





Title of Service/Process:

Implementation of The Assistance to Individuals In Crisis Situation Program for Individual Clients Transacting within the DSWD Offices (CIU/CIS/SWAD OFFICES)

AICS serves as a social safety net or stop-gap measure to support the recovery of individuals and families identified to be suffering from any adversity or crisis through the provision of financial assistance, psychosocial intervention, and referral services that will enable the clients to meet their basic needs in the form of food, transportation, medical, educational, material, funeral, and cash assistance for other support services, among others.

The provision of psychosocial support, including psychological first aid, and counseling, as well as financial assistance to disadvantaged and marginalized sectors, are part of the social protection services of the Department. These protective services aim to help individuals and families to cope with the present difficult situation they are experiencing, such as illness, death, loss of job, or source of income. In order to effectively and efficiently respond to existing and emerging crisis situations among vulnerable sectors, a Citizens Charter was crafted to provide a comprehensive guide on the provision of the aforementioned assistance.

| Office or Division: | Program Management Bureau - Crisis Intervention Division, Protective Service Division- Crisis Intervention Section Field Office I-XII, CARAGA, CAR, and NCR | |
|----------------------|---|--|
| Classification: | Simple | |
| Type of Transaction: | action: G2C- Government to Citizen | |
| Who may Avail: | Indigent, marginalized, and vulnerable/disadvantaged individuals and families or are otherwise in crisis situation based on the assessment of the Social Worker | |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
|---|--|
| One (1) valid identification card of the client/ person to be interviewed; | Preferably issued by any government agencies such as but not limited to: • Philippine Statistics Authority (PhilSys ID) • Social Security System or Government Service Insurance System (UMID ID, SS: or GSIS ID) • Philhealth (Philhealth ID) • Land Transportation Office (Driver's License) • Professional Regulation Commission (PRC ID) • Overseas Workers Welfare Administration (OWWA ID) • Department of Labor and Employment (iDOLE) • Pag-IBIG Fund (PAG-IBIG ID) • Commission on Election (Voter's ID or Voter's Certification) • Post Office (Postal ID) • Department of Foreign Affairs (Philippine Passport) • National Bureau of Investigation (NBI Clearance) • Department of Social Welfare and Development (4Ps ID) • Local Government Unit • PWD ID • Solo Parent ID • City or Municipal ID • Barangay ID • Office of Senior Citizen Affairs (OSCA ID) • Police Clearance • or any ID preferably with validity date, and picture and signature of the client • In extremely justifiable circumstances, a Barangay Certification certifying the identity of the client may be presented in lieu of an Identification Card. |
| Signed Authorization Letter (if applicable) | Beneficiary of Assistance except for those who do not have the capacity to act or below 18 years old |
| TRANSPORT | TATION ASSISTANCE |
| Other supporting document/s such as but are not limited to, medical certificate, death certificate, and/or court order or subpoena | Police Station - Police Blotter Hospitals or Clinic - Medical Abstract Court - Court Order or Subpoena Civil Registry - Death Certificate |
| MEDICAL ASSISTA | ANCE FOR HOSPITAL BILL |
| Medical Certificate or Clinical Abstract or Discharge Summary or Alagang Pinoy Tagubilin Form with Diagnosis with complete name, license number and signature of the Physician issued within three months (Original or Certified True Copy) | Medical records of the Hospital or Clinic or the Attending Physician Statement of Account - Billing Office of the hospital Certificate of Balance and Promissory Note - Credit and Collection Office |
| Hospital bill or Statement of Account (outstanding balance) with name and signature of billing clerk or Certificate of balance and Promissory Note signed by the credit and collection officer or billing clerk. | Statement of Account - Billing Office of the hospital Certificate of Balance and Promissory Note - Credit and Collection Office |
| Social Case Study Report or Case Summary. | Registered Social Worker in public or private practice. DSWD LSWDO NGO Medical Social Service |

















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| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE | | | |
|---|--|--|--|--|
| MEDICAL ASSISTANCE FOR | R MEDICINE OR ASSISTIVE DEVICE* | | | |
| Medical Certificate or Clinical Abstract or Discharge Summary or Alagang Pinoy Tagubilin Form with Diagnosis with complete name, license number and signature of the Physician issued within three months (Original or Certified True Copy) | Medical records of the Hospital or Clinic of the Attending Physician | | | |
| Prescription with date of issuance, complete name, license number and signature of the Physician issued within three months. | Attending Physician from a hospital or clinic. | | | |
| *If the amount of assistance being requested exceeds PhP10,000.00, the follow | wing shall be required as additional requirements: | | | |
| Quotation of Medicine or Assistive Device | Service Provider | | | |
| Social Case Study Report or Case Summary. | Registered Social Worker in public or private practice. • DSWD • LSWDO • NGO • Medical Social Service | | | |
| MEDICAL ASSISTA | ANCE FOR LABORATORY* | | | |
| Medical Certificate or Clinical Abstract or Discharge Summary or Alagang Pinoy Tagubilin Form with Diagnosis with complete name, license number and signature of the Physician issued within three months (Original or Certified True Copy) | Attending Physician or from Medical Records of the hospital or clinic. | | | |
| Laboratory Requests or Laboratory Protocol or Doctor's Order with name, license number, and signature of the Physician | Attending Physician from a hospital or clinic. | | | |
| Social Case Study Report or Case Summary. | Registered Social Worker in public or private practice. • DSWD • LSWDO • NGO • Medical Social Service | | | |
| *If the amount of assistance being requested exceeds PhP10,000.00, the follow | wing shall be required as additional requirements: | | | |
| Quotation of Laboratory | Service Provider | | | |
| Social Case Study Report or Case Summary. | Registered Social Worker in public or private practice. • DSWD • LSWDO • NGO • Medical Social Service | | | |
| FUNERAL ASSISTA | ANCE FOR FUNERAL BILL | | | |
| Death Certificate or Certification from the Tribal Chieftain (Original or Certified True Copy) | City or Municipal Hall (Civil Registry Office), Hospital, Funeral Parlor, Tribal Chieftain or Imam | | | |
| Promissory Note or Certificate of Balance or Statement of Account | Authorized staff of the Funeral Parlor or Memorial Chapel | | | |
| Funeral Contract | Authorized staff of the Funeral Parlor or Memorial Chapel | | | |
| FUNERAL ASSISTANCE | FOR TRANSFER OF CADAVER | | | |
| Death Certificate or Certification from the Tribal Chieftain (Original or Certified True Copy) | City or Municipal Hall (Civil Registry Office), Hospital, Funeral Parlor, Tribal Chieftain or Imam | | | |
| Transfer Permit | City or Municipal Hall | | | |
| EDUCATIONAL ASSISTANCE | | | | |
| Validated School ID and Valid I.D | School Registrar where the beneficiary is enrolled | | | |
| Enrolment Assessment Form; or Certificate of Enrolment or Registration; or Statement of Account | School Registrar or Concerned Office where the beneficiary is enrolled | | | |
| FOOD ASSISTANCE FOR INDIVIDUAL AND FAMILIES ENDORSED IN GROUPS | | | | |
| Barangay Certificate or Residency; or Certificate of Indigency or Certificate that the client is in need of assistance may be required or medical document as proof that the beneficiary is admitted | Barangay Hall where the client is presently residing Hospital where the beneficiary is currently admitted | | | |

















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| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE | | | |
|--|--|--|--|--|
| CASH RELIEF ASSISTANCE (FOR FIRE VICTIMS) | | | | |
| Police Report or Bureau of Fire Protection Report from the Bureau of Fire | Bureau of Fire or PNP | | | |
| CASH RELIEF ASSISTANCE (FOR DISTRE | SSED OVERSEAS FILIPINO WORKERS OR OFW) | | | |
| Passport, Travel Document/s, certification from OWWA or the Barangay | Overseas Workers Welfare Administration or Department of Migrant Workers or Barangay | | | |
| CASH RELIEF ASSISTA | NCE (FOR RESCUED CLIENT) | | | |
| Certification from a social worker or Case manager from rescued clients. • Local Social Welfare and Development Office or other social welfare | | | | |
| CASH RELIEF ASSISTANCE (FOR VIO | CTIMS OF ONLINE SEXUAL EXPLOITATION) | | | |
| lice Blotter and social worker's certification for the victims of online ual exploitation of children. | | | | |
| CASH RELIEF ASSISTANCE (FOR LO | OCALLY STRANDED INDIVIDUALS OR LSI) | | | |
| LSI without valid IDs, the Medical Certificate or the Travel Authority issued by the Philippine National Police will suffice and be accepted to prove his or her identity. | Hospital or Clinic - Medical Certificate signed by the Registered Physician | | | |
| CASH RELIEF ASSISTANC | CE (FOR ALL OTHER INCIDENTS) | | | |
| Barangay Certificate of Residency or Certificate of Indigency or Certificate of the Client is in Need of Assistance as well as other documents from legal authorities or regulating agencies, as may be applicable such as but not limited to: Police Report or Blotter; Spot report from the AFP or PNP; Joint AFP-PNP Intelligence Committee (JAPIC) certificate; Certification of death, Disaster Assistance Family Access Card (DAFAC); Medico-legal certification | Barangay Hall where the client is presently residing Police Station AFP or PNP Office of Civil Registry Certificate from the LDRMO; or Local Government Unit Hospital or Clinic signed by Licensed Physician | | | |
| MATERIA | AL ASSISTANCE | | | |
| General Intake Sheet | DSWD CIU/CIS/SWAD | | | |
| Material Assistance Distribution Sheet | DSWD CIU/CIS/SWAD | | | |

| CLIENT STEPS | | AGENCY ACTIONS | FEES TO BE PAID | PERSON/S RESPONSIBLE | PROCESSIN G TIME |
|------------------|-----------------------------------|--|-----------------|---------------------------------------|---------------------|
| | 1.1. Secure a queuing number. | 1.1.1. Provide client with queuing number. | NONE | DSWD Personnel (Administrative Staff) | 10 Minutes |
| S T E P | 1.2. Present pertinent documents. | 1.2.1. DSWD personnel will check the validity, and completeness of required documents presented by the client. | NONE | DSWD Personnel | 20 Minutes |
| | | 1.2.2. Check the client's record to the Crisis Intervention Monitoring System (CrIMS). | NONE | DSWD Personnel | 20 Minutes |
| | | 1.2.3. If documents are complete and valid, and right frequency of availment, the client will be advised to proceed to step 2 and submit documents pertinent to their request. If not, the client will be advised to comply with the needed documents or be rescheduled to the date wherein the proper frequency of availment will be met. | NONE | DSWD Personnel | 10 Minutes |













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| | CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PERSON/S RESPONSIBLE | PROCESSIN G TIME |
|------------------|---|--|-----------------|---------------------------------|---------------------|
| | 2.1. Submit pertinent documents for Interview and Assessment. | 2.1.1. The DSWD Social Welfare Officer (SWO) shall interview, assess the documentary requirements presented, and Fill out the information in the General Intake Sheet (GIS) and the Certificate of Eligibility (CE). | NONE | Social Welfare Officer (SWO) | 40 Minutes |
| | | 2.1.2. The DSWD Social Welfare Officer (SWO) shall determine the eligibility of the client to receive assistance, and recommend the appropriate assistance. | | | |
| | | If found to be ineligible for the services under the program, the client will be formally informed of the reason of ineligibility and henceforth be declined and provided with a letter of disqualification to receive assistance. | NONE | Social Welfare Officer (SWO) | 40 Minutes |
| | | 2.1.3. Advise the client to Proceed to Step 3 and wait to be called for the release of assistance. | NONE | Social Welfare Officer (SWO) | 40 Minutes |
| | | 2.1.4. Forward the Client's Document to the Authorized Approving Officer. | NONE | Authorized official/s | 40 Minutes |
| | | 2.1.5. Approve the Social Worker's recommendation if found reasonable and with complete and valid documents. | NONE | Authorized Approving Officer | 40 Minutes |
| | | 2.1.6. Scan the client's approved documents for filing, and forward to Step 3 for releasing of assistance. | NONE | DSWD Personnel | 30 Minutes |
| S | | Check the Client's Identity. | NONE | SDO/RDO/DSWD personnel | 15 Minutes |
| E P 3 | Receive Assistance. | Release the Assistance. | NONE | SDO/RDO/DSWD personnel | 15 Minutes |
| S T E P | Fill out client satisfaction measurement survey. | Receive the client satisfaction survey. | NONE | Administrative personnel | 20 Minutes |

TOTAL TURNAROUND TIME:

5 Hours, 40 Minutes for Cash Out Right *

1 Day or 24 Hours for Guarantee Letter *

^{*}Time may vary depending on the influx of clients, technical, and other circumstances outside the control of the Department.



















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| FEEDBACK AND COMPLAINTS MECHANISM | | | | |
|-----------------------------------|--|--|--|--|
| How to send feedback | The client or referring party could express their feedback through a Satisfaction Survey Form that would be given at the end of the client's transaction in the Crisis Intervention Unit/Section (CIU/S) or through https://tinyurl.com/553zm6ka which will be given after they were assessed by the social worker where or not they receive assistance under Assistance to Individual in Crisis Situation (AICS) Program. | | | |
| How feedback is processed | The duly accomplished Satisfaction Survey Form shall be consolidated together with the generated online customer feedback form once a month, identifying 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 | CIU/CIS and SWAD Offices shall implement two mechanisms for handling grievances and complaints which are: (1) Written Communication and Email which is handled by the Grievance Focal Person (GFP); and (2) Personal or Onsite Complaints thru the establishment of the Public Assistance Complaint Desk (PACD). A complaint may be filed through any of the established modalities: • Personal appearance (walk-in clients) through the Public Assistance and Complaints | | | |
| | Personal appearance (wark-in clients) through the Public Assistance and Complaints Desk- electronic email where concerns can be send to ciu.co@dswd.gov.ph Letters addressed to the Director IV, Ms. Maricel C. Deloria Program Management Bureau (PMB) through our Division Chief of Crisis Intervention Division, Edwin S. Morata or Mr. Artemio E. Bautista, PDO V, OIC - Unit Head of Crisis Intervention Unit. | | | |
| PROCESSING OF (| COMPLAINTS | | | |
| Written Communication and Email | STEP 1: RECORDING AND TAGGING OF GRIEVANCES Grievances forwarded to the CID/CIS shall be received by the assigned incoming document administrative staff of CID/S. The said officer shall log the document in the Electronic Document Tracking Management System (EDTMS) of the Department signifying that the document was received by the office. They will then forward it to the Grievance Focal Person. The DRN, Subject of the document, and other pertinent details shall be listed in the monitoring tool for action of the Grievance Focal Person. STEP 2: ACTION AND RESPONSE Upon receiving the document, the Grievance Focal Person shall assess and inform the concerned staff/s, team, or section on their involvement in the received grievance case. The concerned staff or team shall be given three (3) days to respond to the complaint through a feedback letter. The said document shall be sent to the concerned parties copy furnished to the PMB-CID Grievance Focal Person. STEP 3: MONITORING A designated Grievance Focal Person per CID/CIS and SWAD offices shall be responsible for responding to and monitoring grievances concerning their respective office. All grievances will be recorded and monitored through a centralized system to ensure all grievances are provided with appropriate action in compliance with RA. 11032. STEP 4: TERMINATION Grievances provided with an action shall be marked as resolved if no further follow-through from the complainant is received after three (3) days from the date the feedback letter was sent. | | | |
| Personal or onsite complaints | A PACD shall be stationed within the CIU/CIS/SWAD Satellite Office operating area where it will be visible and accessible to clients. The management of the said offices shall designate a personnel to man the said desk to immediately respond to complaints of clients onsite. Below is the process of handling received cases. STEP 1: RECORDING OF PACD CONCERN The PACD Officer shall be in charge of addressing the concerns raised through the PACD and shall account all transactions through a PACD Monitoring Tool which will contain the basic information and contact details of the client, and their concern. STEP 2: ASSESSMENT AND INTERVENTION The PACD Officer shall be responsible to assess the concern of the client and shall intervene based on the presented concern. They shall observe maximum tolerance and calmly handle clients expressing their concerns or plea, whatever the case may be. For brevity, the PACD Officer shall provide a brief description of the actions taken to resolve the concern of the client on the PACD Monitoring Tool. In cases that the client persisted to be unresolved with the intervention despite the diligent effort of the PACD Officer to assist them with their case, the PACD Officer shall be required to prepare an incident report and escalate the concern with the management. | | | |

CONTACT INFORMATION:

Anti-Red Tape Authority (ARTA)

EMAIL: complaints@arta.gov.ph

TEL. NO.: 8-478-5093

Presidential Complaint Center (PCC)

EMAIL: pcc@malacanang.gov.ph

HOTLINE NO.: 8888

Contact Center ng Bayan (CCB)

EMAIL: email@contactcenterngbayan.gov.ph MOBILE NO.: 0908-881-6565







