

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

PROTECTIVE SERVICES BUREAU

CITIZEN'S CHARTER

2025 (2nd Edition)



I. Mandate:

The Department of Social Welfare and Development (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 disadvantaged.

II. Vision:

An empowered society where the poor, vulnerable, and disadvantaged sectors have immediate and equitable access to opportunities for an improved quality of life.

III. Mission:

As the authority in the Social Welfare and Development (SWD) sector, the DSWD develops, implements, enables, and coordinates SWD policies and programs for and with the poor, vulnerable, and disadvantaged.

IV. Service Pledge:

We are committed to provide quality, prompt, and courteous service from Mondays to Fridays, 8:00 A.M. to 5:00 P.M., without noon breaks and thereby ensure that all applicants or requesting parties who are within the DSWD premises prior to the end of the official working hours and during lunch break shall be attended to. In view of this, we shall ensure availability of Officers-in-Charge of our frontline services at all times for consultation and advice.

Furthermore, we shall endeavor to complete transactions within the day and in the event that we are unable to do so, we shall inform our clients promptly of our actions taken so far and clearly explain the reason/s for such delay.

We shall appreciate any positive or negative feedback regarding our services, facilities, and personnel.

All these we pledge for the best interest of the clients/customers we serve.



Quality Policy

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Deliver, coordinate, and monitor social protection programs and services to the poor, vulnerable, and disadvantaged population towards a fair, just and peaceful society;

Sustain a culture of excellence through continual improvement of systems, mechanisms, and procedures in the delivery of programs and services;

Work with integrity and adhere to ethical standards for customer satisfaction and quality service by complying with the DSWD mandates, and other pertinent laws; and

Demonstrate genuine concern for the poor, prompt compassionate service, and free from any form of corruption.



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PROTECTIVE SERVICES BUREAU (PSB)

FRONTLINE SERVICES



1. Securing Digitized Travel Clearance for Minors Traveling Abroad

Digital Blue Card (formerly known as the DSWD Travel Clearance) is an electronic document issued by the Department of Social Welfare and Development to a minor traveling abroad unaccompanied by any of the parents or persons having no parental authority and legal custody over the child.

| Of | ffice or Division: | Centralized Processing Protective Services Bur | g Office - Minors Traveling Abroad Under | | | |
|----------|---|--|--|--|--|--|
| CI | assification: | Simple | cau | | | |
| | pe of Transaction: | G2C - Government to C | itizen . | | | |
| | ho may avail: | Filipino Minors Traveling | | | | |
| | <u> </u> | | | | | |
| CI | HECKLIST OF REQUIR | REMENIS | WHERE TO SECURE | | | |
| Α. | Minor/s traveling alo | ne to a foreign country | for the first time: | | | |
| | Scanned copies of the | | | | | |
| 1. | QR-coded Birth (| Certificate from the | Philippine Statistics Authority (PSA) | | | |
| | Philippine Statistics Au | | | | | |
| 2. | | Certificate of the minor's | Philippine Statistics Authority (PSA) | | | |
| | | rt Decision on Legal | | | | |
| <u>_</u> | Guardianship, Solo Pa | | | | | |
| 3. | • • | and Certified copy of | Sponsor | | | |
| | | ial capability of the | | | | |
| | sponsor such as any o | • | | | | |
| | a. Certificate of Empleb. Latest ITR; or | byment, | | | | |
| | c. Bank Statement. | | | | | |
| 1 | | ificate (in case of death | Philippine Statistics Authority (PSA) | | | |
| | | th) issued by the Local | Timppine Statistics Authority (1 5/1) | | | |
| | Civil Registrar; | an, 100000 by and 20001 | | | | |
| 5. | 9 , | colored passport-size | Applicant | | | |
| | | (in white background) | FF | | | |
| | taken within six (6) mo | ` | | | | |
| 6. | Valid ID/Passport of P | arents (with signature); | Parent/s | | | |
| | and | | | | | |
| | Passport of Minor (if a | | Minor | | | |
| В. | B. For the Succeeding unaccompanied travel to a foreign country: | | | | | |
| | Scanned copies of the | | | | | |
| 1. | | colored passport-size | Applicant | | | |
| | • | (in white background) | | | | |
| | taken within six (6) mo | onths; | | | | |



| 2. Valid ID/Passport of parents (with signature), Solo Parent ID, if applicable; | Parent/s |
|---|---|
| 3. Affidavit of support and Certified Copy of Evidence of financial capability of the sponsor such as any of the following: a. Certificate of employment b. Latest ITR; or c. Bank Statement | Applicant or Sponsoring Person/Agency |
| C. Minor/s traveling alone to a foreign country | for the first time with a person other than |
| the parents or legal guardian | • |
| Scanned copies of the following: | |
| QR-coded Birth Certificate from the Philippine Statistics Authority (PSA); | Philippine Statistics Authority (PSA) |
| QR-coded Marriage Certificate of the minor's parents or the Court Decision on Legal Guardianship, Solo Parent ID, if applicable; | Philippine Statistics Authority (PSA) |
| 3. Valid ID/Passport of Parents (with signature); | Parent/s of the Minor |
| Scanned copy of colored passport-size photos of the minor (in white background); | Applicant |
| 5. Passport of the travelling companion; | Traveling Companion |
| 6. If family friend/foreign companion, passport bio-page and visa/Alien Certificate of Registration ID (ACR i-card); | Traveling Companion |
| 7. Notarized oath of undertaking (if non-relative); | Applicant |
| 8. Proof of financial capability of the sponsor: a. Bank statement; b. Certificate of Employment; or c. Income Tax Return. | Applicant or Sponsoring Person/Agency |
| If the sponsor is living abroad, proof of financial | |
| capability should be subscribed and sworn to | |
| before an authorized officer to administer the | |
| oath. | |
| D. Subsequent travel of minors with a person | other than the parents or legal guardian: |
| Scanned copies of the following: | Acaliana |
| 1. Colored copy of the previous Travel Clearance issued by the DSWD, if previously applied manually; | Applicant |
| 2. Electronically generated Travel Clearance | Applicant |
| need not be uploaded for renewing | |
| applicants; | |
| 3. QR-coded Marriage Certificate of the minor's | Philippine Statistics Authority (PSA) |



| parents issued by the PSA or Court Order on | |
|---|--|
| Legal Guardianship, Solo Parent ID, if | |
| applicable; | |
| 4. Valid ID/Passport of parents (with signature); | Parent/s |
| 5. Two (2) colored passport-size photos of the | Applicant |
| minor (on a white-background); | |
| 6. Passport of the traveling companion: | Minor's Traveling Companion |
| 7. If family friend/foreign companion, passport | Minor's Traveling Companion |
| bio-page and visa/Alien Certificate of | William & Traveling Companion |
| Registration ID (ACR i-card); | |
| 8. Notarized oath of undertaking (if | School, Sports Agency, or Sponsoring |
| non-relative); | |
| | Organization |
| 9. Proof of financial capability of the sponsor, | Applicant or Sponsoring Person/Agency |
| any of the following: | |
| a. Bank statement; | |
| b. Certificate of Employment; or | |
| c. Income Tax Return. | |
| | |
| If the sponsor is living abroad, proof of financial | |
| capability should be subscribed and sworn to | |
| before an authorized officer to administer the | |
| oath. | |
| E. Additional Requirements for Minor/s Under | |
| For Filipino minors migrating to another country | Applicant |
| (for purposes of determining if exempted): | |
| a. Scanned copy of the Visa petition | |
| approval. | |
| For minor who is over 18 years old but is unable | Attending physician |
| to fully take care of himself/herself from abuse, | |
| neglect, cruelty, exploitation or discrimination | |
| because of physical or mental disability or | |
| condition: | |
| a. Scanned Certification from a Physician | |
| citing the minor's condition and his/her | |
| inability to fully take care of him/herself. | |
| For a minor who will study abroad: | School where the minor is to be enrolled |
| a. Scanned copy of the student Visa or | Concor where the minor is to be emolied |
| Acceptance or Certificate of Enrollment or | |
| Registration from the school where the | |
| <u> </u> | |
| | |
| minor is to be enrolled. | |
| For a minor who will attend conferences, study | |
| | |



| | 1 |
|---|--|
| and other related activities: | |
| a. Scanned copy of the Certification from the | Local organization in the Philippines |
| sponsoring organization; | |
| b. A scanned copy of the Affidavit of | Traveling companion |
| Undertaking of the companion indicating | |
| the safety measures undertaken by the | |
| sports agency (sports competition); and | |
| c. Scanned copy of the Signed Invitation | Sponsoring agency/ organization abroad |
| from the sponsoring agency/organization | |
| abroad with an itinerary of travel and list | |
| of participants and duration of the | |
| activity/travel. | |
| For minors going abroad for medical purposes | |
| (only applicable to children in Child Caring | |
| Agencies and SWDAs with sponsors abroad for | |
| their medical treatment): | |
| a. Scanned copy of the Medical Abstract of | Licensed Attending Physician |
| the minor; | Licensed Attending i Trysician |
| b. Scanned copy of the Recommendation | |
| from the attending physician that such | |
| medical procedure is not available in the | |
| country; and | |
| c. Scanned Letter from the Sponsor. | |
| For a minor going abroad for inter-country | |
| adoption: | |
| a. NACC issued Consent to Travel | National Authority for Child Care (NACC) |
| For a minor under Foster Care, scanned copies | |
| of the following: | |
| a. RACCO issued Consent to Travel | Regional Alternative Child Care Office |
| d. 177000 looded collective travel | (RACCO) |
| For minors under adoption (must have an | (10.00) |
| undergoing filed petition), scanned copies of the | |
| following: | |
| a. RACCO issued Consent to Travel | Regional Alternative Child Care Office |
| a. IVACCO issued Consent to Travel | (RACCO) |
| For minors under Legal Guardianship: | (10.000) |
| a. Social Case Study Report executed by a | Local Government Unit |
| Licensed Social Worker of the Local | Loodi Government onit |
| Government Unit of the Parent/Guardian; | |
| and | |
| b. Blotter report from either the Local Police | Rarangay or Local Police |
| or Barangay Certification from the locality | Barangay or Local Police |
| | |
| or the last known address of the alleged | |



| | missing parent | |
|----|---|---------------------------------------|
| | missing parent. c. Solo Parent ID, if applicable | |
| F. | For securing the MANDATORY Certificate o | f Exemption |
| | If the parents are not married, and the child's | , , |
| | traveling companion is the biological father | |
| | who has sole parental custody or legal | |
| | custody over the minor as evidenced by a | |
| | Court Order: | |
| | a. QR-coded PSA issued birth certificate of | Philippine Statistics Authority (PSA) |
| | minor; | Applicant |
| | b. Scanned Court Order granting the Sole | Applicant |
| 2 | Parental Custody to the biological father. When the traveling companion is the legal | |
| 2. | guardian; | |
| | a. QR-coded PSA-issued birth certificate of | Philippine Statistics Authority (PSA) |
| | a minor; | ' |
| | b. Scanned Court Order granting Legal | Applicant |
| | Guardianship over minor; | |
| 3. | Orphans of married parents and traveling | |
| | with substitute parent/s (grandparents or | |
| | nearest kin per Family Code): | Applicant |
| | a. QR-coded PSA issued a birth certificate of a minor; | Applicant |
| | b. QR-coded PSA-issued Marriage | |
| | Certificate of the minor's | |
| | c. QR-coded PSA-issued Death Certificate | |
| | of minor's parents | |
| | d. QR-coded PSA-issued Birth Certificate of | |
| | the traveling parents companion | |
| | (grandparents or nearest kin) to establish | |
| | the relationship with the minor. | |
| 4. | Orphans of non-married parents and traveling with the substitute parent/s | |
| | (maternal side): | |
| | a. QR-coded PSA-issued birth certificate of | Applicant |
| | a minor; | |
| | b. QR-coded PSA-issued Death Certificate | |
| | of the minor's biological mother | |
| | c. QR-coded PSA issued Birth Certificate of | |
| | the traveling biological mother companion | |
| | (maternal grandparents) to establish the | |
| | relationship with the minor. | |



VALIDITY Per travel

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---|---|--|-----------------|--|
| Create an account in the MTA portal to submit application forms, upload the required documents, and pay the applicable fee. | the system | For Travel Clearance: ₱800.00 per child For certificate of exemption: ₱300.00 per child | 20 minutes | Applicant through the MTA Portal |
| Wait for the review and assessment of the Social Worker. | 2.1. Designate an assessor to review and evaluate the applicant's requirements. | None | 5 minutes | Social Welfare Officer IV, PSB - Sectoral Programs Division |
| | 2.2. Conduct a thorough review and evaluation of the submitted online application and its supporting documents to verify the authenticity and completeness of the required documents. 2.3. Notify the client via email for the availability of schedules for the online interview. | None | 35 minutes | Assessor |



| 3. | for an online interview | 3.1. | Confirm the schedule and details of the online interview. | None | 5 minutes | MTA Portal |
|----|---|------|--|------|------------|--|
| 4. | Attend the online interview together with the minor and parent/travel companion | 4.1. | Conduct an online interview and prepare his/her assessment of the application. | None | 30 minutes | Interviewer |
| 5. | Wait for the travel clearance/ certificate of exemption | 5.1. | Provide the final remarks based on the review of the assessor's and interviewer's remarks Prepare and submit the assessment report with a recommendati on for approval of the application. | None | 10 minutes | Interviewer |
| | | 5.3. | Sign/approve the application or certificate of exemption for exempted applicants | None | 15 minutes | Division Chief PSB - Sectoral Programs Division SWO IV, Centralized Processing Office-Minors Traveling Abroad (CPO-MTA) |
| | | 5.4. | Issue a system-genera ted notice of approval/ disapproval to the client. | None | 5 minutes | On-Duty Social Welfare Officer/ Admin Staff |



| 6. Receive the travel clearance/ certificate of | 5.5.6.1. | If an application is disapproved due to incorrect information or missing documents, the applicant will be notified and advised to provide the necessary corrections and required documents for compliance. Issue the travel clearance/ certificate of | | | On-Duty Social |
|---|-------------------------------------|--|--|---------------------------|---------------------------------|
| exemption | | exemption to the applicant through the MTA Portal | None | 10 minutes | Welfare Officer/ Admin Staff |
| TOTAL: | | | For Travel Clearance: ₱800.00 per child For certificate of exemption: ₱300.00 per child | 2 hours and 15 minutes | |

2. Onsite Implementation of the Assistance to Individuals in Crisis Situation Program for Clients Transacting with 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 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: | Protective Services Bureau-Crisis Intervention Division, Protective Service Division-Crisis Intervention Section Field Office I-XII, CARAGA, CAR, and NCR | | | | |
|---|---|--|--|--|--|
| Classification: | Simple | | | | |
| Type of Transaction: | 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 F | REQUIREMENTS | WHERE TO SECURE | | | |
| Any Valid identification card of the client/ person to be interviewed (1 original copy) from the following: | | Philippine Statistics Authority | | | |
| PhilSys ID | | Philippine Statistics Authority Social Security System or Government | | | |
| UMID ID, SSS or GSIS ID | | Service Insurance System | | | |
| Philhealth I | D | Philhealth | | | |
| Driver's Lic | ense | Land Transportation Office | | | |
| PRC ID | | Professional Regulation Commission | | | |
| OWWA ID | | Overseas Workers Welfare Administration | | | |
| DOLE ID | | Department of Labor and Employment | | | |
| PAG-IBIG ID | | Pag-IBIG Fund | | | |
| Voter's ID or Voter's Certification | | Commission on Election | | | |
| Postal ID | | Post Office | | | |
| Philippine Passport | | Department of Foreign Affairs | | | |
| NBI Clearance | | National Bureau of Investigation | | | |



| | D ((C) W (| | |
|--|--|--|--|
| • 4Ps ID | Department of Social Welfare and Development | | |
| PWD ID | Local Government Unit | | |
| Solo Parent ID | Local Government Unit | | |
| City or Municipal ID | Local Government Unit | | |
| Barangay ID | Local Government Unit | | |
| Office of Senior Citizen Affairs (OSCA ID) | Local Government Unit | | |
| Police Clearance | Police Station | | |
| or any ID preferably with validity date, and picture and signature of the client. | Barangay Hall | | |
| In extremely justifiable circumstances, a Barangay Certification certifying the identity of the client may be presented in lieu of an Identification Card. | Barangay Hall | | |
| Signed Authorization Letter (if applicable) | Beneficiary of Assistance except for those who do not have the capacity to act or below 18 years old | | |
| TRANSPORTATION ASSISTANCE | WHERE TO SECURE | | |
| Other supporting document/s such as but are not limited to (1 original copy): | | | |
| Police Blotter | Police Station | | |
| Medical Abstract | Hospitals or clinic | | |
| Court Order or Subpoena | Supreme Court | | |
| Death Certificate | Civil Registry Office | | |
| MEDICAL ASSISTANCE FOR HOSPITAL BILL | WHERE TO SECURE | | |
| 1. 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 (1 Original or Certified true copy) | Medical records of the Hospital or Clinic or the Attending Physician | | |
| 2. Hospital bill or Statement of Account (outstanding balance) with name and signature of billing clerk or Certificate of balance and promissory note signed by credit and collection officer or billing clerk (1 Original or Certified True Copy) | Billing Office of the Hospital Credit and Collection Office of the Hospital | | |



| | Registered Social Worker in public or private practice. |
|--|--|
| 3. Social Case Study Report or Case Summary. (1 original copy) | DSWD LSWDO |
| | NGO |
| | Medical Social Service |
| MEDICAL ASSISTANCE FOR MEDICINE ASSISTIVE DEVICE | WHERE TO SECURE |
| 1.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 / Certified true copy) | |
| 2.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 following shall be |
| required as additional requirements | Consider Describer |
| 1.Quotation of Laboratory | Service Provider |
| | Registered Social Worker in public or private practice. |
| 2.Social Case Study Report or Case | DSWD |
| Summary. | LSWDO |
| | NGO |
| | Medical Social Service |
| MEDICAL ASSISTANCE FOR LABORATORY | WHERE TO SECURE |
| 1.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. |
| 2.Laboratory Requests or Laboratory Protocol or Doctor's Order with name, license number, and signature of the Physician | |
| If the amount of assistance being requested required as additional requirements | exceeds PhP10,000.00, the following shall be |



| 1.Quotation of Laboratory | Service Provider | | |
|--|--|--|--|
| 2 Social Cons Study Deport or Cons | Registered Social Worker in public or private practice. | | |
| 2.Social Case Study Report or Case Summary. | DSWD LSWDO NGO Medical Social Service | | |
| FUNERAL ASSISTANCE FOR FUNERAL BILL | WHERE TO SECURE | | |
| 1.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 | | |
| 2.Promissory Note or Certificate of Balance or Statement of account | Authorized staff of the Funeral Parlor or Memorial Chapel | | |
| 3.Funeral Contract | Authorized staff of the Funeral Parlor or Memorial Chapel | | |
| FUNERAL ASSISTANCE FOR TRANSFER OF CADAVER | WHERE TO SECURE | | |
| 1.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. | | |
| 2.Transfer Permit | City or Municipal Hall | | |
| EDUCATIONAL ASSISTANCE | WHERE TO SECURE | | |
| 1.Validated School ID and Valid I. D | School where the beneficiary is enrolled | | |
| a. Enrolment Assessment Form or b. Certificate of Enrolment or Registration; or c. Statement of Account | School Registrar or Concerned Office where the beneficiary is enrolled | | |
| FOOD ASSISTANCE FOR INDIVIDUAL AND | FAMILIES ENDORSED IN GROUPS | | |
| 1.Barangay Certificate or Residency or Certificate of Indigency or Certificate that the client is in need of assistance may be | Barangay Hall where the client is presently residing | | |
| required or medical document as proof that the beneficiary is admitted | Hospital where the beneficiary is currently admitted | | |
| CASH RELIEF ASSISTANCE | WHERE TO SECURE | | |
| Depending on the circumstances: | | | |



| a. For Fire Victims: Police Report or Bureau of Fire Protection Report from the Bureau of Fire | Bureau of Fire or PNP | | |
|---|--|--|--|
| b. For Distressed OFs: Passport, Travel Document/s, certification from OWWA or the Barangay | Overseas Workers Welfare Administration or Department of Migrant Workers or Barangay | | |
| c. For Rescued Client: Certification from a social worker or Case manager from rescued clients. | Local Social Welfare and Development Office or other social welfare agencies | | |
| d. For victims of Online Sexual Exploitation: Police Blotter and social worker's certification for the victims of online | Local Social Welfare and Development Office or other social welfare agencies Police Station | | |
| a. sexual exploitation of children | Police Station | | |
| b. For Locally stranded individuals (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 | | |
| 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 | | |
| MATERIAL ASSISTANCE | WHERE TO SECURE | | |
| 1.General Intake Sheet | DSWD CIU or CIS or SWAD | | |



| 2.Material Assistance Distribution Sheet | | DSWD CIU or CIS or SWAD | | |
|--|--|-------------------------|---------------------|--|
| ON-SITE TRANSACTION | | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESS ING TIME | PERSON RESPONSIBLE |
| 1.Present pertinent documents. | 1.1Check the completeness of documents submitted by clients. 1.2. Verify client's records if within the frequency of availing assistance to Crisis Monitoring System (CrIMS) If it is determined that the client has received assistance beyond the allowed frequency, notify the client regarding the provisions stipulated in the guidelines. If eligible, provide the client a queuing number and instruct them to proceed with Step 2-Interview and | NONE | 1 hour | Social Welfare Officer III (CIU/CIS/SWAD OFFICES) |
| 2. Submit pertinent documents for interview and assessment | Assessment. 2.1 The SWO shall Interview and assess the client to determine the actual need and to check the accuracy and authenticity of the documentary requirements presented. Additionally, the SWO shall fill out the assessment area in the GIS. | NONE | 3 hours | Social Welfare Officer III (CIU/CIS/SWAD OFFICES) |



| If determined to be eligible to receive assistance, the SWO shall recommend the appropriate assistance and fill out the CE. | |
|--|--|
| For financial assistance amounting to P10,000.00 and below, the SWO shall advise the client to proceed to Step 4 (releasing of assistance) while the GIS, CE, or justification will be subjected to approval. | |
| For assistance through a guarantee letter, the DSWD personnel shall prepare the GL. The DSWD personnel shall forward it to Step 3: Review and Approval along with the GIS, CE, and justification of the social worker. | |
| If for material assistance, depending on the availability, the SWO shall advise the client to proceed to Step 4 Releasing of Assistance. | |
| If documents are found to be incomplete to support the request, the SWO shall advise the client to comply with the documentary requirements needed as listed in the | |



| | compliance slip per type of assistance. If the client is found to be ineligible to avail the assistance, the SWO shall issue a letter of disapproval to the client. If found that services needed are outside the scope of the program, the SWO shall refer the client to the corresponding program concerned. | | | |
|---------------------------------|--|------|------------|--|
| 3. Receiving Assistance | 3.1 The DSWD personnel Shall Forward the documents to the authorized official/s. If the authorized official/s finds the request valid and complete, the authorized personnel shall approve the request. If the approving officer determines that the client's submitted documents are insufficient to support the social worker's assessment, the approving officer shall return the documents to the attending SWO for justification or for further appropriate instruction deemed necessary. | NONE | 50 Minutes | Social Welfare Officer III (CIU/CIS/SWAD OFFICES) |
| 4. Fill out Client Satisfaction | 4.1 The DSWD personnel shall Forward all the | | | |



| | | | Dopartment of Gooda Te | venare and Development |
|-----------------------|---|------|------------------------------------|--|
| Measurement Survey | approved requests for assistance to the SDO/RDO/DSWD personnel for release, depending on the mode of assistance. For Cash Outright (Php10,000 and below): 4.1.1.1. The Regular/Special Disbursing Officer/s of the FMS/U or the designated disbursing officer for cash shall release the assistance. | NONE | 50 Minutes for Cash Outright | SPECIAL DISBURSING OFFICER (SDO) |
| | For Guarantee Letter addressed to the Service Provider: 4.1.2.1. The DSWD personnel shall prepare the GL. 4.1.2.2. CIU/S Admin staff shall encode the GL to the existing document tracking system. 4.1.2.3. Designated Approving Officer shall Review and Approve the GL. | | | Social Welfare Officer III (CIU/CIS/SWAD OFFICES) |
| | For clients recommended to avail material assistance: 4.1.3.1. The CIU/S staff shall assist the client in filling out the Material Assistance Distribution Sheet. | | | |



| 4.1.3.2. The CIU/S Staff shall provide the assistance. 4.1.4The DSWD personnel shall update client's records into CrIMS or to the existing monitoring tool/system once the assistance is released. | | 10 Minutes for Material Assistance | |
|---|------|--|--|
| 4.2. The DSWD personnel shall ensure scan the client's documents or secure a copy of documents for filing and references. 4.2.1.The client/beneficiary shall accomplish the Client Satisfaction Measurement Survey Form (CSMF) and drop it to the allocated suggestion box | | | Social Welfare Officer III (CIU/CIS/SWAD OFFICES) |
| TOTAL | NONE | 5 Hours 40 Minutes for Cash- Outright 16 Working Hours(2 days) for GL | |



FIELD OFFICE

FRONTLINE SERVICES



1. Auxiliary Social Services to Persons with Disabilities

As a part of Auxiliary Social Services and in support to the Magna Carta for Persons with Disabilities, the DSWD through our Field Offices provides augmentation support under the Medical assistance, Educational assistance, Burial Assistance and Livelihood Assistance for Persons with Disabilities specifically with those Physical Disabilities, Visual Disability and Learners with Disabilities. In doing this, the Department's aim is to contribute to the Physical Restoration, self, and social enhancement of Persons with Disabilities to attain more meaningful and contributing members of society.

| Office or Division: | DSWD Field Offices I-XII, CAR, CARAGA and NCR (Protective Services Division/Unit, Community-Based Services Unit/ Section) | | | | |
|---|---|--------------------|--------------------|-----------------------|--|
| Classification: | Simple/ Complex | | | | |
| Type of Transaction: | G2C- Government | to Citizen | | | |
| Who may avail: | Filipino Children an | d Persons wit | th Disabilities | | |
| CHECKLIST OF | REQUIREMENTS | WHERE TO | SECURE | | |
| Provision of Ass | sistive Devices | | | | |
| | ertificate (Indicating c assistive devices | | | | |
| 2. Barangay Indigency | Certificate of | Barangay Ha | all | | |
| 3. Social Ca Case Sum | se Study Report/ mary | Local Gover | nment Unit or Me | dical Social Service | |
| 4. 2x2 Picture | e or 1 whole body | Client | | | |
| 5. Request I | etter | Client | | | |
| | *Provision of the assistance is still based on the record of availments of the client and assessment of Social Worker. | | | | |
| *Documents are still subject for verification and additional documents may be required depending on the case. | | | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |



| 1. Persons with Disabilities or Family members of Person with Disability may Visit the SWADT offices or Field Offices (Walk-in Clients) to submit their complete requirements | For walk-in clients 1.1 Social Worker of the Program Focal Person shall receive and review the required documents. | None | 3-5 minutes | Section Head Community Based Services |
|---|--|------|-------------|--|
| · | 1.2 Interview and assessment of Persons with Disability needs | None | 5 minutes | Section Head Community Based Services |
| | 1.3 The FO Focal Person/ Social Worker or SWADT Social Worker decides with the Person with Disability/family member/guardian shall decide what services can be provided to the client. | None | 5 minutes | Section Head Community Based Services |
| | 1.4 For AICS, FO Social Worker/ Focal Person shall provide referral letter or endorsement to CIS or SWADT | | 10 minutes | Division Chief Protective Service Division |
| | TOTAL | NONE | 25 minutes | |



2. PLHIV Referral for Care and Support Services

In compliance with Section 35 of the Implementing Rule and Regulations of the *Philippine AIDS Prevention and Control Act of 1998* or RA 8504, the DSWD has developed a referral system to assist Persons Living with HIV and AIDS in accessing available care and support services. The new *Philippine HIV and AIDS Policy Act* or RA 11166 also cites the use of the Department's Referral Mechanism for various stakeholders to protect and promote the rights of PLHIVs and affected families.

This mechanism aims to ensure access of PLHIV to a quality and timely delivery of services and is also intended to facilitate coordination between and among service-providers.

| Office or Division: | | (Protective Services Division / Unit, Services Unit / Section | | | | |
|---|--|---|--|--|--|--|
| Classification: | Simple | | | | | |
| Type of | G2C - Government | to Citizen | | | | |
| Transaction: | | | | | | |
| Who may avail: | Persons-living with | h HIV and their affected families | | | | |
| CHECKLIST OF RE | OHIREMENTS | WHERE TO SECURE | | | | |
| CHECKLIST OF KE | ZUINLIVILIVIO | WIIERE TO SECORE | | | | |
| One (1) valid identiclient or person to be PhilSys ID UMID ID, SSS Philhealth ID Driver's Licen PRC ID OWWA ID OWWA ID DOLE ID PAG-IBIG ID Voters ID or V Postal ID Philippine Pas NBI Clearance 4Ps ID PWD ID Solo Parent ID City or Municij | interviewed: S, or GSIS ID se /oter's Certification\ ssport | Philippine Statistics Authority Social Security System or Government Service Insurance System Philhealth Land Transportation Office Professional Regulation Commission Overseas Workers Welfare Administration Department of Labor and Employment Pag-Ibig Fund Commission on election Post Office Department of Foreign National Bureau of Investigation Department of Social Welfare and Development Local Government Unit | | | | |



| (OSCA) ID Police Clearar or any ID predate, and pict the client in circumstances Certification c | eferably with validity ure and signature of extreme justifiable s, a Barangay ertifying the identity hay be presented in | y of e y y | | |
|---|---|-----------------------------------|--------------------|---|
| Signed Authoriza applicable) | tion Letter (if | | | cept for those who at or below 18 years |
| Form 1: Intake Form | | Referring Ag | ency | |
| Informed Consent | | | | |
| Form 2: Referral for | Service | HIV Treatment Hub; | | |
| Medical Certificate or | Clinical Abstract | Designated HIV Treatment Facility | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| Secure a queuing number | 1.1 Provide client with queuing number | None | 5 minutes | DSWD Personnel (Administrative Staff) |
| 2. Present self and documents for assessment and review | 2.1 Receive and review submitted documents 2.1.1 Check the client's record on existing database, e.g. Crisis Intervention Monitoring System, to check whether client had sought assistance | None | 40 minutes | Section Head Community-based Services Section |



| | within the last three (3) months If a client is eligible based on frequency and/or type of assistance last provided, the staff shall further assess documents presented If client is not eligible, staff shall provide reasons for non-eligibility and shall provide further instruction / information to client 2.1.2 Conduct interview with client to further gather information and/or for clarification 2.1.3 If necessary, coordinate with the | | | |
|--|---|------|------------|---|
| | receiving agency for validation | | | |
| 3. Fill-out necessary fields in the prescribed forms | | None | 20 minutes | Section Head Community-based Services Section |
| | 3.2 Ask client to fill-out necessary fields and provide instructions | | | |



| 4. Submit the accomplished forms | 4.1 Collect accomplished forms | None | 80 minutes | Section Head Community-based Services Section |
|---|---|------|------------|---|
| | 4.2 Review and completely accomplish forms | | | |
| | 4.3 The DSWD Social Worker Officer shall determine the amount that is appropriate and responsive to the needs of the client | | | |
| | 4.4 Prepare vouchers and other financial documents | | | |
| | 4.5 Submit forms and supporting documents to the Authorized Approving Officer | | | |
| | 4.5 Compile approved documents | | | |
| 5. Client received assistance or any relevant documents for claiming of assistance (e.g. accomplished Form 3: referral for Service or stub) | 5.1 Re-confirmation of client's identity | None | 15 minutes | Community-based Services Section Head |



| | 5.2 Releasing of assistance to client | | | |
|---|---|------|------------|---|
| | If outright cash, ask client to check the actual amount received | | | |
| | If Guarantee Letter, advise client to review the correctness of the personal information reflected in the document | | | |
| | If client shall be referred again to other office and/or agency, the social worker shall accomplish Form 3: Referral for Service. | | | |
| 6. Accomplish Client Satisfaction Survey from | 6.1 Issue ClientSatisfactionSurvey Form6.1.1 Collectaccomplished form | None | 20 minutes | Community-based Services Section Head |



| TOTAL | NONE | 180 minutes or three (3) hours for Outright Cash | |
|-------|------|--|--|
| | | One (1) day or 24 hours for a Guarantee Letter. | |

3. Provision of Assistance to Persons Living with HIV (PLHIVs)

As part of the DSWD's psychosocial care and support services for persons living with HIV (PLHIV) and their affected families and in accordance with Section 36 of RA 11166, the Department, through its Field Offices (FOs) provides economic assistance for education, livelihood, burial/funeral, transportation, medical, and food. These forms of assistance are meant for individuals and families of PLHIV in need of social welfare and development interventions.

The direct provision of these assistance aims to mitigate the impact of HIV and AIDS on affected individuals and their families, assuring their well-being and contributing to the overall response of the national government to HIV and AIDS

| ()ttico or i)ivicion: | Protective Service Division Field Office I-XII, CARAGA, CAR, and NCR | | |
|--|--|---|--|
| Classification: | Simple | | |
| Type of Transaction: | G2C- Government to Citizen | | |
| Who may avail: | People-living with HIV (PLHIVs) and their affected families | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | |
| One (1) valid identification card of the client/ person to be interviewed; | | | |
| PhilSys ID | | Philippine Statistics Authority | |
| UMID ID, SSS or GSIS ID | | Social Security System or Government Service Insurance System | |
| Philhealth ID | | Philhealth | |

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| Driver's License | Land Transportation Office |
|--|---|
| PRC ID | Professional Regulation Commission |
| OWWA ID | Overseas Workers Welfare Administration |
| DOLE ID | Department of Labor and Employment |
| PAG-IBIG ID | Pag-IBIG Fund |
| Voter's ID or Voter's Certification | Commission on Election |
| Postal ID | Post Office |
| Philippine Passport | Department of Foreign Affairs |
| NBI Clearance | National Bureau of Investigation |
| • 4Ps ID | Department of Social Welfare and Development |
| PWD ID | Local Government Unit |
| Solo Parent ID | Local Government Unit |
| City or Municipal ID | Local Government Unit |
| Barangay ID | Local Government Unit |
| Office of Senior Citizen Affairs (OSCA ID) | Local Government Unit |
| Police Clearance | Police Station |
| or any ID preferably with validity date, and picture and signature of the client. | Barangay Hall |
| In extremely justifiable circumstances, a Barangay Certification certifying the identity of the client may be presented in lieu of an Identification Card. | Barangay Hall |
| Signed Authorization Letter (if applicable) | Beneficiary of Assistance except for those who do not have the capacity to act or below 18 years old |
| Medical Abstract or Referral Letter or Accomplished DSWD Form Three (3) | Designated Treatment Hub / HIV Primary Care Facility; Local Government Unit |



TRANSPORTATION ASSISTANCE

- 1. Original and one (1) photocopy of 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; and
- Civil Registry Death Certificate.

MEDICAL ASSISTANCE FOR HOSPITAL BILL

1. One (1) Original and/or Certified True Copy of Medical Certificate or Clinical Abstract or Discharge Summary or *Alagang* issued within three (3) months and with the following information: (i) final diagnosis; and (ii) complete name, license number and signature of the Physician

Medical records of the Hospital or Clinic or the Attending Physician

- 2. One (1) original and one (1) photocopy of Hospital Bill or Statement of Account (outstanding balance) with the complete name and signature of the Billing Clerk; or Certificate of Balance and Promissory Note signed either 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
- 3. One(1) original copy of Social Case Study Report or Case Summary.

Registered Social Worker, whether from public or private practice, from any of the following:

- Department of Social Welfare and Development;
- Local Social Welfare and Development Office;
- Non-Government Organization; or
- Medical Social Service.

MEDICAL ASSISTANCE FOR MEDICINE OR ASSISTIVE DEVICE

1. One (1) original and/or Certified True Copy of Medical Certificate or Clinical Abstract or Discharge Summary or *Alagang* issued within three (3) months and with the following information: (i) final diagnosis; and (ii) complete name, license number and signature of the Physician.

Medical records of the Hospital or Clinic of the Attending Physician



| pres and issu | One (1) original and one (1) photocopy of scription issued within three (3) months I with the following information: (i) date of uance; and (ii) complete name, license of the Physician. | Attending Physician from a hospital or clinic. | |
|--|---|--|--|
| | the amount of assistance being requested uired as additional documentary requirem | d exceeds PhP10,000.00, the following shall be lents | |
| 1. | One (1) original and one (1) photocopy of the Quotation of Medicine or Assistive Device | Service Provider | |
| 2. | One(1) original copy of Social Case Study Report or Case Summary. | Registered Social Worker, whether from public or private practice, from any of the following: • Department of Social Welfare and Development; • Local Social Welfare and Development Office; • Non-Government Organization; or • Medical Social Service | |
| ME | EDICAL ASSISTANCE FOR LABORATOR | RY | |
| 1. | One (1) original and/or Certified True Copy of Medical Certificate or Clinical Abstract or Discharge Summary or <i>Alagang</i> issued within three (3) months and with the following information: (i) final diagnosis; and (ii) complete name, license number and signature of the Physician. | Attending Physician or from Medical Records of the hospital or clinic. | |
| 2. | · · | Registered Social Worker, whether from public or private practice, from any of the following: • Department of Social Welfare and Development; • Local Social Welfare and Development Office; • Non-Government Organization; or • Medical Social Service. | |
| If the amount of assistance being requested exceeds PhP10,000.00, the following shall be required as additional requirements | | | |



| One(1) original and/or photocopy of the Quotation of Laboratory) | Service Provider | | |
|--|--|--|--|
| One(1) original copy of Social Case Study Report or Case Summary. | Registered Social Worker, whether from public or private practice, from any of the following: • Department of Social Welfare and Development; • Local Social Welfare and Development Office; • Non-Government Organization; or • Medical Social Service. | | |
| MEDICAL ASSISTANCE FOR LABORATO | RY | | |
| 1. One (1) original and/or Certified True Copy of Medical Certificate or Clinical Abstract or Discharge Summary or Alagang issued within three (3) months and with the following information: (i) final diagnosis; and (ii) complete name, license number and signature of the Physician | Attending Physician or from Medical Records of the hospital or clinic. | | |
| 2. One (1) original and one (1) photocopy of 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 | | |
| One (1) original and/or one(1) Certified True Copy of Social Case Study Report or Case Summary. | Registered Social Worker, whether from public or private practice, from any of the following: • Department of Social Welfare and Development; • Local Social Welfare and Development Office; • Non-Government Organization; or • Medical Social Service. | | |
| If the amount of assistance being requested exceeds PhP10,000.00, the following shall be required as additional requirements | | | |
| One(1) original and/or photocopy of the Quotation of Laboratory | Service Provider | | |
| One (1) original and/or one(1) Certified True Copy of Social Case Study Report or Case Summary. (1 Original or Photocopy) | Registered Social Worker in public or private practice. | | |



| | Medical Social Service | | |
|--|---|--|--|
| FUNERAL ASSISTANCE FOR FUNERAL B | BILL | | |
| One (1) original and/or one(1) Certified True Copy of Death Certificate or Certification from the Tribal Chieftain | City or Municipal Hall (Civil Registry Office Hospital, Funeral Parlor, Tribal Chieftain (Imam | | |
| One (1) original copy of Promissory Note or Certificate of Balance or Statement of Account | Authorized staff of the Funeral Parlor or Memorial Chapel | | |
| One (1) original and/or Photocopy of Funeral Contract | City or Municipal Hall | | |
| EDUCATIONAL ASSISTANCE | | | |
| One (1) original and/or photocopy of Validated School ID and Valid I.D | School Registrar where the beneficiary is enrolled | | |
| One (1) original and/or photocopy of any of the following: a. Enrolment Assessment Form; or b. Certificate of Enrolment; or c. Registration; or d. Statement of Account | School Registrar or Concerned Office where the beneficiary is enrolled | | |
| FOOD ASSISTANCE | | | |
| One (1) original and/or photocopy of 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 | | |
| CASH RELIEF ASSISTANCE | | | |
| Depending on the circumstances: a. For Fire Victims: One (1) original and/or photocopy of Police Report or Bureau of Fire Protection Report from the Bureau of Fire; | Bureau of Fire or PNP Overseas Workers Welfare Administration or Department of Migrant Workers or Barangay | | |



- b. **For Distressed OFs:** One (1) original and/or photocopy of Passport, Travel Document/s, certification from OWWA or the Barangay;
- c. **For Rescued Client:** One (1) original and/or photocopy of Certification from a social worker or Case manager from rescued clients.
- d. For victims of Online Sexual Exploitation: One (1) original and/or photocopy of Police Blotter and social worker's certification for the victims of online sexual exploitation of children
- e. For Locally stranded individuals (LSI): LSI without valid IDs One (1) original and/or photocopy of the Medical Certificate or the Travel Authority issued by the Philippine National Police will suffice and be accepted to prove his or her identity.

- Local Social Welfare and Development Office or other social welfare agencies
- Local Social Welfare and Development Office or other social welfare agencies

- Police Station Police Blotter
- Hospital or Clinic Medical Certificate signed by the Registered Physician

For all other incidents:

1. One (1) original and/or photocopy of any of the following: 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
- Armed Forces of the Philippines or Philippine National Police
- Office of the Civil Registry
- Certificate from the Local Disaster Risk Management Office; or
- Local Government Unit
- Hospital or Clinic signed by Licensed Physician



| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|--|---|--------------------|--------------------|--|
| Secure a queuing number | 1.1 Provide client with queuing number | None | 5 minutes | Section Head Community Based Services Section (CBSS) |
| | 2.1 Conduct initial interview for assessment | | | |
| | 2.1.1 Check the client's record to the existing database – e.g Crisis Intervention Monitoring System, to check whether the client had sought assistance within the last three (3) months. | | | |
| 2. Present self and documents for assessment | If a client is eligible (based on frequency and/or type of assistance last provided), the staff shall further assess documents presented. | None | 40 minutes | Section Head Community Based Services Section (CBSS) |
| | If a client is not eligible, the staff shall provide the reasons for non-eligibility and shall further provide further instruction / information. | | | |



| | 2.1.2 Check the documents presented by the client. | | | | |
|---|--|------|------------|---|------------------|
| | If documents are complete and valid, the client will be advised to fill-out necessary forms and submit documents pertinent to their request. | | | | |
| | If supporting documents are incomplete and non-compliant, provide a checklist. | | | | |
| | 2.1.3 If necessary, coordinate with the client's designated treatment hub or LGU to further verify validity of documents presented | | | | |
| | 3.1 Handout copies of prescribed forms to client | | | | |
| 3 Fill-out necessary fields in the prescribed forms | | None | 20 minutes | Section Head Community Services (CBSS) | Based Section |



| 4. Submit accomplished forms and required documents. If necessary, attend interview for further clarification. | dicadinonic nabo, | None | 80 minutes | Section Head Community Services (CBSS) | Based Section |
|--|-------------------------------------|------|------------|---|------------------|
| | Client's Document to the Authorized | | | | |



| | documents of the client. | | | | |
|--|---|------|------------|---|------------------|
| | 5.1 Confirmation of client's identity;5.1.1 Releasing of actual assistance to client; | | | | |
| 5. Receive assistance | 5.1.2 Releasing of actual assistance to client; If through outright cash, ask client to check the actual amount received; | None | 15 minutes | Section Head Community Services (CBSS) | Based Section |
| | If through Guarantee Letter, advise client to review the correctness of the personal information reflected in the document. | | | | |
| 6. Accomplish Client Satisfaction Measurement Survey | 6.1 Provide a copy of the Client Satisfaction Measurement Survey; | None | 20 minutes | Section Head Community Services (CBSS) | Based Section |



| | 6.2 Collect accomplished Client Satisfaction Measurement Survey | | | |
|-------|---|------|---|--|
| TOTAL | | None | 180 minutes or three (3) hours for Outright Cash One (1) day or 24 hours for a Guarantee Letter. | |

4. Provision of Assistance to Solo Parent

Solo parents are those who are left alone with the responsibility of rearing their children regardless of marital status and based on National Statistics Office (NSO) data, there are about 14 million solo parents in the Philippines as of 2015. The increasing number of solo parents has led the national government to pass Republic Act No. 8972 or the Solo Parents' Welfare Act of 2000, which was promulgated on November 7, 2000. On 04 June 2022, the Republic Act No. 11861 (RA 11861) or the Expanded Solo Parents Welfare Act lapsed into law and its Revised Implementing Rules and Regulations took effect on 01 November 2022. The passage of RA 11861 expanded the benefits of the solo parents, promotes the rights of Filipino solo parents and ensures that they can receive adequate social protection programs from the government.

RA 11861 directs the Department of Social Welfare and Development (DSWD), in coordination with other agencies to develop a "comprehensive package" of social protection services for solo parents and their families which includes livelihood opportunities, legal advice and assistance, counseling services, parent effectiveness services, and stress debriefing, among others, regardless of financial status.

DSWD is mandated to protect and promote the welfare of the disadvantaged group including the solo parents, and provide technical assistance to partner stakeholders (National Government, Local Government Unit, and Civil Society Organizations). Any solo



parent whose income in the place of residence is equal to or below the poverty threshold as set by the PSA and subject to the assessment.

| Office or Division: | Community Based Service Section | | |
|---------------------------------------|---------------------------------|-----------------------|--|
| Classification: | Simple | | |
| Type of Transaction: | G2C – Government to Client | | |
| Who may avail: | REGISTERED SOLO PARENT | | |
| CHECKLIST OF REQUIRE | MENTS | WHERE TO SECURE | |
| Valid Solo Parent Identification Card | | Local Government Unit | |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---|---|-----------------------|--------------------|---|
| 1. Visit the Field Office for assistance | 1. The DSWD office Security Guard/Public Assistance and Complaints Desk (PACD) Officer shall direct the client to the Field Office (FO)/Social Welfare and Development Team (SWADT) social worker or solo parent focal person. | None | 0 minute | Division Chief Protective Services Division |
| 2. Attend Interview for assessment of needs | 2.1 FO / SWADT social worker / Focal Person shall validate the Solo Parent Identification Card (SPIC) of the client. 2.1.1 Interview the client and fill-out the general intake sheet and indicate recommendations based on assessed needs | None | 10 minutes | Head Community Based Service Section |



| psychological intervention, psychological | 3.1 FO / SWADT social worker / Focal Person shall provide psychological intervention, psychological first aid and/or counseling based on their solo parent concerns. Recommendation may be provided to help in the needs of the family. | None | 30 minutes | Division Chief Protective Services Division or Head Community Based Service Section |
|---|---|------|------------|---|
| | If no further assistance is to be provided, the client shall accomplish the Client Satisfaction Measurement Form (CSMF) and return the form to the social worker before leaving. 3.1.1 FO / SWADT social worker / Focal Person shall encode the client's information in the caseload inventory of solo parents provided with assistance | None | 5 minutes | Division Chief Protective Services Division or Head Community Based Service Section |
| 4. Preparation of referral / endorsement for Assistance to Individuals in Crisis Situation (AICS) or Sustainable Livelihood Program (SLP) or to another office or agency if the | 4.1 Preparation of referral / endorsement for Assistance to Individuals in Crisis Situation (AICS) or Sustainable Livelihood Program (SLP) or to another office or agency if the need of the client cannot be met by the DSWD. For AICS, FO / SWADT social worker / Focal Person shall provide a referral or endorsement letter to CID / CIS / SWADT and fill-out the General Intake Sheet | None | 40 minutes | Division Chief Protective Services Division or Head Community Based Service Section |



| need of the client cannot be met by the DSWD. | For livelihood assistance, FO / SWADT social worker / Focal Person shall provide a referral or endorsement letter to SLP for possible provision of assistance. For other agency/ies, FO / SWADT social worker / Focal Person to provide a referral or endorsement letter to appropriate agency/ies. | | | |
|---|--|----------------------------|-----------|---|
| | 4.2. Referral or endorsement letter for approval of Division Chief, Bureau/Regional Director or COmbased Section Head / PSD Chief in SWADT. | None | 2 days | Bureau Director |
| 5. Receive the referral/ endorsement letter | 5. Send the referral / endorsement letter to appropriate agency/ies | None | 5 minutes | Division Chief Protective Services Division |
| | TOTAL | 2 working days, 90 minutes | | |



5. Provision of Assistance under the Recovery and Reintegration Program for Trafficked Persons (RRPTP)

The RRPTP is a comprehensive program that ensures adequate recovery and reintegration services provided to trafficked persons. It utilizes a multi-sectoral approach and delivers a complete package of services that will enhance the psychosocial, social, and economic needs of the clients, the families, and the communities where the trafficked persons will be eventually reintegrated. It also improves community-based systems and mechanisms that ensure the recovery of the victim-survivors and prevents other family and community members from becoming victims of trafficking.

| Central Office - Sectoral Programs Division Field Office I-XII, CARAGA, CAR, NCR |
|--|
| Highly Technical |
| G2C- Government to Citizens |
| Victim-survivor of trafficking Remilies of the victim-survivor of trafficking. Witnesses of cases of human trafficking. Communities with incidence of human trafficking. |
| WHERE TO SECURE |
| |
| Department of Foreign Affairs / Philippine Embassy (for Repatriated TIP Victims) |
| |
| Hospital or health facility where the client is admitted or seen (Clinical Abstract and Hospital Bill) Barangay Hall (Barangay Certificate) Government Institutions (Valid ID) |
| |



| Educational Assistance | |
|---|---|
| School registration and/ or certificate of enrolment | School where the client is enrolled (School Registration, Certificate of Enrolment, Statement of Account) |
| Statement of Account for | |
| tertiary education | Government Institutions (Valid ID) |
| Valid school ID Valid ID of the | |
| parent/ guardian | |
| Skills Training | |
| Official receipt from the training | TESDA / accredited training school where the client is |
| school (TESDA/ CHED | enrolled |
| accredited training school. (1 | |
| Original and 1 Photocopy) | |
| Valid ID | Government Institutions (Valid ID) |
| 1 | ment (e.g. driver's license, NBI and police clearance, |
| Medical Certificate etc.) | <u></u> |
| Contract of Employment or any | Employer of the client |
| similar document which | |
| indicates that they are hired | |
| , | Government Institutions (Valid ID) |
| Photocopy) | |
| nancial Assistance for Livelihoo | |
| 1. Result of the Handa Ka Na | DSWD Field Offices |
| Bang Magnegosyo? The client | |
| score's must be 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. | |
| 2. 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. | |
| 3. Valid ID (1 Original and 1 | Government Institutions (Valid ID) |
| Photocopy) | Covernment matitutions (valid ib) |



| 4. Social Case Study Report | DSWD Field Office or Local Social Welfare and Development Office | | |
|---|--|--|--|
| ogistical Support During an Trafficking | nd Post-Rescue Operation of Victim-survivors of | | |
| No Documents need. | DSWD Field Offices -Victim-survivors of trafficking during rescue operation. Social workers are highly needed to provide psychosocial counseling and assist victim-survivors of trafficking all throughout the process from recovery to reintegration. | | |
| Provision of Temporary Shelter | | | |
| Referral Letter from the Social Worker (1 Original and 1 Photocopy) | DSWD Field Offices -Victim-survivors of trafficking may be placed in DSWD run/ registered, licensed and accredited residential care facilities for protective custody. | | |
| upport for Victim-survivors/ With | upport for Victim-survivors/ Witness and Transportation Assistance | | |
| Valid ID Social Case Study Report | Government Institutions (Valid ID) DSWD Field Offices | | |

| CLIENT STEPS | AGENCY ACTIONS | | PROCESSING TIME | PERSON RESPONSIBLE |
|--------------|--|------|-----------------|--|
| | the client 1.1.1 Provide Psychosocial Counseling 1.1.2 Conduct Assessment If the Client | None | 2 Hours | Community Based Services Section Head/ Social Welfare Officer III Protect Services Division |
| | needs Temporary Shelter refer to Residential Care Facility. | | | Community Based Services Section Head/ Social Welfare Officer III Protect Services Division |



| | 1.1.3 The Social Worker shall provide a list of documentary requirements depending on the assistance to be provided. 1.1.4 Refer to the list of requirements. | | | |
|---|--|------|------------|--|
| 2. Submit Documentary Requirement for the service/s to be availed | the submitted documents (Note: | None | 10 minutes | Community Based Services Section Head/ Social Welfare Officer III Protect Services Division |
| | 2.1.1 For livelihood assistance, the RRPTP Social Worker shall forward the documents to the Sustainable Livelihood Program for further assessment. | | | Sustainable Livelihood Program Section Head and Community Based Services Section Head/ Social Welfare Officer III Protect Services Division |
| | 2.2 Processing of the assistance being sought; a. Preparation of Voucher (if financial related b. Social Case Study Report c. Preparation of referral letter | None | 7 Days | Community Based Services Section Head/ Social Welfare Officer III Protect Services Division |



| | (if needs other program assistance) | | | |
|---|---|------|---|---|
| | 2.3 PSU/ CBU Division Chief and Budget Officer recommend the provision of assistance for approval of the Regional Director. | None | 3 working days | Community Based Services Section Head/ Social Welfare Officer III Protect Services Division |
| | 2.4 The Regional Director shall approve the provision of assistance to the victim-survivors of trafficking. | | 2 working days | Regional Director |
| | 2.5 Releasing of the assistance to client (Cash or Non-Cash) | None | 2 working days | Cash Section Chief Financial Management Division-Cash Section |
| 3. Accomplish Client Satisfaction Measurement Survey (CSMS) | Worker shall provide the client the copy of the CSMS to provide feedback regarding the service received. | | 5 minutes | Community Based Services Section Head/ Social Welfare Officer III |
| | Total | None | For Temporary Shelter -2 hours | |
| | Total | None | For Livelihood Assistance - 12 Days | |
| | Total | None | For other Assistance - 5 Days | |



| FEEDBACK AND COMPLAINTS MECHANISM | | | |
|---|--|--|--|
| SECURING DIGITIZED TRAVEL CLEARANCE FOR MINORS TRAVELING ABROAD | | | |
| How to send feedback | DSWD-Field Office sends memo/email to DSWD-PSB. | | |
| How feedbacks are processed | DSWD-PSB sent a reply letter/memo to the concerned Field Office. | | |
| How to file a complaint | Complaints can be filed through sending a letter or email to PSB-DSWD. The details of the complaint should be included in the information. | | |
| Complainant using 8888 | SMS will receive the complaint and will be forwarded to PSB if the concern is: a. On Programs and Services- SPD will be the one replying to the complaint b. On Personnel and other outside matters- The Focal Person will be the one replying to the complaint | | |
| How complaints are processed | The concerned Office will conduct an assessment, interview, coordination and case conference (if necessary) to the concerned Division to discuss the issue/concern. If necessary, set a meeting with the complainant and to discuss the concern. The internal investigation shall be conducted within the Bureau, then provide recommendation and officially send reply letter/memo to the concerned DSWD-Field Office. | | |
| Contact info of ARTA, PCC and CCB | Tel No. 8847-5093 Email Add: complaints@arta.gov.ph Hotline: 8888 Email Add: pcc@malacanang.gov.ph Contact Center ng Bayan (CCB) email@contactcenterngbayan.gov.ph 0908-881-6565 | | |



| FEEDBACK AND COMPLAINTS MECHANISM | | | |
|-----------------------------------|--|--|--|
| SITUATION PROGE | ONSITE IMPLEMENTATION OF THE ASSISTANCE TO INDIVIDUALS IN CRISIS SITUATION PROGRAM FOR CLIENTS TRANSACTING WITH DSWD OFFICES (CIU/CIS/SWAD OFFICES) | | |
| How to send feedback | The client or referring party could express their feedback through the ClientSatisfaction Measurement 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. | | |
| How feedback is processed | The duly accomplished CSMF 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 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 Desk- electronic email where concerns can be send to ciu.co@dswd.gov.ph Letters addressed to the Director IV, Ms. Miramel Garcia-Laxa Protective Services Bureau (PSB) 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. Through 8888 Citizen's Complaint Center | | |



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 PSB-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 of ARTA, PCC and CCB

Anti-Red Tape Authority (ARTA) complaints@arta.gov.ph 8-478-5093

Presidential Action Center (PACe). Presidential Complaint Center (PCC)

pcc@malacanang.gov.ph

8888

Contact Center ng Bayan (CCB) email@contactcenterngbayan.gov.ph

0908-881-6565



| ce send memo / email to DSWD-PSB end reply letter/memo to the concerned Field in be filed through postal mail or e-mail to the details of the complaint should be included |
|--|
| end reply letter/memo to the concerned Field |
| n be filed through postal mail or e-mail to |
| • . |
| on. |
| ve the complaint and will be forwarded to cern is: s and Services- SPD will be the the complaint el and other outside matters-son will be the one replying to |
| d Office will conduct an assessment, interview, and case conference (if necessary) to the ivision to discuss the issue/concern. If a meeting with the complainant and to discuss investigation shall be conducted within the provide recommendation and officially send no to the concerned DSWD-Field Office. |
| e Authority (ARTA) arta.gov.ph omplaint Center |
| |



| FEEDBACK AI | ND COMPLAINTS MECHANISM | |
|--|---|--|
| PLHIV REFERRAL FOR CARE AND SUPPORT SERVICES | | |
| How to send feedback? | DSWD Field Office send memo / email to DSWD-PSB | |
| How feedbacks are processed? | DSWD-PSB send reply letter/memo to the concerned Field Office | |
| How to file a complaint? | Complaints can be filed through postal mail or e-mail to PSB-DSWD. The details of the complaint should be included in the information. | |
| Complainant using 8888 | SMS will receive the complaint and will be forwarded to PSB if the concern is: 1. On Programs and Services- SPD will be the one replying to the complaint 2. On Personnel and other outside matters- The Focal Person will be the one replying to the complaint | |
| How complaints are processed? | The concerned Office will conduct an assessment, interview, coordination and case conference (if necessary) to the concerned Division to discuss the issue/concern. If necessary, set a meeting with the complainant and to discuss the concern. The internal investigation shall be conducted within the Bureau, then provide recommendation and officially send reply letter/memo to the concerned DSWD-Field Office. | |
| Contact information of ARTA, PCC and CCB | compliants@arta.gov.ph 8-478-5093 Presidential Complaint Center pcc@malacanang.gov.ph 8888 Contact Center ng Bayan (CCB) | |
| | email@contactcenterngbayan.gov.ph 0908-881-6565 | |



| FEEDBACK AND COMPLAINTS MECHANISM | | | |
|---|---|--|--|
| PROVISION | PROVISION OF ASSISTANCE TO PERSON LIVING WITH HIV (PLHIV) | | |
| How to send feedback? | DSWD Field Office send memo / email to DSWD-PSB | | |
| How feedbacks are processed? | DSWD-PSB send reply letter/memo to the concerned Field Office | | |
| How to file a complaint? | Complaints can be filed through postal mail or e-mail to PSB-DSWD. The details of the complaint should be included in the information. | | |
| Complainant using 8888 | SMS will receive the complaint and will be forwarded to PSB if the concern is: 1. On Programs and Services- SPD will be the one replying to the complaint 2. On Personnel and other outside matters- The Focal Person will be the one replying to the complaint | | |
| How complaints are processed? | The concerned Office will conduct an assessment, interview, coordination and case conference (if necessary) to the concerned Division to discuss the issue/concern. If necessary, set a meeting with the complainant and to discuss the concern. The internal investigation shall be conducted within the Bureau, then provide recommendation and officially send reply letter/memo to the concerned DSWD-Field Office. | | |
| Contact Information of CCB, PCC, ARTA | Anti-Red Tape Authority (ARTA) complaints@arta.gov.ph 8-478-5093 Presidential Complaint Center (PCC) pcc@malacanang.gov.ph 8888 Contact Center ng Bayan (CCB) email@contactcenterngbayan.gov.ph 0908-881-6565 | | |

FEEDBACK AND COMPLAINTS MECHANISM

PROVISION OF ASSISTANCE TO SOLO PARENT



| How to send feedback? | DSWD Field Office send memo / email to DSWD-PSB |
|---------------------------------------|---|
| How feedbacks are processed? | DSWD-PSB send reply letter/memo to the concerned Field Office |
| • | Complaints can be filed through postal mail or e-mail to PSB-DSWD. The details of the complaint should be included in the information. |
| 8888 | SMS will receive the complaint and will be forwarded to PSB if the concern is: 1. On Programs and Services- SPD will be the one replying to the complaint 2. On Personnel and other outside matters- The Focal Person will be the one replying to the complaint |
| processed? | The concerned Office will conduct an assessment, interview, coordination and case conference (if necessary) to the concerned Division to discuss the issue/concern. If necessary, set a meeting with the complainant and to discuss the concern. The internal investigation shall be conducted within the Bureau, hen provide recommendation and officially send reply etter/memo to the concerned DSWD-Field Office. |
| Contact Information of CCB, PCC, ARTA | Anti-Red Tape Authority (ARTA) complaints@arta.gov.ph 8-478-5093 Presidential Complaint Center (PCC) pcc@malacanang.gov.ph 8888 |
| | Contact Center ng Bayan (CCB) email@contactcenterngbayan.gov.ph 0908-881-6565 |

| FEEDBACK AND COMPLAINTS MECHANISM | | | |
|-----------------------------------|----------|---|-----|
| SECUF | RING TRA | EL CLEARANCE FOR MINORS TRAVELING ABROAD | |
| How feedba | to se | DSWD-Field Office sends a memo/email to DSWD-PSB. | |
| | feedbac | DSWD-PSB sends a reply letter/memo to the concerned Fie Office. | əld |



| How to file a complaint | Complaints can be filed through sending a letter or email to PSB-DSWD. The details of the complaint should be included in the information. |
|-----------------------------------|---|
| Complainant using 8888 | SMS will receive the complaint and will be forwarded to PSB if the concern is: a. On Programs and Services- SPD will be the one replying to the complaint a. On Personnel and other outside matters- The Focal Person will be the one replying to the complaint |
| How complaints are processed | The concerned Office will conduct an assessment, interview, coordination and case conference (if necessary) to the concerned Division to discuss the issue/concern. If necessary, set a meeting with the complainant and to discuss the concern. The internal investigation shall be conducted within the Bureau, then provide recommendation and officially send reply letter/memo to the concerned DSWD-Field Office. |
| Contact info of ARTA, PCC and CCB | Anti-Red Tape Authority (ARTA) complaints@arta.gov.ph 8-478-5093 Presidential Complaint Center (PCC) pcc@malacanang.gov.ph 8888 |
| | Contact Center ng Bayan (CCB) email@contactcenterngbayan.gov.ph 0908-881-6565 |



LIST OF OFFICES

| Office | Address | Contact NUmber |
|------------------------------|---|--------------------|
| Field Office NCR | 389 San Rafael Street corner Legarda Street, Sampaloc, Manila | (02)733-0010 to 18 |
| Field Office CAR | 2600 North Drive, Baguio, Benguet | (074) 661 0430 |
| Field Office CARAGA | R. Palma St. Butuan City | (085) 303-8620 |
| Field Office I | Quezon Avenue, San Fernando City, La Union | (072) 687-8000 |
| Field Office II | #3 Dalan na Pagayaya, Regional Government Center, Barangay Carig Sur, Tuguegarao City | (078)304-1004 |
| Field Office III | Diosdado Macapagal Government Center, Maimpis, City of San Fernando, Pampanga, | (045) 961-2143 |
| Field Office IV - CALABARZON | Zapote-Alabang Road, Alabang, Muntinlupa City | 0968-768-8392 |
| Field Office - MIMAROPA | 1680 F.Benitez cor. Malvar Sts. Malate, Manila | (632)336-8106/07 |
| Field Office V | Magnolia St. PBN-Buraguis, Legazpi City | 0951 106 5172 |
| Field Office VI | M.H. del Pilar, Molo, Iloilo City | (033) 8-337-62-21 |
| Field Office VII | M.J. Cuenco Avenue corner General Maxilom Avenue, Barangay Carreta, Cebu City | (032) 8-231-21-72 |
| Field Office VIII | Candahug, Palo, Leyte | (053) 321-30-90 |
| Field Office IX | General Vicente Alvarez Street 7000 Zamboanga City | (062) 991-10-01 |
| Field Office X | Masterson Ave., Upper Carmen, Cagayan de Oro City, Misamis Oriental | (088) 565-5795 |
| Field Office XI | D. Suazo St. cor. R. Magsaysay Ave., Davao City | (082) 226-28-57 |
| Field Office XII | Poblacion, Koronadal City, South Cotabato | (083) 8-228-20-86 |
| Central Office | Batasan Pambansa Complex, Batasan Rd, Quezon City | (02) 8931-81-01 |