

CITY SOCIAL WELFARE DEPARTMENT

VISION

A just and humane society in which the disadvantaged individuals, families and communities have maximum access to social services in order to meet their basic needs and attain their own development as human persons and institutions, ultimately towards an improved quality of life for all segments of the community.

MISSION

To provide interventions/opportunities that will uplift the living condition of the distressed and disadvantaged individuals, families, groups and communities and enable them to become self-reliant and actively participate in city development.

FRONTLINE SERVICE	MEDICAL ASSISTANCE
STEP 1	- Check required document/s. - Record client in the Registration Form.
SERVICE PROVIDER/S	OFFICER OF THE DAY
TIME FRAME	1 - 2 minutes
STEP 2	Refer client to the unit/ staff concerned.
SERVICE PROVIDER/S	OFFICER OF THE DAY
TIME FRAME	1 - 2 minutes
STEP 3	Interview client with reference to the Intake Sheet.
SERVICE PROVIDER/S	UNIT I - CONCEPCION BAQUIANO UNIT IV - GERARDO DISPO - SUSANA BRAGAIS - MA. LIZA PILLE UNIT II - LUZ SAGUID UNIT V - AIDA AYAG UNIT III - EUGENE GUERRA UNIT VI - JOHN ONG
TIME FRAME	5 - 15 minutes
STEP 4	Prepare Referral letter and Social Case Study Report.
SERVICE PROVIDER/S	UNIT I - GANYMEDE GULTIANO UNIT IV - LOLITA BAUTISTA UNIT II - DELILAH MARTINEZ UNIT V - ROSALIE PADRIGON UNIT III - REGINA H. EMBALSADO UNIT VI - MELANIE PARREÑAS
TIME FRAME	10 - 20 minutes
STEP 6	Release and record Referral Letter.
SERVICE PROVIDER/S	UNIT I - CONCEPCION BAQUIANO UNIT IV - GERARDO DISPO - SUSANA BRAGAIS - MA. LIZA PILLE UNIT II - LUZ SAGUID UNIT V - AIDA AYAG UNIT III - EUGENE GUERRA UNIT VI - JOHN ONG
TIME FRAME	1 minute
REQUIRED DOCUMENT/S	1. Barangay Indigency Certificate 2. Medical Abstract for cases to be referred to the Philippine Charity Sweepstakes Office (PCSO) 3. Hospital Bill 4. Hospital Request Slip Form 5. Personal Letter 6. Medical Prescription (latest)

REQUIRED FEES	None
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FRONTLINE SERVICE	TRANSPORTATION ASSISTANCE
STEP 1	- Check required document/s. - Record client in the Registration Form.
STEP 2	Refer client to the unit/ staff concerned.
SERVICE PROVIDER/S	OFFICER OF THE DAY
TIME FRAME	2 - 3 minutes
STEP 3	Interview client with reference to the Intake Sheet.
SERVICE PROVIDER/S	UNIT I - CONCEPCION BAQUIANO UNIT IV - GERARDO DISPO - SUSANA BRAGAIS - MA. LIZA PILLE UNIT II - LUZ SAGUID UNIT V - AIDA AYAG UNIT III - EUGENE GUERRA UNIT VI - JOHN ONG
TIME FRAME	5 - 15 minutes
STEP 4	Prepare Referral letter and Social Case Study Report.
SERVICE PROVIDER/S	UNIT I - GANYMEDE GULTIANO UNIT IV - LOLITA BAUTISTA UNIT II - DELILAH MARTINEZ UNIT V - ROSALIE PADRIGON UNIT III - REGINA H. EMBALSADO UNIT VI - MELANIE PARREÑAS
TIME FRAME	10 minutes
STEP 5	<u>For Balik Probinsya:</u> Refer client to the Department of Social Welfare and Development (DSWD) – Crisis Intervention Unit (CIU), Jose Fabella Center (for transient clients) or other agencies. Facilitate city counterpart fund.
SERVICE PROVIDER/S	UNIT I - GANYMEDE GULTIANO UNIT IV - LOLITA BAUTISTA UNIT II - DELILAH MARTINEZ UNIT V - ROSALIE PADRIGON UNIT III - REGINA H. EMBALSADO UNIT VI - MELANIE PARREÑAS
TIME FRAME	10 minutes
STEP 7	Escort client to bus terminal/ port for Balik Probinsya. Purchase passenger’s ticket.
SERVICE PROVIDER/S	UNIT I - CONCEPCION BAQUIANO UNIT IV - GERARDO DISPO - SUSANA BRAGAIS - MA. LIZA PILLE UNIT II - LUZ SAGUID UNIT V - AIDA AYAG UNIT III - EUGENE GUERRA UNIT VI - JOHN ONG
TIME FRAME	10 minutes



FRONTLINE SERVICE	BURIAL ASSISTANCE
STEP 1	Check required document/s and record client in the Registration Form
STEP 2	Refer client to the unit/staff concerned
SERVICE PROVIDER/S	Officer of the Day
TIME FRAME	2-3 minutes
STEP 3	Interview client with reference to the Intake Sheet
STEP 4	Prepare referral letter to funeral service for possible discount or to other agency for burial assistance
TIME FRAME	10-15 minutes
STEP 5	Coordinate with the Mayor's Office and or People's Day for burial/financial assistance to indigent constituents of the City (If qualified for assistance)
SERVICE PROVIDER/S	UNIT I - CONCEPCION BAQUIANO UNIT IV - GERARDO DISPO - SUSANA BRAGAIS - MA. LIZA PILLE UNIT II - LUZ SAGUID UNIT V - AIDA AYAG UNIT III - EUGENE GUERRA UNIT VI - JOHN ONG
TIME FRAME	5 minutes
REQUIRED DOCUMENT/S	1. Death Certificate with registry number 2. Barangay Indigency Certificate 3. Funeral Contract 4. Endorsement from the Office of the City Mayor (for referral to Office of the Vice President)
REQUIRED FEES	None

FRONTLINE SERVICE	EDUCATIONAL ASSISTANCE
STEP 1	Check required document/s and record client in the Registration Form
STEP 2	Refer client to the unit/staff concerned
SERVICE PROVIDER/S	Officer of the Day
TIME FRAME	2-5 minutes
STEP 3	Interview client with reference to the Intake Sheet
SERVICE PROVIDER/S	UNIT I - CONCEPCION BAQUIANO UNIT IV - GERARDO DISPO - SUSANA BRAGAIS - MA. LIZA PILLE UNIT II - LUZ SAGUID UNIT V - AIDA AYAG UNIT III - EUGENE GUERRA UNIT VI - JOHN ONG
TIME FRAME	5 - 15 minutes
STEP 4	Prepare Referral Letter/ Social Case Study Report
SERVICE PROVIDER/S	UNIT I - GANYMEDE GULTIANO UNIT IV - LOLITA BAUTISTA UNIT II - DELILAH MARTINEZ UNIT V - ROSALIE PADRIGON UNIT III - REGINA H. EMBALSADO UNIT VI - MELANIE PARREÑAS
TIME FRAME	10 minutes
STEP 5	Release and record Referral Letter/ Social Case Study Report
SERVICE PROVIDER/S	UNIT I - CONCEPCION BAQUIANO UNIT IV - GERARDO DISPO - SUSANA BRAGAIS - MA. LIZA PILLE UNIT II - LUZ SAGUID UNIT V - AIDA AYAG UNIT III - EUGENE GUERRA UNIT VI - JOHN ONG
TIME FRAME	1 minute
REQUIRED DOCUMENT/S	1. Barangay Certificate of indigency 3. Form 137 or Class

	2. Personal/Request Letter	Card/Registration Form
REQUIRED FEES	None	
FRONTLINE SERVICE	CASE PLANNING AND MANAGEMENT OF REPORTED CHILD IN NEED OF SPECIAL PROTECTION (CNSP), VIOLENCE AGAINST WOMEN AND CHILDREN (VAWC), PHYSICALLY, SEXUALLY AND EMOTIONALLY ABUSED	
STEP 1	Receive report of alleged abuse	
STEP 2	Conduct initial ocular survey/collateral interview	
STEP 3	Coordinate with the police and barangay authorities	
STEP 4	Conduct immediate rescue operation of the victim	
STEP 5	Intake interview with client and family	
STEP 6	Attend to immediate needs of victim (e.g. food, medical, etc.)	
STEP 7	Conduct counseling	
STEP 8	Assist victim in going to Camp Crame/Government Hospitals for medico-legal/physiological evaluation, in filing legal action, and during trial proceedings in the court	
STEP 9	Prepare Case Summary Report and other requirements	
STEP 10	Refer victim to institution for protective custody and temporary shelter, and supervision with the family	
STEP 11	Admit client to institution and other agencies	
SERVICE PROVIDER/S	UNIT I - GANYMEDE GULTIANO UNIT IV - LOLITA BAUTISTA UNIT II - DELILAH MARTINEZ UNIT V - ROSALIE PADRIGON UNIT III - REGINA H. EMBALSADO UNIT VI - MELANIE PARREÑAS	
TIME FRAME	Case dependent	
REQUIRED DOCUMENT/S	Report through telephone or referral letter from barangay or concerned citizen or other agencies	
REQUIRED FEES	None	

FRONTLINE SERVICE	SOLO PARENT PROGRAM	
STEP 1	Secure and accomplish Application Form and attach required document/s	
STEP 2	Receive and register client in the client's logbook and refer client to the unit concerned for other social welfare services	
SERVICE PROVIDER/S	SOUTH CITY HALL - ROSEMARIE REYES UNIT III - EUGENE GUERRA UNIT V - AIDA AYAG UNIT IV - MA. LIZA PILLE UNIT VI - JOHN ONG	
TIME FRAME	2-5 minutes	
STEP 3	Interview client with reference to the Intake Sheet	
STEP 4	Process / Assess applicant for qualification to avail the Solo Parent Card/ Inform client of the date of release of Solo Parent ID (after 5 days)	
SERVICE PROVIDER/S	SOUTH CITY HALL - ROSEMARIE REYES UNIT III - EUGENE GUERRA UNIT V - AIDA AYAG UNIT IV - MA. LIZA PILLE UNIT VI - JOHN ONG	
TIME FRAME	5 - 15 minutes	
STEP 6	Provide brief orientation on the use/privileges of being a solo parent ID holder/Release and record Referral Letter/Solo Parent ID	
SERVICE PROVIDER/S	SOUTH CITY HALL - ROSEMARIE REYES UNIT III - EUGENE GUERRA UNIT V - AIDA AYAG UNIT IV - MA. LIZA PILLE UNIT VI - JOHN ONG	

TIME FRAME	10 minutes
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FRONTLINE SERVICE	SOLO PARENT PROGRAM (cont.)
REQUIRED DOCUMENT/S	<ol style="list-style-type: none"> 1. Barangay Certification for Solo Parent 2. 1 pc. 1x1 picture/1 pc. 2x2 picture 3. Income Tax Return (ITR) or Certificate of Employment, if employed 4. Proof of evidence of being a Solo Parent <ul style="list-style-type: none"> - Widow – photocopy of Death Certificate - Separated – Legal Separation paper, Affidavit of any agreement paper - Annulled – Annulment Papers or Nullity of Marriage - Legal Guardianship or Adoption Paper - Medical Certificate of Total Disability of Spouse - Sentence of Imprisonment, if spouse is in jail - Birth Certificate of children of unwed mother
REQUIRED FEES	None

FRONTLINE SERVICE	PERSON WITH DISABILITY PROGRAM
STEP 1	Receive required document/s and register client in the caseload inventory
STEP 2	Refer client to the unit/staff concerned for other social welfare services
SERVICE PROVIDER/S	Officer of the Day
TIME FRAME	2-5 minutes
STEP 3	Interview client with reference to the Intake Sheet
STEP 4	Process / Assess applicant for qualification to avail the PWD Card
SERVICE PROVIDER/S	SOUTH CITY HALL - ROSEMARIE REYES - ANGEL MAY G. KWONG UNIT III - EUGENE GUERRA UNIT V - AIDA AYAG UNIT IV - MA. LIZA PILLE UNIT VI - JOHN ONG
TIME FRAME	5 - 15 minutes
STEP 5	Prepare Referral Letter/Social Case Study Report particular for PWD concerns and Inform client about the date of release Of the PWD ID (after 5 days)
SERVICE PROVIDER/S	SOUTH CITY HALL - ROSEMARIE REYES - ANGEL MAY G. KWONG UNIT III - REGINA H. EMBALSADO UNIT V - MELANIE PARREÑAS UNIT IV - LOLITA BAUTISTA UNIT VI - MILAGROS SAMPANG
TIME FRAME	10 minutes
STEP 6	Provide brief orientation on the use/privileges of being a PWD ID holder/Release and record Referral Letter/PWD ID
SERVICE PROVIDER/S	SOUTH CITY HALL - ROSEMARIE REYES - ANGEL MAY G. KWONG UNIT III - EUGENE GUERRA UNIT V - AIDA AYAG UNIT IV - MA. LIZA PILLE UNIT VI - JOHN ONG
TIME FRAME	1 minute
REQUIRED DOCUMENT/S	<ol style="list-style-type: none"> 1. Barangay Indigency Certificate 2. 1 piece 1x1 recent picture/ 1 piece 2x2 picture 3. One valid ID <ul style="list-style-type: none"> - SSS or GSIS - License ID - School ID - COMELEC OR Voter's ID - Postal ID - Company ID 4. School Assessment – licensed teacher signed by the school principal 5. Medical Certificate of Disability – licensed private and government physician or psychologist assessment (for mentally disabled)

REQUIRED FEES	None
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FRONTLINE SERVICE	DAY CARE SERVICE PROGRAM				
STEP 1	Family survey/ intake interview to identify the beneficiaries				
STEP 2	Assess/ consolidate survey				
STEP 3	Prepare Masterlist of surveyed families				
STEP 4	Conduct parents' orientation on programs/services				
STEP 5	Conduct sessions from Monday to Friday that includes: storytelling, arts and crafts, indoor and outdoor games, musical appreciation that promotes child's development				
STEP 6	Asses / monitor development of children through Early Childhood Care and Development Checklist including gross and fine motor development				
STEP 7	Conduct related activities to promote child's right/love of country				
STEP 8	Conduct monthly meeting with the parents				
STEP 9	Recognize children's intellectual growth for promotion to formal school				
SERVICE PROVIDER/S	- MARILYN COLITOY - DAY CARE WORKERS				
QUALIFICATION REQUIREMENTS	List of:				
	<table border="0"> <tr> <td>1. 3 – 4.7 yrs. Old children of economically disadvantaged families</td> <td>3. Children whose parents are working</td> </tr> <tr> <td>2. Children belonging to large families</td> <td>4. Children who are nutritionally at risk</td> </tr> </table>	1. 3 – 4.7 yrs. Old children of economically disadvantaged families	3. Children whose parents are working	2. Children belonging to large families	4. Children who are nutritionally at risk
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2. Children belonging to large families	4. Children who are nutritionally at risk				
REQUIRED DOCUMENT/S	<table border="0"> <tr> <td>1. Birth certificate (NSO)/Baptismal Certificate</td> <td>3. Barangay Indigency Certificate</td> </tr> <tr> <td>2. Immunization Record</td> <td>4. Initial ECCD Assessment</td> </tr> </table>	1. Birth certificate (NSO)/Baptismal Certificate	3. Barangay Indigency Certificate	2. Immunization Record	4. Initial ECCD Assessment
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2. Immunization Record	4. Initial ECCD Assessment				
REQUIRED FEES	None				



FRONTLINE SERVICE	STREET CHILDREN PROGRAM
STEP 1	Set schedule of rescue operation in closed coordination with DSWD-NCR
STEP 2	Coordinate with LGUs and other agencies involved with the operation
STEP 3	Prepare letters for institutions where clientele will be possibly referred
STEP 4	Conduct Inter-Agency Meeting
STEP 5	Actual Rescue Operation
STEP 6	Interview and assess client

STEP 7	Refer and turn-over to respective agencies
STEP 8	Reunite with their respective families (RTF)
STEP 9	Consolidate report

FRONTLINE SERVICE	STREET CHILDREN PROGRAM (cont.)
STEP 10	Evaluate group
SERVICE PROVIDER/S	- MA. VICTORIA DANGANAN (STREET CHILDREN PROGRAM FOCAL PERSON) - STREET FACILITATORS/ VOLUNTEERS
TIME FRAME	2 Days (12:00 AM start of Rescue Operation, ends the following day)
REQUIRED DOCUMENT/S	1. Formal Letter 2. Masterlist of Clientele 3. Referral Forms 4. Social Case Study Report Forms 5. Intake Sheets 6. Kasunduan Forms
REQUIRED FEES	None

FRONTLINE SERVICE	EMERGENCY/ DISASTER OPERATION
STEP 1	Report and submit list of affected areas and masterlist of families affected
SERVICE PROVIDER/S	Barangay officials/ non-government organizations concerned
TIME FRAME	Immediately after the occurrence of emergency/ disaster situations
REQUIRED DOCUMENT/S	1. Masterlist of affected families 2. Barangay Report/Endorsement
STEP 2	Conduct ocular survey to validate report and recommend Disaster Operation Plan
SERVICE PROVIDER/S	UNIT I - GANYMEDE GULTIANO UNIT IV - LOLITA BAUTISTA UNIT II - DELILAH MARTINEZ UNIT V - ROSALIE PADRIGON UNIT III - REGINA H. EMBALSADO UNIT VI - MELANIE PARREÑAS
TIME FRAME	Immediately after submission of documents and reports
REQUIRED DOCUMENT/S	Initial Report, Barangay Report
STEP 3	Facilitate conduct of disaster operation: 1. Assist in putting affected families to evacuation centers identified by concerned barangays 2. Facilitate immediate needs of affected families (e.g. food, medical, etc.) 3. Intake interview and counseling assistance 4. Supplemental Feeding or dry rationing (food packs) 5. Resource mobilization/ DSWD augmentation 6. Financial Assistance for legitimate homeowners
SERVICE PROVIDER/S	Unit Level Disaster Team/Technical & Administrative Units/Volunteers/ Focal persons
TIME FRAME	Immediate
REQUIRED DOCUMENT/S	1. Distribution Form 2. Disaster Report
STEP 4	Conduct Critical Incident Stress Debriefing/Counseling when needed
SERVICE PROVIDER/S	UNIT I - GANYMEDE GULTIANO UNIT IV - LOLITA BAUTISTA UNIT II - DELILAH MARTINEZ UNIT V - ROSALIE PADRIGON UNIT III - REGINA H. EMBALSADO UNIT VI - MELANIE PARREÑAS
TIME FRAME	5-10 minutes/individual 10-30 minutes per group
	1. Distribution Form 2. Disaster Report
STEP 5	Evaluate
SERVICE PROVIDER/S	UNIT I - GANYMEDE GULTIANO UNIT IV - LOLITA BAUTISTA UNIT II - DELILAH MARTINEZ UNIT V - ROSALIE PADRIGON UNIT III - REGINA H. EMBALSADO UNIT VI - MELANIE PARREÑAS

TIME FRAME	1 Day
REQUIRED DOCUMENT/S	1. Distribution Form 2. Disaster Report
REQUIRED FEES	None

FRONTLINE SERVICE	INSTITUTIONAL CARE AND REHABILITATION PROGRAM <i>ADMISSION TO TAHANANG MAPAGPALA CENTER/ SOCIAL DEVELOPMENT CENTER (TMC/ SDC)</i>
STEP 1	Refer minor to TMC/SDC with complete requirements
SERVICE PROVIDER/S	REFERRING BARANGAY OR UNIT OFFICE
STEP 2	Admit/ orient on house rules and assignments
SERVICE PROVIDER/S	- SHIRLEY CRUZ - IN-HOUSE PARENTS
TIME FRAME	30 minutes – one hour
STEP 3	Intake Interview
STEP 4	Assess and evaluate client's needs and problems
SERVICE PROVIDER/S	SHIRLEY CRUZ
TIME FRAME	30 minutes – one hour
STEP 5	Conduct counseling and provide other in-house services to the client while under care
SERVICE PROVIDER/S	- MILAGROS SAMPANG - IN-HOUSE PARENTS - SHIRLEY CRUZ
TIME FRAME	Depends upon client's needs
STEP 6	Conduct home visit and collateral information
SERVICE PROVIDER/S	SHIRLEY CRUZ
TIME FRAME	Case dependent
STEP 7	Refer client to other institutions to address identified needs/problems
SERVICE PROVIDER/S	- MILAGROS SAMPANG - SHIRLEY CRUZ - REGINA EMBALSADO
TIME FRAME	Depends upon client's needs
STEP 8	Public service through media (e.g. TV, radio)
SERVICE PROVIDER/S	- SHIRLEY CRUZ - PUBLIC INFORMATION DIVISION, OFFICE OF THE CITY MAYOR
STEP 9	Release of clients to parent or relative/institution
SERVICE PROVIDER/S	Center Head/Center Staff
REQUIRED DOCUMENT/S	1. Child In Need of Special Protection (CNSP)/minor with behavioral problems 2. Law Enforcement Officer (LEO) Report/Endorsement 3. Medical Certificate 4. Birth Certificate 5. Law Enforcement Officer (LEO)referral with minor case information 6. Fiscal's Notation
REQUIRED FEES	None



FRONTLINE SERVICE	INSTITUTIONAL CARE AND REHABILITATION PROGRAM <i>ADMISSION TO YAKAP BATA HOLDING CENTER (YBHC)</i>
STEP 1	Turn-over minor - Children in Conflict with the Law (CICL) to YBHC with complete documents
SERVICE PROVIDER/S	REFERRING BARANGAY OR UNIT OFFICE
TIME FRAME	Case dependent
STEP 2	Receive complete documents for record purposes
STEP 3	Admit/orient minors on house rules and assignments
SERVICE PROVIDER/S	SARAH PATRICIA AMIS
TIME FRAME	30 minutes
STEP 4	<ol style="list-style-type: none"> 1. Intake Interview 2. Facilitate discernment tool for determination of minor's discernment to be submitted at the Regional Trial Court (RTC) and Prosecutors Office 3. Facilitate Motion for Release on Recognizance (ROR) 4. Release of minor whether Returned To Family (RTF) or referral to other proper agencies 5. Facilitate needs of minor when inside the center/ counseling assistance 6. Case management of minor by the respective Unit Offices 7. After care/ follow-up for minors with suspended sentences and minors with behavioral problems – monthly monitoring of minor's activities/situation
SERVICE PROVIDER/S	- DELILAH MARTINEZ - ROWELYN ACDOG
TIME FRAME	Case dependent
REQUIRED DOCUMENT/S	<ol style="list-style-type: none"> 1. Law Enforcement Officer (LEO) Report/Endorsement 2. Medical Certificate 3. Birth Certificate 4. Law Enforcement Officer (LEO)referral with minor case information 5. Fiscal's Notation
REQUIRED FEES	None

FEEDBACK AND COMPLAINTS MECHANISM:

Accomplish the Feedback Form available in the office and drop in the designated Comment and Suggestion Box located at the Front Desk or send queries through any of the following form of correspondence:

Email Address: *caloocan_ccswd@yahoo.com*

Telephone Numbers: (02) 336 – 5705
(02) 288 – 8811 loc. 2302