

# OFFICE OF THE CITY SOCIAL WELFARE AND DEVELOPMENT OFFICER

**External Services** 



# 1. Issuance of Social Case Study Report

Clients may apply for a Social Case Study Report which also serves as a referral to their chosen welfare agency/ies whether Government Organizations (GOs) or Non-Government Organizations (NGOs) to help avail of needed assistance.

Office or Division:	City Social Welfare a	City Social Welfare and Development Office		
Classification:	Simple			
Type of Transaction:	G2C – Government t	o Client; G2G – Government to Government		
Who may avail:	Residents of City of I	Meycauayan		
<b>CHECKLIST OF REQUIRE</b>	MENTS	WHERE TO SECURE		
Certificate of Indigency	(Original)	Barangay Hall where client is residing		
Photocopy of Valid Gov client and/or beneficiar		Government Offices issuing valid IDs		
3. Referral Letter if referre agency/office	ed by any	Referring office/agency		
For Medical Assistance				
Photocopy of Medical A     Certificate issued not la     upon application		Hospital/clinic where client is currently admitted/diagnosed		
(locking plates, 2.4 Treatment Proto 2.5 Drug Prescription	ued not later than blication: fallysis urgery rthopedic Implants screws, etc.) bcol on (Reseta) uest (Referral)Hospital	Hospital/clinic where client is currently admitted/diagnosed		
For Burial Assistance				
Photocopy of Funeral Cont Promissory Note or Certific indicating outstanding bala	cation from Funeral	Funeral parlor providing the service		
Photocopy of Death Certification	cate	PSA / City Civil Registry Office, Ground Flr., New City Hall Bldg.		
For Scholarship/Educational A	ssistance			
Photocopy of Registration I Enrollment		School where client/beneficiary is enrolled		
2. Photocopy of Statement of	Account (SOA)	School where client/beneficiary is enrolled		
3. Photocopy of Student's ID		School where client/beneficiary is enrolled and Government Offices issuing valid IDs		



APAN 2006 B						
For Fire Victim	າຣ					
1. Original Ce (BFP)	ertifica	te from Bureau of F	ire Protection	City of Meycauayan Bureau of Fire Protection		
2. Picture of E	3urnt	House		Client/Barangay Hall where client is residing		
CLIENT STE	EPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING PERSON RESPONSIBI		
1. Submit complete requirement and filled-congress of the congress of the cong	out	1. Review submitted documents and conduct intake interview	None	30 minutes	Mary Ann B. Isiderio Lorna C. Paccial Lord Allen Mendieta April M. San Pedro Maria Asuncion Garcia Christian Jay Q. Abad Angelita M. Catolico Christine S. Legaspi Wilma C. Barazon CSWDO Staff City Social Welfare & Dev't. Office	
		2. Prepare Social Case Study Report and Endorsement Letter for approval and signature	None	20 minutes	Mary Ann B. Isiderio Lorna C. Paccial Lord Allen Mendieta April M. San Pedro Maria Asuncion Garcia Wilma C. Barazon Christine S. Legaspi CSWDO Staff  Vilma R. Rupac, RSW City Social Welfare and Development Officer Venus Q. Gaoiran, RSW Social Welfare Officer III Shanny Lyn B. Telimban, RSW Social Welfare Officer I Zussy Dhianne B. Hular, RSW Social Worker Amelia A. Legaspi Social Welfare Assistant City Social Welfare & Dev't. Office	
3. Receive th Social Cas Study Rep and Endorsem Letter and the logboo	ent sign	Log the name of client and release the Social Case Study Report and Endorsement Letter	None	10 minutes	Mary Ann B. Isiderio Lorna C. Paccial Lord Allen Mendieta April M. San Pedro Maria Asuncion Garcia Wilma C. Barazon Christine S. Legaspi CSWDO Staff CSWDO	
		Total	None	1 hour		



# 2. Issuance of Certificate of Indigency / Financial Incapability

Clients may apply for a Certificate of Indigence as required by the office/agency he/she is applying to avail of services for indigent individuals.

Office or Division	Office or Division: City Social Welfare a				fice	
Classification:		Simple				
Type of Transa	ction:	G2C – Gov	vernment to (	Client; G2G – Go	vernment to Government	
Who may avail:	:	Residents	of City of Me	ycauayan		
CHECKLIST OF REQUIREMENTS					ERE TO SECURE	
Original Barangay Certificate of Indigency				Barangay Hall wh	nere client is residing	
2. Photocopy of	Valid Govern	ment Issued	IID	Government Office	ces issuing valid IDs	
3. Referral Letter	r if referred b	y any agenc	y/office	Referring office/a	gency	
For Legal Purpose	es					
1. Complete pho	otocopy of ca	se		PNP/Prosecutor's	o Office/Regional Trial Court	
2. Certificate of N	No Property/	Property Hol	ding	Office of the City Assessor, Ground Flr., New City Hall Bldg.		
3. Pay slip (if ava	ailable)			Office/company where client is working		
For PhilHealth						
1. Photocopy of	Medical Abs	tract/Medica	l Certificate	Hospital/clinic where client is currently admitted/diagnosed		
CLIENT STEPS	AGENCY A	CTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit 1     complete     requireme     nts	I. Review si document conduct in interview	s and	None	30 minutes	Mary Ann B. Isiderio April M. San Pedro Christine S. Legaspi CSWDO Staff City Social Welfare & Dev't. Office	
2.			None	20 minutes	Mary Ann B. Isiderio April M. San Pedro Christine S. Legaspi CSWDO Staff  Vilma R. Rupac, RSW City Social Welfare and Development Officer Shanny Lyn B. Telimban, RSW Social Welfare Officer I	



						Amelia A. Legaspi Social Welfare Assistant City Social Welfare & Dev't. Office
2.	Receive the Certificat e of Indigency and sign the logbook	3.	Log the name of client and release the Certificate of Indigency	None	10 minutes	Mary Ann B. Isiderio April M. San Pedro Christine S. Legaspi CSWDO Staff City Social Welfare & Dev't. Office
			Total	None	1 hour	

# 3. Issuance of Certificate of Guardianship

Clients may apply for Certificate of Guardianship in the absence of the child's parents as required by the office/agency he/she is applying to avail of services.

Office or Division:	City Social Welfare and Development Office			
Classification:	Simple			
Type of Transaction:	G2C – Government	nt to Client; G2G – Government to Government		
Who may avail:	Residents of City of	of Meycauayan		
CHECKLIST OF REQU	JIREMENTS	W	HERE TO SECURE	
1. Original Barangay Certificate	of Guardianship	Barangay Hall w	here client is residing	
2. Photocopy of Valid Governm	ent Issued ID	Government Off	ices issuing valid IDs	
Photocopy of Birth Certificate parties	es of concerned	PSA / City Civil Registry, Ground Flr., New City Hall Bldg.		
4. Photocopy of the Marriage C parents (if available)	ertificate of child's	PSA / City Civil Registry, Ground Flr., New City Hall Bldg.		
<ol><li>Photocopy of the Death Cert deceased parent (for childrer parent/s)</li></ol>		PSA / City Civil I Bldg.	Registry, Ground Flr., New City Hall	
6. Original and Notarized Affidavit of Two (2) Disinterested Persons with attached photocopy of valid government issued IDs (For abandoned children)		Legal Office / Notary Public		
7. Referral Letter if referred by any agency/office		Referring office/agency		
CLIENT STEPS AGENCY ACTIONS		PROCESSING TIME	PERSON RESPONSIBLE	



Submit complete requirements	Review     submitted     documents     and conduct     intake     interview	None	30 minutes	Zussy Dhianne B. Hular, RSW Social Worker (CSWDO/Drop-in Center)  Shanny Lyn B. Telimban, RSW Social Welfare Officer I City Social Welfare & Dev't. Office
	2. Prepare Certificate of Guardianship for approval and signature		20 minutes	Zussy Dhianne B. Hular, RSW Social Worker (CSWDO/Drop-in Center)  Shanny Lyn B. Telimban, RSW Social Welfare Officer I  Vilma R. Rupac, RSW City Social Welfare and Development Officer City Social Welfare & Dev't. Office
3. Receive the Certificate of Guardianship and sign the logbook	3. Log the name of client and release the Certificate of Guardianship	None	10 minutes	Zussy Dhianne B. Hular, RSW Social Worker (CSWDO/Drop-in Center)  Shanny Lyn B. Telimban, RSW Social Welfare Officer I City Social Welfare & Dev't. Office
	Total	None	1 hour	

#### 4. Issuance of Senior Citizen ID

The LGU facilitates the issuance of identification cards and purchase booklets to all Senior Citizens in the respective jurisdiction to ensure that Senior Citizens enjoy the benefits and privileges provided for in Republic Act 9994.

Office or Division:	City Social Welfare and Development Office			
Classification:	Simple			
Type of Transaction:	G2C – Government to Client; G2G – Government to Government			
Who may avail:	Residents of City of Meycauayan (Ages 60 above)			
CHECKLIST OF R	EQUIREMENTS	WHERE TO SECURE		
CHECKLIST OF RI  1. Accomplished Senior Citiz		WHERE TO SECURE  Office of the Senior Citizen's Affairs, Community Center, Ground Flr., New City Hall Bldg.		



3. Two (2) pcs	. latest 1x1 picture		To be produced b	by the client		
4. Photocopy	of Valid Government Issu	ued ID	Government Office	ces issuing valid IDs		
5. Photocopy				PSA / City Civil Registry, Ground Flr., New City Hall Bldg.		
For Lost SC ID						
1. Notarized A	Affidavit of Loss		Notary Public			
2. Photocopy	Photocopy of Valid Government Issued ID			ces issuing valid IDs		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. Submit filled-out form with complete requiremen ts	1.1 Review documents submitted and conduct intake interview  1.2 Issue claim stub with schedule date of release of	None	10 minutes	Jenet M. Carrillo Jose Ferdinand I. De Leon OSCA Staff City Social Welfare & Dev't. Office		
	Senior Citizen ID  1.3 Prepare Senior Citizen ID for recommending approval of OSCA Chairman	None	20 minutes	Jenet M. Carrillo OSCA Staff Angel A. Pedro, Jr. OSCA Chairman City Social Welfare & Dev't. Office		
	1.4 Forward the Senior Citizen ID to the Office of the City Mayor for approval and signature	None	2 working days	Jenet M. Carrillo OSCA Staff City Social Welfare & Dev't. Office Atty. Henry R. Villarica City Mayor		
	1.5 Contact client for the receipt of signed and approved Senior Citizen ID	None		Jenet M. Carrillo Jose Ferdinand I. De Leon OSCA Staff City Social Welfare & Dev't. Office		
2. Receive Senior Citizen ID and sign the logbook	2.1 Log the name of client and release the Senior Citizen ID	None	10 minutes	Jenet M. Carrillo Jose Ferdinand I. De Leon OSCA Staff City Social Welfare & Dev't. Office		
	Total	None	2 working days and 40 minutes			



#### 5. Issuance of Solo Parent ID

The LGU facilitates the issuance of identification cards to all Solo Parents in the respective jurisdiction to ensure that they enjoy the benefits and privileges provided for in Republic Act 8972.

Office or Division: City Social Welfare and Development Office					
Classification:		dai vvenare and	Development Of	nce	
	Simple	Payaramant ta (	Clienti COC Co	romant to Covernment	
Type of Transaction			•	vernment to Government	
Who may avail:		ts of City of Me		EDE TO CECUPE	
	F OF REQUIREN			ERE TO SECURE	
Accomplished Sol	o Parent ID Applic	ation Form		FIr., New City Hall Bldg. / nere client is residing	
2. Certificate of Solo	Parent from the B	arangay	Barangay Hall wh	ere client is residing	
Marriage Certifica	te (if married)		PSA / City Civil R Hall Bldg.	egistry, Ground Flr., New City	
4. Notarized Sworn A	Affidavit of Non-ma	arriage	Legal Office / Not	ary Public	
5. Two (2) pcs. lates	t 1x1 and 2x2 pictu	ures	To be produced	by the client	
Photocopy of Birth years of age	Certificate of chile	dren under 18	PSA / City Civil F Hall Bldg.	Registry, Ground Flr., New City	
7. Photocopy of Birth	Certificate of App	licant	PSA / City Civil Registry, Ground Flr., New City Hall Bldg.		
8. Photocopy of Dea dead)	th Certificate (if the	e spouse is	PSA / City Civil Registry, Ground Flr., New City Hall Bldg.		
Copy of filed / pen     marriage or legal s	• .	nnulment of	To be produced by the client		
For Solo Parent ID Lo	ost within the Valid	lity Period			
Notarized Affidavi	t of Loss		Notary Public		
2. Photocopy of Vali	d Government Iss	ued ID	Government Offices issuing valid IDs		
Endorsement/Cer     President	tification from Solo	Parent	Barangay where client is residing		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit filled-out form with complete requirements	1.1 Review documents submitted and conduct intake interview	None	10 minutes	Maria Asuncion DF. Garcia CSWDO Staff City Social Welfare & Dev't. Office	



	4.01	NI-		Maria Associa DE O
	1.2 Issue claim	None		Maria Asuncion DF. Garcia
	stub with			CSWDO Staff
	schedule			City Social Welfare & Dev't. Office
	date of			
	release of			
	Solo Parent			
	ID		-	
	1.3 Prepare Solo	None	20 minutes	Maria Asuncion DF. Garcia
	Parent ID for			CSWDO Staff
	recommendi			
	ng approval			Vilma R. Rupac, RSW
	of the CSWD			City Social Welfare and
	Officer			Development Officer
				CSWDO
	1.4 Forward the			Maria Asuncion DF. Garcia
	Solo Parent			CSWDO Staff
	ID to the			
	Office of the			Atty. Henry R. Villarica
	City Mayor			City Mayor
	for approval			Office of the City Mayor
	and	None	3 working days	
	signature	NOTIC	o working days	
	1.5 Contact			Maria Asuncion DF. Garcia
	client for the			CSWDO Staff
	receipt of			City Social Welfare & Dev't. Office
	signed and			
	approved			
	Solo Parent			
	ID			
2. Receive Solo	2.1 Log the	None	10 minutes	Maria Asuncion DF. Garcia
Parent ID and	name of			CSWDO Staff
sign the logbook	client and			City Social Welfare & Dev't. Office
	release the			
	Solo Parent			
	ID			
			3 working	
	Total	None	days and 40	
			minutes	



# 6. Issuance of Person With Disability (PWD) ID

The LGU facilitates the issuance of identification cards and purchase booklets to all PWDs in the respective jurisdiction to ensure that PWDs enjoy the benefits and privileges provided for in Republic Act 9442.

0	ffice or Div	ision:	City Soci	al Welfare and	Development Of	fice	
CI	lassificatio	n:	Simple				
Ty	pe of Tran	saction:	G2C – G	overnment to (	Client; G2G – Gov	vernment to Government	
W	ho may av	ail:	Resident	s of City of Me	ycauayan		
	CHEC	KLIST OF RI	QUIREM	ENTS	WH	ERE TO SECURE	
Accomplished PWD ID Application Form						ability Affairs Office (PDAO), er, Ground Flr., New City Hall	
<ol> <li>Original Barangay Clearance / Barangay Certificate of Indigency / Barangay Certificate of Residency for PWD ID Application</li> </ol>					Barangay Hall wh	ere client is residing	
3.	3. Photocopy of Medical Certificate / Clinical Abstract				•	f residence / City Health Office	
	Stating the Disability issues not later than 1 year from date of application				of residence / Go	vernment or Private Hospital	
4.	Certificate	of Disability from	m the Bara	ngay	Barangay Hall where client is residing		
5.	Two (2) pcs	s. 1x1 picture a	nd one (1)	pc 2x2 ID	To be produced by the client		
	picture issuapplication	ed not later tha	n 6 month	s from date of			
6.	One (1) late apparent di	est whole body sability)	colored pio	cture ( for	To be produced b	by the client	
7.		essment by a l School Principa			SPED School wh	ere client is enrolled	
Fo	or PWD ID L	ost within the V	alidity Peri	od			
1.	Notarized A	ffidavit of Loss			Notary Public		
2.	2. For apparent disability - Whole Body Picture			Picture	To be produced by the client / City Health Unit of residence / City Health Office of residence /		
	•	parent disability			Government or P	rivate Hospital	
		Abstract issued		•			
	CLIENT	f application sta		FEES TO BE	PROCESSING	PERSON RESPONSIBLE	
	STEPS	AGENCTA	CHONS	PAID	TIME	PERSON RESPONSIBLE	



	-		•	17AN 2000
1. Submit filled-out form with complete requirements	1.1 Review documents submitted and conduct intake interview  1.2 Issue claim stub with	None	10 minutes	Criselda M. Talusig Christian B. Talusig PDAO Staff City Social Welfare & Development Office (CSWDO)
	schedule date of release of PWD ID			
	1.3 Forward the application to the City Health Office for assessment and recommending approval	None	1 day	Criselda M. Talusig  PDAO Staff  City Social Welfare &  Development Office  (CSWDO)  Dr. Christian B. Roque  City Health Officer (CHO)
	1.4 Prepare PWD ID and forward to CSWD Office for further evaluation and recommending approval of the CSWD Officer	None	1 day	Criselda M. Talusig PDAO Staff Maria Asuncion DF. Garcia CSWDO Staff Vilma R. Rupac, RSW City Social Welfare and Development Officer City Social Welfare & Development Office (CSWDO)
	1.5 Forward the PWD ID to the Office of the City Mayor for approval and signature	None	1 day	Criselda M. Talusig PDAO Staff City Social Welfare & Development Office (CSWDO)  Atty. Henry R. Villarica City Mayor
	1.6 Contact client for the receipt of signed and approved PWD ID			Criselda M. Talusig PDAO Staff City Social Welfare & Development Office
2. Receive PWD ID and sign the logbook	2.1 Log the name of client and release the PWD ID	None	10 minutes	Criselda M. Talusig Christian B. Talusig PDAO Staff City Social Welfare & Development Office (CSWDO)
	Total	None	3 working days and 20 minutes	



# 7. Issuance of Parental Capability Assessment Report (PCAR)

The assessment of parenting capacity is a core child protection task, both in the context of assessing parents' capacity to protect children from risk and enhance their developmental experiences, as well as in decision-making about removing and/or restoring children to the care of their parents.

Office or Divis	ion:	City S	Social Welfar	e and Developr	nent Office	
Classification:		Highl	Highly Technical			
Type of Transa	action:	G2G – Government to Government				
Who may avail: of			eycauayan		Clients are Residents of the City	
С	HECKLIST O	F REQ	UIREMENT	S	WHERE TO SECURE	
1. Request/Refe	Request/Referral Letter to Conduct PCAR				Concerned Child Welfare Agency	
2. Photocopy of	Valid Governm	ent Iss	ued ID		Government Offices issuing valid IDs	
3. Barangay Ce	rtificate of Resid	dency			Barangay Hall of Current Residence	
4. Social Case S provided at the	Study Report of ne center and th			services	Concerned Child Welfare Agency	
CLIENT STEPS	AGENC) ACTION	Υ	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit complete requirements	1.1 Review documents submitted a inform clier possible ra home visit 1.2 Conduct int interview	and nt of ndom	None	10 minutes	Zussy Dhianne B. Hular, RSW Social Worker (CSWDO/Drop-in Center) Shanny Lyn B. Telimban, RSW Social Welfare Officer I Venus Q. Gaoiran, RSW Social Welfare Officer III City Social Welfare & Development Office (CSWDO)	
	1.3 Prepare schedule as conduct ho visitation  1.4 Prepare the PCAR for CSWDO's approval ar signature	me e	None	20 working days	Zussy Dhianne B. Hular, RSW Social Worker (CSWDO/Drop-in Center) Shanny Lyn B. Telimban, RSW Social Welfare Officer I Venus Q. Gaoiran, RSW Social Welfare Officer III Vilma R. Rupac, RSW City Social Welfare and Development Officer City Social Welfare & Development Office (CSWDO)	



2.	Receive the PCAR and sign the logbook	2.1 Release the PCAR to the concerned agency	None	10 minutes	Zussy Dhianne B. Hular, RSW Social Worker (CSWDO/Drop-in Center)
		representative  a. If referral is  made trough			Shanny Lyn B. Telimban, RSW Social Welfare Officer I Venus Q. Gaoiran, RSW
		e-mail, send the PCAR through e- mail.			Social Welfare Officer III City Social Welfare & Development Office (CSWDO)
		TOTAL	None	20 working days and 20 minutes	

#### 8. Application for Foster Parenting

Foster care is a full-time ancillary care of children outside their own home by people other than their biological or adoptive parents or legal guardian. In foster care cases, the child's biological or adoptive parents, or other legal guardians temporarily give up legal custody of the child. A child may be placed in foster care with the parents' consent.

Office or Division:	City Social Welfare and Development Office			
Classification:	Highly Technical			
Type of Transaction:	G2G – Government to Government			
Who may avail:	Residents of the City of Meycauayan			
CHECKLIST OF	REQUIREME	NTS	WHERE TO SECURE	
1. Original PSA Birth Certifica	te of each spo	Philippine Statistics Office (PSA)		
2. Original Police / NBI clearance			Philippine National Police (PNP) / National	
			Bureau of Investigation (NBI)	
<ol><li>Original Marriage Certificat if married</li></ol>	e in security pa	Philippine Statistics Office (PSA)		
Three (3) character referent workers)	ces (relatives,	To be produced by applicant		
5. Latest Income Tax Return	(ITR)	Bureau of Internal Revenue (BIR)		
6. Result of psychological eva	luation		Government/Private Hospital/Clinic	
CLIENT AGENCY STEPS ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	



Submit complete requirem ents	1.1 Review documents submitted, conduct intake interview and inform of random home visit	None	10 minutes	Zussy Dhianne B. Hular, RSW Social Worker (CSWDO/Drop-in Center)  Shanny Lyn B. Telimban, RSW Social Welfare Officer I Venus Q. Gaoiran, RSW Social Welfare Officer III City Social Welfare & Development Office (CSWDO)
	1.2 Prepare schedule and conduct home visit  1.3 Prepare home study report for approval and signature of CSWD Officer	None	10 working days	Zussy Dhianne B. Hular, RSW Social Worker (CSWDO/Drop-in Center)  Shanny Lyn B. Telimban, RSW Social Welfare Officer I  Venus Q. Gaoiran, RSW Social Welfare Officer III  Vilma R. Rupac, RSW City Social Welfare and Development Officer City Social Welfare & Development Office (CSWDO)
	1.4 Endorse the application and requirements to DSWD FO III	None	1 working day	Shanny Lyn B. Telimban, RSW Social Welfare Officer I  Venus Q. Gaoiran, RSW Social Welfare Officer III City Social Welfare and Development Office (CSWDO)
	Total	None	11 working days and 10 minutes	



# 9. Application for Aftercare / Diversion Contract of a Child

Provision of opportunities that will enable children and/or youths from institutions to go back to the mainstream of community life and participate in productive community activities.

Office or Division: City Social Welfare a		and Development Office
Office of Division.	<u> </u>	and Bevelopment embe
Classification:	Simple	
Type of Transaction: G2C – Government		t to Client; G2G – Government to Government
	Any Child Welfare	Agency whose Clients are Residents of the City of
Who may avail:	Meycauayan	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
Request/Referral Letter/Court Order		Concerned Child Welfare Agency/Family Court
2. Photocopy of Valid Government Issued ID of		Government Offices issuing valid IDs
Parent/s/Guardian/Barang	gay Council for the	
Protection of Children Re	presentative	
3. Barangay Certificate of Ro	esidency	Barangay Hall of where client is residing
4. Social Case Study Report/Summary Report of		Concerned Child Welfare Agency
the minor including services provided at the		
center and the child's progress		

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit complete requireme nts	1.1 Review documents submitted, conduct intake interview and Case Conference	None	1 working day	Zussy Dhianne B. Hular, RSW Social Worker (CSWDO/Drop-in Center)  Shanny Lyn B. Telimban, RSW Social Welfare Officer I Venus Q. Gaoiran, RSW Social Welfare Officer III City Social Welfare & Development Office (CSWDO)
	1.2 Present the Aftercare / Diversion Contract for finalization and signature of concerned parties	None		Zussy Dhianne B. Hular, RSW Social Worker (CSWDO/Drop-in Center)  Shanny Lyn B. Telimban, RSW Social Welfare Officer I Venus Q. Gaoiran, RSW Social Welfare Officer III City Social Welfare & Development Office (CSWDO)



2.	Sign the	2.1 Prepare the	None		Zussy Dhianne B. Hular, RSW
	and	finalized			Social Worker
	receive	Aftercare /			(CSWDO/Drop-in Center)
	the	Diversion			, ,
	Aftercare /	Contract and			Shanny Lyn B. Telimban, RSW
	Diversion	release the			Social Welfare Officer I
	Contract	contract upon			Venus Q. Gaoiran, RSW
		conforme of			Social Welfare Officer III
		concerned			City Social Welfare & Development Office
		parties			(CSWDO)
					(
		Total	None	1 working day	

#### 10. PROVISION OF ASSISTANCE TO INDIVIDUALS IN CRISIS SITUATION

Clients who are in crisis situation may be provided with assistance depending on the assessed needs of the client such as medical, burial, etc.

Office or Division:	City Social Welfare and Development Office				
Classification:	Simple/Highly Technical				
Type of Transaction:	G2C – Government to Client				
Who may avail:	Residents of the City of Mey	cauayan			
CHECKLIST O	F REQUIREMENTS	WHERE TO SECURE			
Certificate of Indiger	ncy (Original)	Barangay Hall where client is residing			
Photocopy of Valid C client and/or benefic	Sovernment Issued ID of iary	Government Offices issuing valid IDs			
3. Referral Letter if referred by any agency/office		Referring office/agency			
For Medical Assistance					
Photocopy of Medica     Certificate issued no     upon application	al Abstract or Medical t later than three months	Hospital/clinic where client is currently admitted/diagnosed			
	Dialysis	Hospital/clinic where client is currently admitted/diagnosed			



	<ul> <li>Quotation for Orthopedic Implants (locking plates, screws, etc.)</li> <li>Treatment Protocol</li> <li>Drug Prescription (Reseta)</li> </ul>	
	<ol> <li>2.6 Laboratory Request (Referral)Hospital Bill or Statement of Account</li> </ol>	
Fo	r Burial Assistance	
1.	Photocopy of Funeral Contract and/or Promissory Note or Certification from Funeral indicating outstanding balance	Funeral parlor providing the service
2.	Photocopy of Death Certificate	PSA / City Civil Registry Office, Ground Flr., New City Hall Bldg.
Fo	r Scholarship/Educational Assistance	
1.	Photocopy of Registration Form or Certificate of Enrollment	School where client/beneficiary is enrolled
2.	Photocopy of Statement of Account (SOA)	School where client/beneficiary is enrolled
3.	Photocopy of Student's ID	School where client/beneficiary is enrolled and Government Offices issuing valid IDs
4.	House photo (kitchen, receiving areas, bedroom and comfort room)	To be produced by client
En	nergency Shelter Assistance	
1.	Original Certificate that they were affected by the calamity	City of Meycauayan Bureau of Fire Protection – for fire victims / City Disaster Risk Reduction and Management Office – for victims of calamity
2.	Picture of Burnt / Destroyed / Damaged House	Client/Barangay Hall where client is residing
3.	Court order or notice of violation, if any	Respective Trial Court
4.	Barangay Blotter Report as additional requirement for those who were evicted	Barangay Hall were client is residing
Fo	r Children-in-Conflict with the Law / Victims of Abus	se
1.	Photocopy of court order / investigation report / blotter report	Family Court/City Prosecutor's Office/PNP- WCPD/Barangay Hall where client is residing
Fo	r Distressed Overseas Filipino Workers (OFWs)	
1.	Photocopy of working contract – if employed	Concerned employment agency
2.	Photocopy of OWWA Certification of being distressed	Overseas Workers Welfare Administration (OWWA)
3.	Request Letter addressed to the Mayor	To be produced by client
4.	Photocopy of Passport and visa	Department of Foreign Affairs (DFA) / Concerned Embassy/Consulate



				47AN 2006 B
5. If victim of maltrea documentation an	ntment, evidence / pho d/or written records	oto	To be produced	by client
6. Photocopy of plan	e ticket		Concerned airlin	ne
For Balik Probinsya				
Request Letter ad	dressed to the Mayor	•	To be produced	by client
2. Photocopy of PSA Birth Certificate			PSA	
3. Vaccination Card			DOH/City Health	n Office
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit complete requirements	1.1 Review submitted documents	None	2 minutes	Mary Ann B. Isiderio Lorna C. Paccial Lord Allen Mendieta April M. San Pedro Maria Asuncion Garcia Wilma C. Barazon Christine S. Legaspi CSWDO Staff  Zussy Dhianne B. Hular, RSW Social Worker (CSWDO/Drop-in Center)  Shanny Lyn B. Telimban, RSW Social Welfare Officer I Venus Q. Gaoiran, RSW Social Welfare Officer III City Social Welfare & Development
	1.2 Conduct interview and prepare the Social Case Study Report	None	15 minutes	Office (CSWDO)  Mary Ann B. Isiderio Lorna C. Paccial Lord Allen Mendieta April M. San Pedro Maria Asuncion Garcia Wilma C. Barazon Christine S. Legaspi CSWDO Staff  Zussy Dhianne B. Hular, RSW Social Worker (CSWDO/Drop-in Center)  Shanny Lyn B. Telimban, RSW Social Welfare Officer I Venus Q. Gaoiran, RSW



			Social Welfare Officer III City Social Welfare & Development Office (CSWDO)
1.3 Inform client to return as to scheduled date of release of assistance	None		Mary Ann B. Isiderio Lorna C. Paccial Lord Allen Mendieta April M. San Pedro Maria Asuncion Garcia Wilma C. Barazon Christine S. Legaspi CSWDO Staff City Social Welfare and Development Office (CSWDO)
1.4 Prepare voucher upon receipt of approved assistance for signature of CSWD Officer and forward to City Budget Office	None	1 working day	April M. San Pedro Lord Allen Mendieta Christine S. Legaspi CSWDO Staff  Vilma R. Rupac, RSW City Social Welfare and Development Officer City Social Welfare and Development Office (CSWDO)
Total	None	1 working day and 17 minutes	

# 11. Application for Early Childhood Care and Development (Day Care)

Children ages 3-4 years old are nurtured for their physical and mental development to prepare them for schooling with right attitudes and habits.

Note: In case of pandemic, fill out child's profile for children ages 3-4 years old.

Office or Division: City Social Welfare a		and Development Office
Classification:	Simple	
Type of Transaction:	G2C – Government t	Client Client
Who may avail:	Children ages 3-4 an	d residents of the City of Meycauayan
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
SHESKEIST ST KEQ	OIREMENTO	WILKE TO GEOOKE
Photocopy of child birth cer		PSA PSA



Immunization Record of child	To be produced by parent/client
4. Cedula	Barangay Hall where client is residing

0,				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE	PROCESSING TIME	PERSON RESPONSIBLE
		PAID		
1. Submit	1.1 Review	None	10 minutes	Liwayway R. Fabre
complete	submitted			Rizalyn M. Bajolo
requirements	documents			Elizabeth M. Dela Cruz
				Carmelita A. Lasprillas
				Editha M. Andaya
				Jasmin C. Sta.Ana
				Cynthia N. Cruz Rowena T. Molina
				Roweria 1. Molina Racquel M. Matociños
				Jacquelyn C. Alcantara
				Jacqueiyii C. Alcantara Janet U. Yap
				Raquel V. Francisco
				Merry Grace P. Legaspi
				Marilyn P. De Guzman
				Mariel L. Dumalay
				Milanie V. Cojo
				Ma.Rosalina Luz P. Ipapo
				Marife V. Lagustan
				Rhodora S. Lunaria
				Cherrielyn R. Guevarra
				Herminia L. Villarico
				Geraldine S. Bautista
				Ma.Theresa H. Maquirang
				Rosalie A. Maasin
				Concepcion S. Balingit
				Rhodora C. Del Rosario
				Carolina S. Rodriguez
				Teresita A. Facto
				Eloisa O. Antonio
				Gerlie B. Aguilar
				Graceshell F. Altoveros
				Ma. Tricia C. Beltran
				Princess D. Siongco
				Lolita L. Operio
				Lorelie B. Minguito
				Alma M. Aguarez
				Nellie M. Fernandez
				Adoracion V. Esguerra
				May T. Marasigan
				Christine S. Legaspi
				Amelia A. Legaspi
				Day Care Workers



			17AN 2006 B
			City Social Welfare and Development
			Office (CSWDO)
	1.5.0		
	1.2 Conduct	45 minutes	Liwayway R. Fabre
	interview		Rizalyn M. Bajolo
	with the		Elizabeth M. Dela Cruz
	Parent /		Carmelita A. Lasprillas
	Guardian		Editha M. Andaya
	and prepare		Jasmin C. Sta.Ana
	and sign the		Cynthia N. Cruz
	Certificate		Rowena T. Molina
	of		Racquel M. Matociños
	Enrollment /		Jacquelyn C. Alcantara
	Registration		Janet U. Yap
	regionation		Raquel V. Francisco
			Merry Grace P. Legaspi
			Marilyn P. De Guzman
			Mariel L. Dumalay
			Milanie V. Cojo
			Ma.Rosalina Luz P. Ipapo
			Marife V. Lagustan
			Rhodora S. Lunaria
			Cherrielyn R. Guevarra
			Herminia L. Villarico
			Geraldine S. Bautista
			Ma.Theresa H. Maquirang
			Rosalie A. Maasin
			Concepcion S. Balingit
			Rhodora C. Del Rosario
			Carolina S. Rodriguez
			Teresita A. Facto
			Eloisa O. Antonio
			Gerlie B. Aguilar
			Graceshell F. Altoveros
			Ma. Tricia C. Beltran
			Princess D. Siongco
			Lolita L. Operio
			Lorelie B. Minguito
			Alma M. Aguarez
			Nellie M. Fernandez
			Adoracion V. Esguerra
			May T. Marasigan
			Christine S. Legaspi
			Amelia A. Legaspi
			Day Care Workers
			City Social Welfare and Development
			· ·
1			Office (CSWDO)



		1			
2.		2.1 Issue the		5 minutes	Liwayway R. Fabre
	Certificate	Certificate			Rizalyn M. Bajolo
	of	of			Elizabeth M. Dela Cruz
	Enrollment /	Enrollment /			Carmelita A. Lasprillas
	Registration	Registration			Editha M. Andaya
	_				Jasmin C. Sta.Ana
					Cynthia N. Cruz
					Rowena T. Molina
					Racquel M. Matociños
					Jacquelyn C. Alcantara
					Janet U. Yap
					Raquel V. Francisco
					Merry Grace P. Legaspi
					Marilyn P. De Guzman
					Mariel L. Dumalay
					•
					Milanie V. Cojo
					Ma.Rosalina Luz P. Ipapo
					Marife V. Lagustan
					Rhodora S. Lunaria
					Cherrielyn R. Guevarra
					Herminia L. Villarico
					Geraldine S. Bautista
					Ma.Theresa H. Maquirang
					Rosalie A. Maasin
					Concepcion S. Balingit
					Rhodora C. Del Rosario
					Carolina S. Rodriguez
					Teresita A. Facto
					Eloisa O. Antonio
					Gerlie B. Aguilar
					Graceshell F. Altoveros
					Ma. Tricia C. Beltran
					Princess D. Siongco
					Lolita L. Operio
					Lorelie B. Minguito
					Alma M. Aguarez
					Nellie M. Fernandez
					Adoracion V. Esguerra
					May T. Marasigan
					Christine S. Legaspi
					Amelia A. Legaspi
					Day Care Workers
					City Social Welfare and Development
					1
		_			Office (CSWDO)
		Total	None	1 hour	



#### 12. APPLICATION FOR ADOPTING A CHILD

Adoption is a socio-legal process of providing a permanent home to a child whose parents have voluntarily or involuntarily relinquished parental authority over the child.

Note: Application may last from 6 months to 1 year depending on the case.

Office or Division: City Social Welfare and Development Office				
Classification:	Highly Technical			
Type of Transaction:	G2C – Governmen	to Client; G2G – 0	to Client; G2G – Government to Government	
Who may avail:	Residents of the Ci	y of Meycauayan		
CHECKLIST OF REQUIREM	IENTS	WHERE TO SE	ECURE	
Application Form		CSWDO/DSWD	Field Office	
2. Birth Certificate		Philippine Statis	tics Office (PSA)	
3. Certificate of Attendance on	Adoption Forum	Regional DSWD		
4. Police/NBI Clearance (issue	s at least one year	National Bureau of Investigation (NBI) / Philippine National Police (PNP)		
Marriage Certificate / Divorce Annulment /     Declaration of Nullity of legal separation in     SECPA (if any)		Philippine Statistics Office (PSA)		
6. Written Consent to Adoption		To be produced (PAPs)	` ,	
7. Medical Certificate (issued a	t least 6 months)	Government/Priv	/ate Hospital/Clinic	
3 character references (Relaworkers)	atives, friends, co-	To be produced	by client	
Latest Income Tax Return (I Employment	,	Bureau of Internal Revenue (BIR) / Office where PAP/s is or are working		
10. 3x5 inch sized Whole Body applicant and, where applicataken within the last three (3	able, his/her family	To be produced by client		
11. Result of psychological eval	uation	Government/Priv	/ate Hospital/Clinic	
CLIENT STEPS AGENCY FEES TO ACTIONS BE PAID		PROCESSING TIME	PERSON RESPONSIBLE	



4 Cubrait 4 A Daviana Nana 40 minutas 7 yang Dhinna D Hulan DCU				
Submit complete	1.1 Review documents	None	10 minutes	Zussy Dhianne B. Hular, RSW Social Worker
requirements				(CSWDO/Drop-in Center)
Toquiromonio	conduct intake			(COVECTE IN COME)
	interview and			Shanny Lyn B. Telimban, RSW
	inform of			Social Welfare Officer I
	random home			Venus Q. Gaoiran, RSW
	visit			Social Welfare Officer III
				City Social Welfare & Development
	4.0 Duanana	Nissa	00	Office (CSWDO)
	1.2 Prepare schedule and	None	60 working	Zussy Dhianne B. Hular, RSW Social Worker
	conduct home		days	(CSWDO/Drop-in Center)
	visit			(OOVVDO/DIOP-III OCITICI)
	V.o.k			Shanny Lyn B. Telimban, RSW
				Social Welfare Officer I
				Venus Q. Gaoiran, RSW
				Social Welfare Officer III
				City Social Welfare & Development
	1.3 Prepare home	None	3 working days	Office (CSWDO)  Zussy Dhianne B. Hular, RSW
	study report	None	3 Working days	Social Worker
	for approval			(CSWDO/Drop-in Center)
	and signature			Shanny Lyn B. Telimban, RSW
	of CSWD			Social Welfare Officer I
	Officer			Venus Q. Gaoiran, RSW
				Social Welfare Officer III
				\(\(\)'' \(\) \(\) \(\) \(\) \(\) \(\) \
				Vilma R. Rupac, RSW
				City Social Welfare and Development Officer
				Development Onicer
				City Social Welfare & Development
				Office (CSWDO)
			-	
	1.4 Endorse the	None	1 working day	Zussy Dhianne B. Hular, RSW
	application			Social Worker
	and requirements			(CSWDO/Drop-in Center)
	to DSWD FO			Shanny Lyn B. Telimban, RSW
	III			Social Welfare Officer I
				Venus Q. Gaoiran, RSW
				Social Welfare Officer III
				City Social Welfare & Development
				Office (CSWDO)
			11 working	
	Total	None	days and 10	
	· Ctui		minutes	
L				



# 13. Request for Assessment of Discernment of a Child In Conflict with the Law

The determination of discernment shall take into account the ability of a child to understand the moral and psychological components of criminal responsibility and the consequences of the wrongful act; and whether a child can be held responsible for essentially antisocial behavior.

Note: Preparation and issuance of Social Case Study Report with Assessment of Discernment may take up to 7 working days depending on the submitted requirements.

Office or Division:	City Social Welfare and Development Office			
Classification:				
Type of Transaction:	G2C – Government	Client; G2G – Government to Government		
Who may avail:	Residents of the City	of Meycauayan		
CHECKLIST OF REQUIREM	IENTS	WHERE TO SECURE		
Referral Letter to Conduct S	ocial Case	City Prosecutor's Office and/or PNP		
Barangay blotter or police investigation report		City Prosecutor's Office and/or PNP		
3. Birth Certificate / Baptismal Certificate / Result of Dental Ageing (for proof of the minor's birthdate and age)		PSA/City Civil Registry/Health Center/City Health Unit/Respective Church		

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit complete requirements	1.1 Review submitted documents.	None	10 minutes	Zussy Dhianne B. Hular, RSW Social Worker (CSWDO/Drop-in Center)
				Shanny Lyn B. Telimban, RSW Social Welfare Officer I Venus Q. Gaoiran, RSW Social Welfare Officer III City Social Welfare & Development Office (CSWDO)
	1.2 Conduct interview and guide the minor in accomplishing the Child Functioning Assessment Tool, Family Functioning		1 working day	Zussy Dhianne B. Hular, RSW Social Worker (CSWDO/Drop-in Center)  Shanny Lyn B. Telimban, RSW Social Welfare Officer I Venus Q. Gaoiran, RSW Social Welfare Officer III City Social Welfare & Development Office (CSWDO)



Assessment Tool, Index of Value Judgement Tool, and Level of Moral Development Tool			
1.3 Prepare the Social Case Study Report with Assessment of Discernment for signature and approval of CSWD Officer.		2 working days	Zussy Dhianne B. Hular, RSW Social Worker (CSWDO/Drop-in Center) Shanny Lyn B. Telimban, RSW Social Welfare Officer I Venus Q. Gaoiran, RSW Social Welfare Officer III  Vilma R. Rupac, RSW City Social Welfare and Development Officer  City Social Welfare & Development Office (CSWDO)
1.4 Endorse the Social Case Study Report with Assessment of Discernment to referring office / agency.		1 working day	Zussy Dhianne B. Hular, RSW Social Worker (CSWDO/Drop-in Center)  Shanny Lyn B. Telimban, RSW Social Welfare Officer I Venus Q. Gaoiran, RSW Social Welfare Officer III  City Social Welfare & Development Office (CSWDO)
Total:	None	4 working days and 10 minutes	



#### 14. APPLICATION FOR AFTERCARE PROGRAM

Aftercare Program (ACP) refers to services that help recovering drug-dependent persons to adapt to everyday community life, after completing earlier phases of treatment and rehabilitation. Individuals whose sentence is not more than six (6) months of imprisonment may also apply depending on the court's recommendation. The program provides an opportunity to address important issues and problems associated with abstinence and recovery.

Office or Divisi	on:	City Social Welfare and Development Office			
Classification:		Simple			
Type of Transa	ction:	G2C – Government to Client; G2G – Government to Government			
Who may avail		Residents of the City of Meycauayan who are required to under the Aftercare Program			
CHECKLIST OF	REQUIREMEN	TS	S WHERE TO SECURE		
Court Order directing client to un aftercare/counselling at the CSW			ndergo Respective Trial (		Court
2. Photocopy of	Valid Government	Issue	d ID	Government Offi	ces issuing valid IDs
3. Barangay Cer	tificate of Residen	cy / Ind	digency	Barangay Hall w	here client is residing
	4. Referral Letter if referred by any			Referring office/a	agency
CLIENT STEPS	CLIENT STEPS AGENCY ACTIO		FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit complete requirements	1.1 Review documents submitted an conduct intak interview.		None	1 working day	Maria Asuncion DF. Garcia CSWDO Staff City Social Welfare and Development Office (CSWDO)
	1.2 Present the Aftercare Contract for finalization ar signature of concerned pa				Maria Asuncion DF. Garcia CSWDO Staff City Social Welfare and Development Office (CSWDO)
2. Sign the and receive the Aftercare Contract	2.1 Prepare the finalized Afte Contract and release the contract upor conforme of concerned page 2.1	rcare n arties			Maria Asuncion DF. Garcia CSWDO Staff City Social Welfare and Development Office (CSWDO)
	1		None	1 working day	