CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE

External Services

1. Aid to Individuals in Crisis Situations

Issuance of Social Case Study Report and Certificate of Indigency to families/individuals in crisis situations.

Office or Division:	City Social Welfare and Development Office Emergency Welfare Division				
Classification:	Simple	III DIVISION			
Type of Transaction:	G2C – Governn	nent to Citizens			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	All Cavite City re	esidents who are indigent and In Crisis			
Who may avail:	Situation				
CHECKLIST OF REQU		WHERE TO SECURE			
A. Social Case Study Repo					
submitted to other Gove and Non-Government C					
a. Hospitalization AssClinical Abstra		Hospital/Medical Clinic			
Certificate (1 p		·			
Hospital bill/lal					
photocopy)	solutory (1	Hospital/Medical Clinic			
Barangay Cert	rificate of				
Indigency (1 p		Barangay where the client resides			
 Valid ID of the claimant and client (patient) (1 photocopy) 		SSS, GSIS, Passport, Postal, Driver's			
		License, National ID			
client (patient) (1 photocopy) b. Burial Assistance		Local Civil Registrar Funeral Parlor that provided the service Barangay where the client resides SSS, GSIS, Passport, Postal, Driver's License, National ID Hospital/Medical Clinic Hospital/Medical Clinic			

B. Certificate of Indigency

- Barangay Clearance or Barangay Certificate of Indigency (Claimant)
- Court Resolution/ Affidavit (photocopy)
- Valid ID Card (Claimant)

Barangay where the client resides

Court

SSS, GSIS, Passport, Postal, Driver's License, National ID

CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Client walk-in and submit documents at the Emergency Division, CSWDO	Receive, conduct intake interview, and assess/check submitted documents	None	15 minutes	Social Welfare Assistant
2. Client waiting for approval	2.1. Assessment/ Preparation of Social Case Study Report or Certificate of Indigency 2.2. Submit for recommendation	None	20 minutes 10 minutes	Social Welfare Officer I
3. Client receives the needed document	and approval 3. Release the needed Social Case Study Report/Certificate of Indigency	None	2 minutes	Social Welfare Officer I
TOTAL:		None	47 minutes	

2. Center-based programs for Children in Conflict with the Law (CICL)

Center-based Social Protection Services to Child and Youth Center which provides residential care and rehabilitative services to below 18 years old Children in Conflict with the Law (CICL).

		City Social Welfa	are and Dev	elonment		
Office or Division:		Child & Youth W		•		
Classification:		Complex				
Type of Transaction	n:	G2C – Governm	ment to Citizens			
Who may avail:		Children in Conf	flict with the	Law		
CHECKLIST OF				WHERE TO SI		
Birth Certifica	te (1 ph	otocopy)	P	Philippine Statistic	s Authority	
 Police or Bara photocopy) 	angay B	lotter (1		Police Stat	ion	
CLIENTS STEPS	AGE	NCY ACTION	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE	
The client is turned over to the center		nduct intake erview with the ent	None	30 minutes	Houseparent	
2. The client answers the questions asked		dminister Act of nment Test	None	7 days		
by the social worker based on	2.2. Pi Discer	repare nment Report		1 day		
Disce		ubmit the nment Report CSWD Officer proval		2 hours	Social Welfare Officer III	
	Discer to the	/ed/noted nment Report		2 hours		
3.1. Clients avail of the services while at the Center	3.1. Provides home care and support services		None	24 hours		
3.2. Client participates in the daily activities	3.2. Monitors daily activities				House parents	
3.3. Client participates in other activities being conducted	cc	ssist in the onduct of the ctivity		3 hours		

in the center in coordination with other GOs and NGOs 3.4. Client bonds with relatives during visiting hours	3.4. Inspect/monitor visitors during visiting times3.5. Logging in to the guest logbook		2 hours	
Attends court hearings	4. Assists the CICL during hearings	None	4 hours	Social Welfare Officer III
5. Waits for the court decision	 5.1. Assists in the preparation of documents needed for the processing of bail (if the client opted to post bail) 5.2. Coordinate with the NTSB, for the transfer of a client 	None	3 hours	Social Welfare Officer III
	with a suspended sentence			
	5.3. Prepare documents (court order, birth certificate, and Social Case Study Report) to be submitted to the NTSB via e-mail		2 days	
6. Attends the pre- discharge conference	Facilitate pre- discharge conference	None	2 hours	Social Welfare Officer III

7. Minor reintegrated to family or transferred to another agency	7.1. Release the minor to the family and facilitate the signing of the discharge slip	None	2 hours	Social Welfare Officer III
	7.2. Turn over to NTSB		1 day	Social Welfare Officer III
TOTAL:		None	24 hours for temporary shelter/stay of children in the shelter depending on the case	

3. Community-based Drug Rehabilitation Program

Refers to the most cost-effective approach to support PWUDs who were assessed with mild/low drug use and dependence.

Office or Division:		Cavite City Drug Abuse Response Center			
Classification:		Simple			
Type of Transaction	ո։	G2C – Governr	ment to Citize	ens	
Who may avail:		Persons Who Used Drugs (PWUDs)			
CHECKLIST OF	REQU	IREMENTS		WHERE TO SE	ECURE
Barangay Clea	arance	(1 original)	Bar	angay where the	client resides
Valid ID			SSS, GSIS, Passport, Postal, Driver's License National ID		
CLIENTS STEPS	AGENCY ACTION		FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
Walk-in or referred clients will undergo intake interview		onduct Intake erview	None	30 minutes	Community Affairs Officer I
2. Attend Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)		cilitate/ nduct ASSIST	None	2 hours	ASSIST-trained personnel/DOH Accredited Physician

3.	Undergo	3. Refer the client to	None	15 minutes	CHO Medical Officer
	physical/medical	the City Health			
	examination and	Office for a			
	submit results to	physical/medical			
	CCDARC	examination			
4.	PWUDs with	4. Facilitate 3-month	None		Multi-disciplinary
	mild/moderate	intensive CBDRP			team and volunteers
	ASSIST results				
	will attend 3-				
	month intensive				
	CBDRP				
5.	Attend the	5. Facilitate CBDRP	None		Multi-disciplinary
	CBDRP after-	after-care			team and volunteers
	care program for	program for 3			
	3 months	months			
	TOTAL:		None	2 hours and	
	IOIAL.		NOHE	45 minutes	

4. Disaster Relief Assistance

Provision of appropriate assistance to individuals/families affected by natural or man-made calamities during its onset.

A. Outside Evacuation Centers

Office or Division:		City Social Welf	City Social Welfare and Development Office			
Classification:		Complex				
Type of Transaction	n:	G2C – Governn	G2C – Government to Citizens			
		Affected individ	uals/famili	es of natural or m	nan-made	
Who may avail:		calamities				
CHECKLIST OF	REQU	IIREMENTS		WHERE TO S	ECURE	
 Fire Certificat 	ion from	m the Bureau		Bureau of Fire F	Protection	
of Fire Protec	tion (if	(if fire incident)				
Certificate of	Certificate of Eligibility		City So	cial Welfare and [Development Office	
CLIENTS STEPS	AGE	NCY ACTION	N TO BE		PERSON RESPONSIBLE	
Enlist/inform the CSWDO on the list of	of	eceives reports the number of ected families	None	10 minutes	CSWDO Staff	

affected	and individuals			
families from	from barangays			
barangays				
The client undergoes an intake	2.1. Conduct intake interview	None	5 minutes per client	CSWDO Staff
interview	2.2 Provide hot meals and other non-food items		Immediately	
	2.3 Onsite validation (structural assessment to be conducted by City Engineer's Office)		1-3 days depending on the number of affected families	
3. The client gets the assistance	Provision of relief assistance and other support assistance	None	Immediately (3-5 days)	
TOTAL		None	8 days and 15 minutes	

B. Inside Evacuation Centers

Office or Division:		City Social Welfare and Development Office			
Classification:		Highly Complex			
		G2C – Government to Citizens			
Type of Transaction	n:	G2G – Government to Government			
		Affected individuals/families of natural or man-made			
Who may avail:		calamities			
CHECKLIST OF	REQU	UIREMENTS WHERE TO SECURE			
Fire Certifica	tion fro	om the Bureau Bureau of Fire Protection			Protection
of Fire Protect	ction (if	fire incident)			
Certificate of Eligibility			City Social Welfare and Development Office		
CLIENTS STEPS	AGE	NCY ACTION	FEES TO BE PAID PROCESSING TIME PERSON RESPONSIE		
Affected individuals/fam		etting up of ation Center/s	None	2 hours	CSWDO other LGU Offices

ilies are	and provision of			
temporarily	support services			
sheltered in	4.0.5			0014/00 / //
the Evacuation	1.2 Provision of hot		Immediately	CSWDO staff on
Center/s	meals and other			duty
	necessities (sleeping			Barangay Nutrition
	kits, hygiene kits,			Scholar
	etc.) during the stay			
	of evacuees in the			
	evacuation center			
	1.3 Conduct of intake		5 minutes per	CSWDO staff on
	interview		client	duty
				,
	1.4 Prepare and			
	submit DROMIC		2 hours	Social Welfare
	Report / Incident			Assistant
	Report			
	1.5 Validation in the		2-3 days or	Social Worker
	area/site		more	CSWDO Staff
	aroa/ono		depending on	Child
			the number of	Development
			affected	Worker
			families	City Engineering
				Office
	1.6 Cleanaing of		2 2 days ar	CSWDO Technical
	1.6 Cleansing of master list		2-3 days or	
	master list		more	Staff
			depending on the number of	
			affected	
			families	
2. Attend meetings	2.1 Conduct meetings	None	2 hours	CSWDO
conducted by the	with the evacuees			other LGU Offices
City regarding the				concerned
rehabilitation plan				
	2.2 Implementation of		2 days or	
	the rehabilitation plan		longer	
	and remainment plant		depending on	
			the number of	
			affected	
			families	

	3.1 Provision of relief assistance and other support assistance	None	Immediately	Social Welfare Assistant
	3.2 Preparation of Termination Report		1 day	
TOTAL:		None	Depends on the severity of the damage and the number of affected families	

5. Early Childhood Care and Development (ECCD) Service

Provision of early childhood care and development, programs, and activities to enhance the physical, emotional, cognitive, psychological, spiritual, and language development of young children.

activity and grand and					
Office or Division:	City Social W	elfare and Deve	elopment		
Office of Division.	Child and You	ıth Welfare Divi	h Welfare Division		
Classification:	Highly Compl	ex			
Type of Transaction:	G2C – Gover	nment to Citize	ns		
Who may avail:	3- 4 years old	and 11 months	s pre-school		
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE	
Child's Birth Ce	ertificate (1	Local Civil R	Registrar Office/Ph	nilippine Statistics	
photocopy)			Authority		
 Immunization F 	Records (1 photocopy) Health	Health Center/Private Clinic/Hospital		
	(1)	,			
 ID pictures 					
o 1x1 pictu	ure (1pc)				
<u> </u>	ure (1pc)				
		FEES TO	PROCESSIN	PERSON	
CLIENTS STEPS	AGENCY ACTION	BE PAID	G TIME	RESPONSIBL	
		E			
1. Parents will	1. Child	hild 150.00 30 minutes Ch			
register their child	Development			Development	
through Intake Form Workers accept				Worker	
	and review				
	submitted form				

	and requirements			
2. Parents attend face to face orientation	2. Conduct face to face orientation to parents of Daycare Children	None	3 hours	Child Development Worker
3. Child attends face to face classes	3. Provide structured learning activities to Daycare Children	*100.00/ month	2 hours/day Mondays – Fridays 10 months	Child Development Worker
3.1 Child participates in the CDC Supplementary Feeding Program	3.1 Provides hot meals and dry ration foods for Supplementary Feeding		20 minutes for 120 days	
3.2 Parents assist in getting the child's monthly height and weight	3.2 Conduct height and weight monitoring		10 minutes	
4. Child completes the 10-month Early Childhood Care and Development Service	4. Conduct Recognition Rites		3 hours – one time only	City Social Welfare and Development Office
TOTAL:		None	10 months / 3 hrs and 30 minutes for registration	

6. Issuance of Certificate of Disability

Issuance of certification to Persons with Disabilities (PWDs) for SSS, PhilHealth, or GSIS benefit claims.

Office or Division: City Social Welfare and Development Office Persons with Disabilities Affairs Office	
Classification:	Simple
Type of Transaction:	G2C – Government to Citizens
Who may avail:	Persons with Disabilities

CHECKLIS	T OF REQUIREMENTS		WHERE TO S	ECURE	
Baranga	y Clearance	Ва	Barangay where the client resides		
PWD Ide photocopy	entification Card (1 by)				
CLIENTS STE	PS AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Undergo interview/sc ning and submit documentar requirement	client and receive the submitted documentary	None	20 minutes	PDAO Staff PDAO Staff	
The client receives the			5 minutes	PDAO Staff	
requested certification	Disability				
TOTAL:		None	25 minutes		

7. Issuance of Parental Capability Assessment Report (PCAR)

A report issued to the requesting agency to establish whether or not the parents are adequately equipped to provide appropriate and stable emotional and physical care to their children.

Office or Division:	City Social Welfare and Development Child and Youth Welfare Division			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government			
Who may avail:	Requesting agency			
CHECKLIST OF REQU	IREMENTS	WHERE TO SECURE		
Request letter (1 original)				
 Social Case Study Report of the 		Requesting agency		
client/ Case summar	y (1 original)			

CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Upon receiving the request of Parental Capability Assessment Report from partner agencies, conduct home visitation to client's family.	1. Prepares Feedback Report on Home Visitation conducted.	None	2 hours	Social Welfare Officer III
2. Conduct interview and gather collateral information from neighbor	2. Prepare the Parental Capability Assessment Report (PCAR)	None	2 hours	Social Welfare Officer III
3. Submit the PCAR to the concerned agencies requested for the report through email/LBC. mailing	3. Signs the Parental Capability Assessment Report (PCAR)	None	2 minutes	City Social Welfare and Development Officer
TOTAL:		None	4 hours and 2 minutes	

8. Issuance of Persons with Disabilities (PWD) Identification Card

Issuance of Identification Cards and Purchase Booklet for the availment of benefits and privileges for Persons with Disabilities (PWDs).

Office or Division:	Persons with Disa	Persons with Disabilities Affairs Office (PDAO)			
Classification:	Simple				
Type of Transaction:	G2C – Governme	nt to Citizens			
Who may avail:	Any bonafide person with a permanent disability				
CHECKLIST OF REQU	JIREMENTS	WHERE TO SECURE			
 Barangay Clearance (1 original) Medical Certificate or Document to confirm the medical or disability condition (1 photocopy) ID picture (1x1 picture - 3 pcs.) Valid ID (1 copy) 		Barangay where the client resides Hospital/Respective Health Center SSS, GSIS, Passport, Postal, Driver's License, National ID			

CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
Inquire at Persons with Disability Affairs Office on requirements	Inform the client of the required documents.	None	10 minutes	Social Welfare Assistant
Accomplishing the PWD Registration Form manually.	Assist the client in filling out the PWD Registration Form	None	30 minutes	Social Welfare Assistant
3. Submission of the accomplished PWD Registration Form and requirements	3.1. Preparation of the PWD Identification Card and Purchase Booklet3.2. Transmit the PWD Identification Card and Purchase Booklet to the City Mayor's Office for signature	None	30 minutes 30 minutes	Social Welfare Assistant
4. Claiming of signed PWD ID and Purchase Booklet	4. Record and release the PWD ID and Purchase Booklet	None	10 minutes	Social Welfare Assistant
TOTAL:		None	1 hour and 50 minutes	

9. Issuance of Solo Parent ID

Refers to the issuance of Identification Cards to Solo Parents to avail privileges mandated by the law.

Office or Division:	City Social Welfare and Development Family and Community Welfare Division			
Classification:	Complex			
Type of Transaction:	G2C – Governr	ment to Citizens		
Who may avail:	Solo parent			
CHECKLIST OF REQU	UIREMENTS WHERE TO SECURE			
A. Birth of a child as a cor	nsequence of			
rape				
 Barangay affidavit 		Barangay where the client resides		
Birth certificate/s of child/children		Philippine Statistics Authority		
 Complaint affidavit 				
Medical Record on	the incidence	Hospital		
of rape				

- Notarized Sworn Affidavit that he/she has the sole parental care and support of the children
- 1x1 picture (2 pcs)
- Certificate of Attendance
- B. Widow/widower
 - Barangay affidavit
 - Birth certificate/s of child/children
 - Marriage Certificate
 - Death Certificate
 - Affidavit of non-cohabiting/non-coparenting
 - 1x1 picture (2 pcs)
 - · Certificate of attendance

(For renewal, bullet #5 and #6)

- C. Spouse of a person deprived of liberty (PDL)
 - Barangay Affidavit
 - Birth certificate/s of child/children
 - Marriage Certificate
 - Certificate of Detention
 - Affidavit of non-cohabiting
 - 1x1 picture (2 pcs)
 - Certificate of attendance

(For renewal, bullet \$4, 5, & 6)

- D. Spouse of a person with disability (PWD)
 - Barangay affidavit
 - Birth certificate/s of child/children
 - Medical Records or Certificate issued not more than 3 months
 - Affidavit of non-cohabiting/non-coparenting
 - 1x1 picture (2pcs)
 - Certificate of Attendance

(For renewal, bullet #3, 4 & 5)

- E. Due to de facto separation
 - Barangay Affidavit
 - Birth certificate/s of child/children

Public Attorney's Office

City Social Welfare and Development Office

Barangay where the client resides Philippine Statistics Authority Philippine Statistics Authority Philippine Statistics Authority

Public Attorney's Office

City Social Welfare and Development Office

Barangay where the client resides
Philippine Statistics Authority
Philippine Statistics Authority
Bureau of Jail Management and Penology
Public Attorney's Office

City Social Welfare and Development Office

Barangay where the client resides
Philippine Statistics Authority
Hospital/Clinic

Public Attorney's Office

City Social Welfare and Development Office

Barangay where the client resides

- Marriage Certificate
- Affidavit of non-cohabiting/non-coparenting
- Affidavit of two disinterested persons attesting to the fact of separation of the spouses
- 1x1 picture (2 pcs)
- · Certificate of Attendance

(For renewal, bullet #4, 5, &6)

- F. Due to the nullity of marriage
 - Barangay affidavit
 - Birth certificate/s of child/children
 - Marriage Certificate, with the fact of declaration of nullity, or annulment of marriage
 - Affidavit of non-cohabiting/non-coparenting
 - 1x1 picture (2 pcs)
 - Certificate of Attendance

(For renewal, bullet #4 & 5)

G. Abandoned

- Barangay Affidavit
- Birth certificate/s of child/children
- Marriage Certificate
- Affidavit of two disinterested persons attesting to the abandonment of the spouse
- Police or barangay record of the fact of abandonment
- Notarized Sworn Affidavit of the SP that he/she has the sole parental care and support of the child/children.
- 1x1 picture (2 pcs)
- Certificate of Attendance

(For Renewal, bullet #6 and 7)

- H. Spouse of an Overseas Filipino Worker
 - Barangay Affidavit
 - Birth certificate/s of child/children
 - Marriage Certificate (if married)

Philippine Statistics Authority Philippine Statistics Authority

Public Attorney's Office

Public Attorney's Office

City Social Welfare and Development Office

Barangay where the client resides

Philippine Statistics Authority

Philippine Statistics Authority

Public Attorney's Office City Social Welfare and Development Office

Barangay where the client resides
Philippine Statistics Authority
Philippine Statistics Authority

Public Attorney's Office

Philippine National Police

Public Attorney's Office

City Social Welfare and Development Office

Barangay where the client resides Philippine Statistics Authority

- Proof of relation between the applicant and OFW if a family member
- Photocopy of passport as proof of continuous overseas employment for the last 12 months
- POEC-Sec or any equivalent document
- Affidavit of non-cohabiting
- 1x1 picture (2 pcs)
- Certificate of Attendance

(For renewal, bullet #4, 5, 6,7, and 8)

- Unmarried mother/father who keeps and rears his/her child/children
 - Barangay Affidavit
 - Birth certificate/s of child/children
 - Certificate of no Marriage (CENOMAR)
 - Affidavit of non-cohabiting/non-coparenting
 - 1x1 picture (2pcs)
 - Certificate of Attendance

(For renewal, bullet #1, 3, 4, and 5)

- J. Legal guardian, adoptive or foster parent who solely provides parental care and support to a child or children
 - Barangay Affidavit
 - Proof of guardianship, proof of adoption, or proof of Foster Care
 - Affidavit of non-cohabiting/non-coparenting
 - 1x1 picture (2 pcs)
 - Certificate of Attendance

(For renewal, bullet #1, 3 & 4)

- K. Any relative within the fourth (4th) civil degree of consanguinity or affinity
 - Barangay Affidavit
 - Birth certificate/s of child/children

Philippine Statistics Authority

Philippine Overseas Employment Administration

Public Attorney's Office

City Social Welfare and Development Office

Barangay where the client resides Philippine Statistics Authority

Philippine Statistics Authority
Public Attorney's Office

City Social Welfare and Development Office

Barangay where the client resides

Public Attorney's Office

City Social Welfare and Development Office

Barangay where the client resides Philippine Statistics Authority

- Death Certificate or Judicial declaration of absence or presumptive death of the parents or legal guardian
- Proof of relationship of the relative to the legal guardian (Birth Certificate)
- · Affidavit of non-cohabiting
- 1x1 picture (2 pcs)
- Certificate of Attendance

(For renewal, bullet #4, 5 & 6)

- A pregnant woman who provides sole parental care and support to her unborn child or children
 - Barangay Affidavit
 - Medical Record of her pregnancy
 - Affidavit of non-cohabiting/non-coparent who is providing support to the pregnant woman
 - 1x1 picture (2 pcs)
 - Certificate of Attendance

Philippine Statistics Authority

Philippine Statistics Authority

Public Attorney's Office

City Social Welfare and Development Office

Barangay where the client resides Hospital/Clinic

Public Attorney's Office

City Social Welfare and Development Office

CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
Undergo initial Interview/ screening	Conduct an initial interview with the applicant	None	30 minutes	Social Welfare Officer I
2. Fill out the Solo Parent Application Form and submit the requirements	2.1. Screen the requirements and Solo Parent Application Form	None	At least 7 working days	Social Welfare Officer I
	2.2. Encode the client's information in the database and prepare the Solo Parent ID			Social Welfare Assistant
	2.3. Submit the Solo Parent ID to the CSWD Officer for signature.			Social Welfare Assistant

	2.4. Transmit the Solo Parent ID to the City Mayor's Office for signature.			Social Welfare Assistant
3. Claim the Solo Parent ID	3. Issue the Solo Parent ID to the client and inform		5 minutes	Social Welfare Assistant
TOTAL:		None	7 days & 35 minutes	

Note: Counting of processing time will commence upon receipt of <u>complete</u> documentary requirements from the Solo Parent applicant.

10. Job Referral and Placement

Conduct employment/skills assessment and job matching for referral and placement to companies.

Office or Division:		Public Employment Service Office (PESO)			
Classification:		Simple			
Type of Transactio	n:	G2C – Government to Citizens			
Who may avail:		Job seekers			
CHECKLIST OF	REQU	IREMENTS		WHERE TO SEC	URE
Resume/Curric	ulum Vi	tae/Biodata		Personal	
CLIENTS STEPS	AGE	NCY ACTION	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
Attend intake interview for initial assessment	Conduct intake interview and initial assessment		None	30 minutes	Public Employment Service Officer
Fill out the Jobseeker Registration Form	2.1 Receive the Registration Form		None	30 minutes	Public Employment Service Officer
1 OIIII	2.2 Encode applicant's data to the National Skills Registry System			15 minutes	Encoder
3. Attend Job Coaching	3. Conduct Job Coaching		None	30 minutes	Public Employment Service Officer
4. The job applicant proceeds to the company with		ue an dorsement er/referral letter	None	20 minutes	Public Employment Service Officer

the endorsement/ referral letter			
TOTAL:	None	2 hours and 5 minutes	

11. Pre-marriage orientation and counseling

It refers to the orientation and counseling provided to couples before getting married as mandated by the Family Code.

Office or Division:	City Social Welfare and Development Family and Community Welfare Division			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizens			
Who may avail:	Would-be-married couples			
CHECKLIST OF REQU	JIREMENTS	WHERE TO SECURE		
Official Receipt (1 or	Official Receipt (1 original)		City Treasurer's	s Office
PMC Forms				
Valid ID (1 photocopy				
		EEES TO	DDOCESSIN	DEDCON

CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
Inquire at the Family and	 Inform/advise of the needed 	None	15 minutes	Social Welfare Assistant
Community Welfare Division	requirements			
2. Fill out Pre- Marriage Counseling Forms, answer the questionnaires, and Official Receipt	2. Check the filled- out Pre-Marriage Counseling Forms and questionnaires and receive a copy of the Official Receipt	None	30 minutes	Accredited Pre- Marriage Counselor
3. Attend a Pre- Marriage Counselling Session	3.1. Conduct Pre- Marriage Counseling for couples to be married	None	3 hours	Accredited Pre- Marriage Counselor
	3.2. Prepare the Pre- Marriage Counseling Certificate			Social Welfare Assistant

4. Claim the Pre-	4. Issue the Pre-	None	15 minutes	Social Welfare
Marriage Counseling	Marriage Counseling			Assistant
Certificate	Certificate			
TOTAL		None	4 hours	

12. Provision of Assistive Devices and other Support

Assistance is provided to PWDs to enable them to carry out daily activities and participate actively and productively in community life.

Office or Division:		Persons with Disabilities Affairs Office (PDAO)			
Classification:		Complex			
Type of Transaction	n:	G2C – Governr	nent to Citizens	3	
Who may avail:		Senior Citizens	and Persons v	vith Disabilities (P	WDs)
CHECKLIST OF	REQU	IREMENTS	1	WHERE TO SEC	URE
Barangay Clearance/Indigency (1 original)			Baran	gay where the cli	ent resides
 Medical Certificate or Document to confirm the medical or disability condition (1 photocopy) Recent whole-body picture (2 pcs.) 			Hospital		
CLIENTS STEPS	AGE	NCY ACTION	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
Undergo initial Interview/ screening to the client (Claimant)	Inte scr	nduct initial rview and eening to the nt (Claimant)	None	20 minutes	Social Welfare Officer I
2. Fill out the application form and submit the requirements	submi requir applic asses evalua 2.2. R	ements and ation for sment and ation	None	At least 10 days	Social Welfare Officer I Social Welfare
		ants' nation in the ele database			Assistant Social Welfare Officer I

	2.3. Processing of Technical Device Assistance 2.4. Coordinate with the City Mayor regarding the schedule of releasing the technical device.			Social Welfare Officer I
Claiming of technical device	3.1. Release the Technical device request	None	25 minutes	Social Welfare Officer I
TOTAL:		None	10 days and 45 minutes	

13. Request for assistance to a child alleged victim of abuse, neglect, and exploitation

Refers to the handling and management of children needing special protection and appropriate intervention.

Office or Division:		City Social Welfare and Development Office Special Cases Division				
Classification:		Simple				
Type of Transaction	า:	G2C – Government to Citizens				
Who may avail:		Children Needing Special Protection				
CHECKLIST OF	REQU	JIREMENTS WHERE TO SECURE			ECURE	
Birth Certificat Baptismal Cer		notocopy) e (1 photocopy)	Loca	al Civil Registrar (Statistics Au Church	•	
School Record	ds (1 p	hotocopy)	School			
CLIENTS STEPS	AGE	ENCY ACTION	FEES TO BE PAID PROCESSING RESPONSIE			
The client is turned over to the center		nduct intake nterview	None	30 minutes	Social Welfare Officer III	

2. The child undergoes medical or medico-legal examination if needed	2. Assist the minor with the medical or medico-legal examination in Health Center or Child Protection Unit – PGH	None	1 day	Social Welfare Officer III
3. Child gives a statement at PNP – WCPD if needed	3. Assist the child/minor to give a statement at the PNP-WCPD	None	4 hours	Social Welfare Officer III
4. Goes to the Prosecutor's Office to personally submit a Sworn Statement, if needed	4. Assist in filing the case at the Prosecutor's Office	None	4 hours	Social Welfare Officer III
5. The child/minor is transferred to other institution for temporary shelter	5. Refer to other institutions for temporary shelter	None	4 hours	Social Welfare Officer III
TOTAL		None	*2 days, 4 hours and 30 minutes	

^{*}Provision of assistance may be extended depending on the case.

14. Rescue operation for Children at Risk (CAR)

Conduct rescue operations for Children at Risk (CAR) – street children, abandoned, physically, emotionally, and sexually abused children.

Office or Division:	City Social Welfare and Development					
Office of Division:	Child and Youth	Child and Youth Welfare Division				
Classification:	Complex					
Type of Transaction:	G2C – Government to Citizens					
Who may avail:	Children at Risk					
CHECKLIST OF REQU	IREMENTS	WHERE TO SECURE				
Birth Certificate (1 photocopy)		Philippine Statistics Authority (PSA)				
 Referral letter from Barangay or PNP (1 photocopy) 		Barangay where the client resides/Philippine National Police				

CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Undergo intake	1.1. Conduct Intake	None	5 days	Social Welfare
interview	Interview with the			Officer III
	client upon			
	referral to the			
	barangay or PNP			
	1.2. Conduct home			
	visitation for data gathering			Social Welfare
	gamening			Officer III
	1.3. Prepare Case			
	Study Report			
	4.4.5			
	1.4. Develop a			
	treatment plan based on the			
	assessment of			
	needs			
2. Participate in the				
activities based				
on the treatment				
plan				
TOTAL		None	5 days	
IOIAL		NOHE	5 days	

15. Request for Certificate of Indigency and Registration as Urban Poor member

Issuance of Certificate of Indigency and registration as Urban Poor members in support of their water and electric installation application.

Office or Division:	Urban Poor Affairs Office					
Classification:	Simple	Simple				
Type of Transaction:	G2C – Government to Citizens					
Who may avail:	Urban Poor members					
CHECKLIST OF REQU	IREMENTS	WHERE TO SECURE				
Barangay Clearance (1 photocopy)		Barangay where the client resides				
Barangay Indigency (1 photocopy)		Barangay where the client resides				

Sworn Statement (for Meralco only)- (1 photocopy)			Public Attorney'	s Office
 Urban Poor Membership form (for non-members) 				
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSIN	PERSON

CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Request for Certificate of Indigency or proof of membership	 1.1 Screen the requirements submitted by the client. 1.2. If a non-Urban Poor member, issue an Urban Poor Membership Form and advise the client to process membership in his/her respective barangay. 1.3 Prepare the Certification for the signing of the CSWD Officer 	None	*1-2 days *may be extended depending on client's membership processing in his/her repesrive barangay 10 minutes	Social Welfare Officer I
TOTAL		None	*2 days and 40 minutes	

^{*}Depending on the availability of the client's requirements upon inquiry

16. Special Program for Employment of Students

It refers to the temporary employment of poor but deserving students during summer, providing them with compensation to support/provide their educational needs.

Office or Division:	Public Employment Service Office	
Classification: Highly Complex		
Type of Transaction: G2C – Government to Citizens		
Who may avail:	Indigent students	

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE		
 Latest school registration form (3 photocopies) 	School where the student is enrolled		
Birth Certificate/Baptismal Certificate (1 photocopy)	Local Civil Registrar's Office		
 Parent's residence certificate (1 photocopy) 			

рпосоору)				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. The Client accomplishes the SPES Application Form along with other documentary requirements	1. Receive and screen the documents submitted by the student	None	5 minutes/applican t	Project Evaluation Officer III
2. Attend orientation and sign the contract	2.1. Facilitate orientation and signing of the contract 2.2. Processing and submission of documents to DOLE	None	1 hour	Project Evaluation Officer III
3. Participate in the SPES for 22 days	3. Monitoring of SPES implementation	None	22 days	Project Evaluation Officer III
4.1 Receive LGU-counterpart compensation 4.2. Wait for further advice on the	4.1 Facilitate release of LGU- counterpart compensation 4.2. Facilitate release of DOLE	None	2 days	Project Evaluation Officer III
schedule of DOLE compensation release for payout	compensation		24 days, 1 hour,	
TOTAL		None	and 5 minutes	