	ADMIN STAFF
3. PROCEED TO THE SOCIAL WORKER FOR INTERVIEW	INTERVIEW THE CLIENT USING THE GENERAL INTAKE SHEET (GIS)	NONE	25 - 30 MIN	SOCIAL WORKER
	DETERMINE THE ELIGIBILITY OF THE CLIENT AND ISSUE CERTIFICATE OF ELIGIBILITY (COE)	NONE		SOCIAL WORKER

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
	SUBMIT THE COE AND OTHER SUPPORTING DOCUMENTS TO THE APPROVING OFFICER	NONE		UP TO P10,000 – CIS HEAD/ SWAD TL P10,001 – P50,000 – DIVISION CHIEF P50,001 – P75,000 – ASSISTANT REGIONAL DIRECTOR OR ARDA IN THE ABSENCE OF ARDO P75,001 – P150,000 – REGIONAL DIRECTOR ABOVE P150,000.00 – SECRETARY OR DESIGNATED OIC
	PROVIDE CLIENT SATISFACTION SURVEY TO CLIENT	NONE		SOCIAL WORKER
	ONCE APPROVED, FORWARD THE COE AND OTHER SUPPORTING DOCUMENTS TO THE SDO FOR PAYMENT	NONE		SOCIAL WORKER
4. PROCEED TO THE SPECIAL DISBURSING OFFICER FOR PAYOUT	RELEASE THE CASH ASSISTANCE TO THE CLIENT	NONE	5 MIN	SPECIAL DISBURSING OFFICER
5. SIGN THE ACKNOWLEDGMENT RECEIPT AND/OR GUARANTEE LETTER	IN THE CASE OF PAYMENT DIRECT TO THE SERVICE PROVIDER, PREPARE THE GUARANTEE LETTER AND RELEASE TO THE CLIENT	NONE	WITHIN 3 WORKING DAYS	SOCIAL WORKER
6. GIVE FEEDBACK BY FILLING OUT THE CLIENT SATISFACTION SURVEY	COLLECT THE FILLED OUT CLIENT SATISFACTION SURVEY	NONE	1 MIN	ADMIN STAFF

V. PROCESSING TIME

OUTRIGHT CASH	48 MINUTES
GUARANTEE LETTER	WITHIN 3 DAYS

VI. FEEDBACK AND COMPLIANTS MECHANISM

HOW TO SEND FEEDBACK	FILL-UP THE SATISFACTORY SURVEY FORM AVAILABLE AT THE FRONT DESK
HOW FEEDBACK ARE PROCESSED	FILLED CLIENT SATISFACTION SURVEY ARE CONSOLIDATED FOR QUARTERLY REPORTS
HOW TO FILE A COMPLAINT	COMPLAINTS CAN BE FILED BY WRITING A LETTER AND DROP IT TO CIS COMPLAINT DROPBOX OR EMAIL TO DSWD FO7. NAME OF PERSON BEING COMPLAINED AND THE CIRCUMSTANCES OF THE COMPLAINT SHOULD BE INCLUDED IN THE INFORMATION.
HOW COMPLAINTS ARE PROCESSED	HR WILL COLLECT THE COMPLAINTS AND SEND IT TO CIS FOR ACTION. FOR COMPLAINTS THROUGH EMAIL, COMPLAINT WILL BE FORWARDED TO CIS FOR ACTION.
CONTACT INFORMATION OF CCB, PCC, ARTA	ARTA: complaints@arta.gov.ph 8-478-5093 PCC: pcc@malacanang.gov.ph 8888 CCB: email@contactcenterngbayan.gov.ph 0908-881-6565
CONTACT INFORMATION OF CRISIS INTERVENTION SECTION	(032) 233-8785 LOCAL 132 OR 145