

City Social Welfare and Development Office External Services



1. Conduct of Pre-Marriage Counselling

Pre-Marriage Counselling is one of the requirements in order to apply for the Marriage Certificate that can be availed of at our Civil Registry Office.

Office or Division:	City Social Welfare a			
Classification:	Simple	egistiai and i	opulation comi	mission (i or oom)
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	Any couple who wish	nes to get ma	rried	
	REQUIREMENTS		WHERE TO SE	CURE
1. Birth Certificate	Birth Certificate (1 Original or 1		of the Philippine	Statistics Authority
Certified True Copy	<i>(</i>)	(PSA) or Lo	cal Civil Registra	ar of Place of Birth
If male is below to	venty-five (25) years	old and fem	ale is below two	enty-one (21)
years old:				
1. Letter of parenta Copy)	I consent (1 Original	From either applicant/s	parent or legal (guardian of the
2. Valid I.D. (1 Orig	inal Copy. 1		parent or legal	guardian of the
Photocopy)	applicant/			,
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON
	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Fill up	1. Assist client on	None	20 minutes	Staff
registration,	Registration and			POPCOM Office
attendance, and	proper fill up of			Or
marriage couple	form			CHO-RHU
expectation form				Or Consid Markon
				Social Worker
2. Attend Pre	2. Conduct	None	4 hours	CSWDO Staff
marriage	orientation	INOTIE	4 110015	POPCOM Office
Orientation	Onemation			Or
Onemation				CHO-RHU
				Or
				Social Worker
				CSWDO
3. Claim	3. Issue certificate	None	5 minutes	Staff
Certificate of	of attendance/			POPCOM Office
Attendance /	participation			Or
Participation				CHO-RHU
				Or
				Social Worker
	TOTAL	N	411	CSWDO
	TOTAL:	None	4 Hours and	
			25 Minutes	



2. Counselling on Child Rearing / Parenting Effectiveness

Counselling Service for Parents and/or guardians having difficulties with child rearing.

Office or Division:	City Social Welfare a	ınd Developn	nent Office	
Classification:	Simple			
Type of	G2C – Government t	o Citizen		
Transaction:				
Who may avail:		s who are rai	<u> </u>	
CHECKLIST OF	REQUIREMENTS		WHERE TO SE	CURE
1. I.D. of Parent or Photocopy)	Guardian (1	Client		
2. Birth Certificate of Photocopy)	of Child/Children (1	Client		
3. Accomplished In Original Copy)	take Form (1	City Social (CSWDO)	Welfare and Dev	velopment Office
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Walk into the office.	1. Endorse client to social worker.	None	5 minutes	Social Worker CSWDO
2. Engage in counseling session	2. Conduct counselling session and follow up activities as needed (e.g. schedule next session/s)	None	30 minutes	Social Worker CSWDO
	TOTAL:	None	35 Minutes	



3. Complaints on Child Support or Custody

Assistance to either parent/guardian who is deprived of support or custody by the other parent / guardian of a child.

	<u> </u>			
Office or	City Social Welfare a	ınd Developn	nent Office	
Division:				
Classification:	Complex	0'''		
Type of	G2C – Government t	o Citizen		
Transaction:	<u> </u>			
Who may avail:	Parents or Guardians			LUBENENTO
	REQUIREMENTS		CKLIST OF REC	UIREMENTS
	Guardian (1 Original	Client		
Copy, 1 Photocopy)	6 0 11 1/0 11 1 1 / /	0		
2. Birth Certificate o	f Child/Children (1	Client		
Photocopy)		<u> </u>		1 055
3. Accomplished Int	ake Form (1		Welfare and Dev	elopment Office
Original Copy)	(CSWDO)			
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON
	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Fill-out intake sheet.	1. Provide intake sheet	None	5 minutes	Social Worker CSWDO
2. Voice out	2. Listen to	None	15 minutes	Social Worker
complaint.	complaint and	None	15 minutes	CSWDO
Complaint.	assess case			CSVVDO
3. Set date when a	3. Issue invitation	None	5 minutes	Social Worker
case conference	for the complained	None	3 minutes	CSWDO
will be conducted	party.			COVVDO
with the	party.			
complained party				
(if residing within				
San Pedro).				
Jan Fedro).				
*If complained is				
residing outside of				
San Pedro, refer				
client to Local				
Government Unit				
of residence of				
complained.				
4. Hand over the	None	None	30 minutes	Parangay of
invitation to the	INUITE	INOILE	Jo minutes	Barangay of Residence of
Office of Barangay				Complained Party
of residence				Complained Faily
complained				
5. Attend	5. Conduct case	None	1 hour	Registered Social
scheduled case	conference. Put in	INOHE	i noui	Worker of the



conference.	writing agreements (if any) or give referral to PAO or certification of proceedings if no agreement was made between the two.			Office Handling the case CSWDO
	TOTAL:	None	1 Hour and 55 Minutes	



4. Financial Assistance (for Medical, Burial and other Financial concerns) – Below Php 5,000.00 grants

Financial Assistance is granted for various purposes, such as medical, burial, and other financial concerns. This process explains particularly grants that are amounted below Php 5,000.00

Office or	Office of the Mayor/	CSWDO		
Division:				
Classification:	Simple			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	Residents of the Cit	y of San Ped		
CHECKLIST OF I	REQUIREMENTS		WHERE TO SE	CURE
1. Letter Request (1	Original Copy, 1	Client		
Receiving Copy)				
2. Certificate of Indig	gency (1 Original	Respective	Barangay	
Copy)				
3. Voter's Certification	on (1 Original or	COMELEC		
Certified True Copy				
patient/deceased an				
Verification of COMI				
Record at Barangay	Certificate of			
Indigency				
4. Valid I.D. (1 Photo		Client		
patient/deceased an	,			
For medical assist				
1. Medical Abstract/		Client's Doctor, Clinic, or hospital		
(1 Original or 1 Cert				
2. Supporting Docur		Client's Doctor, Clinic, or hospital		
medical needs (pres				
request, operation q	uotation, hospital			
bill) (1 Photcopy)				
For burial assistan		F D	1	
1. Funeral Contract	` •	Funeral Parlor		
Certified True Copy				
2. Death Certificate	` •	City Civil Registrar where the deceased		
Certified True Copy)	AGENCY	passed awa	PROCESSIN	DEDCON
CLIENT STEPS	ACTIONS	BE PAID	G TIME	PERSON RESPONSIBLE
1. Submit a request	1. Review the	None	2 minutes	Staff
letter addressed to	completeness of			CSWDO
the City Mayor with	the requirements			
all the pertinent				
documents	1.1 Conduct	None	3 minutes	Staff
attached, to the City	interview and			CSWDO



Social Welfare and	further			
Development Office.	assessment to the requestor. 1.2 Encode the application and start the preparation of the case study.	None	5 minutes	Staff CSWDO
	1.3 Sign the case study.	None	3 minutes	City Government Department Head I CSWDO
				33.123
	1.4 Forward the case study to the Office of the Mayor for approval.	None	2 minutes	Staff CSWDO
	1.5 Check, receive and encode the Financial, Medical or Burial Assistance and endorse to the City Mayor for approval.	None	5 minutes	Clerk City Mayor's Office
	1.6 Review, approve and indicate the amount of financial assistance to be given.	None	1 day	City Mayor City Mayor's Office
	1.7 Encode the approved Financial Assistance and prepare the revolving fund voucher.	None	5 minutes	<i>Clerk</i> City Mayor's Office
	1.8 Schedule the	None	5 minutes	Clerk



2. Proceed to the	release of Financial Assistance. A message will be sent to the client for the schedule. 2. Release the	None	5 minutes	City Mayor's Office Staff
Office of the Mayor to receive the financial assistance based on the given schedule.	amount to the client upon presentation of a valid I.D.	TVOTTE	o minutes	City Mayor's Office
	TOTAL:	None	1 Day and 37 Minutes	



5. Financial Assistance (for Medical, Burial and Other Financial Concerns) – Php 5,000.00 and above grants

Financial Assistance is granted for various purposes, such as medical, burial, and other financial concerns. This process explains particularly grants that are amounted Php 5,000.00 and above.

Office	Office of the Management	/OOM/DO			
Office or	Office of the Mayor	CSWDO			
Division:	0: 1				
Classification:	Simple				
Type of	G2C – Government	t to Citizen			
Transaction:					
Who may avail:	Residents of the Ci	ty of San Pec			
CHECKLIST OF I	REQUIREMENTS		WHERE TO SE	CURE	
1. Letter Request (1	Original Copy, 1	Client			
Receiving Copy)					
2. Certificate of Indigency (1 Original		Respective	Barangay		
Copy)					
3. Voter's Certification	on (1 Original or	COMELEC			
Certified True Copy					
patient/deceased an					
Verification of COME					
Record at Barangay	Certificate of				
Indigency					
4. Valid I.D. (1 Photo		Client			
patient/deceased an	,				
For medical assista					
1. Medical Abstract/l	Medical Certificate	Client's Doctor, Clinic, or hospital			
(1 Original or 1 Certi	fied True Copy)				
2. Supporting Docur		Client's Doctor, Clinic, or hospital			
medical needs (pres	•				
request, operation q	uotation, hospital				
bill) (1 Photcopy)					
For burial assistan					
1. Funeral Contract		Funeral Par	lor		
Certified True Copy)					
2. Death Certificate		City Civil Registrar where the deceased			
Certified True Copy)		passed awa	ay		
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON	
OLILITI GILI G	ACTIONS	BE PAID	G TIME	RESPONSIBLE	
1. Submit a	1. Review the	None	2 minutes	Staff	
request letter	completeness of			CSWDO	
addressed to the	the requirements				
City Mayor with all					
the pertinent	1.1 Conduct	None	3 minutes	Staff	
documents	interview and			CSWDO	



attached, to the City Social Welfare and Development Office.	further assessment to the requestor.			
	1.2 Encode the application and start the preparation of the case study.	None	5 minutes	Staff CSWDO
	1.3 Sign the case study.	None	3 minutes	City Government Department Head I
				CSWDO
	1.4 Forward the case study to the Office of the Mayor for approval.	None	2 minutes	Staff CSWDO
	1.5 Check, receive and encode the Financial, Medical or Burial Assistance and endorse to the City Mayor for approval.	None	5 minutes	Clerk City Mayor's Office
	1.6 Review, approve and indicate the amount of financial assistance to be given.	None	1 day	City Mayor City Mayor's Office
	1.7 Encode the approved Financial Assistance and forward to the City Budget Office for Obligation Request (OBRe)	None	3 minutes	Clerk City Mayor's Office



 1			
preparation.			
1.8 Prepare the OBRe and forward the same to the LCE/Executive Assistant IV for signature.	None	5 minutes	Staff City Budget Office
1.9 Sign the OBRe, and forward to the City Budget Office for signature.	None	1 day	City Mayor Or Executive Assistant IV City Mayor's Office
1.10 Forward signed OBRe with all the attached documents to the City Accounting Office for checking and preparation of the Disbursement Voucher (DV).	None	1 day	City Government Department Head I City Budget Office
1.11 Forward signed DV to the City Treasurer's Office for encoding and check preparation, have the DV and check signed by the City Treasurer, for forwarding to the Mayor's Office for signature.	None	1 day	Staff City Accounting Office
1.12 Sign the DV and checks of the financial assistance.	None	1 day	City Mayor Or Executive Assistant IV City Mayor's Office



	TOTAL:	None	5 Days and 41 Minutes	
2. Proceed to the City Treasurer's Office to receive the check and present a valid I.D.	2. Release the check to the client.	None	5 minutes	Staff City Treasury Office
	1.13 Forward the signed checks to the City Accounting Office for advice. 1.14 Forward the advised check to the City Treasury Office for encoding and release.	None None	3 minutes 5 minutes	Staff City Mayor's Office Staff City Accounting Office



6. Issuance of Solo Parent ID

Solo Parents who are residing at the City of San Pedro can claim a Solo Parent I.D. and enjoy the benefits as stipulated in the "Solo Parents' Welfare Act of 2000".

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Office or	City Social Welfare	and Develop	ment Office	
Division:	Simple			
Classification: Type of	Simple G2C – Government	to Citizon		
Transaction:	G2C - Government	io Cilizen		
Who may avail:	Qualified solo parer	nte residina a	t San Pedro City	/ Laguna
CHECKLIST OF I	REQUIREMENTS	its residing a	WHERE TO SE	
Barangay Certification		Barangay o	f residence of ap	
Solo Parent (1 Origin		Barangay 0	residence or ap	phoant
2. Affidavit of being		Legal Office	e of choice of Ap	plicant
Original Copy)	a 30,0 / a, 5, , , ()		, a.	piioaiit
3. Child/ren's Birth C	Certificate (1	Philippine S	Statistics Authorit	y (any outlet) or
Photocopy)	•		Registrar of place	
4. 1x1 I.D. Picture (2	2 Original Copies)	Client		
5. Accomplished Ap		CSWDO		
Original Copy)				
If spouse is deceas				
1. Death Certificate	(1 Photocopy)	Local Civil F	Registrar of place	e of spouse's death
If employed:				
1. Certificate of Emp	oloyment (1 Original		sources Office w	here the applicant
Copy)		works		
оору)		works		
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON PESDONSIBLE
CLIENT STEPS	ACTIONS	FEES TO BE PAID	G TIME	RESPONSIBLE
CLIENT STEPS 1. Sign in the log	ACTIONS 1. Give queueing	FEES TO		RESPONSIBLE Staff
CLIENT STEPS 1. Sign in the log book and wait for	ACTIONS	FEES TO BE PAID	G TIME	RESPONSIBLE
CLIENT STEPS 1. Sign in the log book and wait for your queuing	ACTIONS 1. Give queueing	FEES TO BE PAID	G TIME	RESPONSIBLE Staff
1. Sign in the log book and wait for your queuing number to be	ACTIONS 1. Give queueing	FEES TO BE PAID	G TIME	RESPONSIBLE Staff
CLIENT STEPS 1. Sign in the log book and wait for your queuing	ACTIONS 1. Give queueing	FEES TO BE PAID	G TIME	RESPONSIBLE Staff CSWDO
CLIENT STEPS 1. Sign in the log book and wait for your queuing number to be called. 2. Submit the	ACTIONS 1. Give queueing number	FEES TO BE PAID None	G TIME 15 minutes	RESPONSIBLE Staff
1. Sign in the log book and wait for your queuing number to be called.	ACTIONS 1. Give queueing number 2. Check the submitted	FEES TO BE PAID None	G TIME 15 minutes	RESPONSIBLE Staff CSWDO Staff
CLIENT STEPS 1. Sign in the log book and wait for your queuing number to be called. 2. Submit the requirements to	ACTIONS 1. Give queueing number 2. Check the submitted requirements and	FEES TO BE PAID None	G TIME 15 minutes	RESPONSIBLE Staff CSWDO Staff
CLIENT STEPS 1. Sign in the log book and wait for your queuing number to be called. 2. Submit the requirements to	ACTIONS 1. Give queueing number 2. Check the submitted	FEES TO BE PAID None	G TIME 15 minutes	RESPONSIBLE Staff CSWDO Staff
CLIENT STEPS 1. Sign in the log book and wait for your queuing number to be called. 2. Submit the requirements to	ACTIONS 1. Give queueing number 2. Check the submitted requirements and give client the contact number to	FEES TO BE PAID None	G TIME 15 minutes	RESPONSIBLE Staff CSWDO Staff
CLIENT STEPS 1. Sign in the log book and wait for your queuing number to be called. 2. Submit the requirements to	ACTIONS 1. Give queueing number 2. Check the submitted requirements and give client the contact number to follow-up the	FEES TO BE PAID None	G TIME 15 minutes	RESPONSIBLE Staff CSWDO Staff
CLIENT STEPS 1. Sign in the log book and wait for your queuing number to be called. 2. Submit the requirements to	ACTIONS 1. Give queueing number 2. Check the submitted requirements and give client the contact number to follow-up the status of the	FEES TO BE PAID None	G TIME 15 minutes	RESPONSIBLE Staff CSWDO Staff
CLIENT STEPS 1. Sign in the log book and wait for your queuing number to be called. 2. Submit the requirements to	ACTIONS 1. Give queueing number 2. Check the submitted requirements and give client the contact number to follow-up the	FEES TO BE PAID None	G TIME 15 minutes	RESPONSIBLE Staff CSWDO Staff
CLIENT STEPS 1. Sign in the log book and wait for your queuing number to be called. 2. Submit the requirements to	ACTIONS 1. Give queueing number 2. Check the submitted requirements and give client the contact number to follow-up the status of the	FEES TO BE PAID None	G TIME 15 minutes	RESPONSIBLE Staff CSWDO Staff
CLIENT STEPS 1. Sign in the log book and wait for your queuing number to be called. 2. Submit the requirements to	2. Check the submitted requirements and give client the contact number to follow-up the status of the request. 2.1 Prepare Solo Parent I.D. and	FEES TO BE PAID None	G TIME 15 minutes 30 minutes	Staff CSWDO Staff CSWDO
CLIENT STEPS 1. Sign in the log book and wait for your queuing number to be called. 2. Submit the requirements to	2. Check the submitted requirements and give client the contact number to follow-up the status of the request. 2.1 Prepare Solo Parent I.D. and encode it to the	FEES TO BE PAID None	G TIME 15 minutes 30 minutes	Staff CSWDO Staff CSWDO Staff CSWDO
CLIENT STEPS 1. Sign in the log book and wait for your queuing number to be called. 2. Submit the requirements to	2. Check the submitted requirements and give client the contact number to follow-up the status of the request. 2.1 Prepare Solo Parent I.D. and	FEES TO BE PAID None	G TIME 15 minutes 30 minutes	Staff CSWDO Staff CSWDO Staff CSWDO



	2.2 Forward I.D. to the CSWDO Head and City Mayor for signature.	None	3 days	Staff CSWDO
3. Claim Solo	3. Release Solo	None	10 minutes	Staff
Parent I.D.	Parent I.D.			CSWDO
	TOTAL:	None	3 Days and 50 Minutes	



7. Case Management of Abuse Cases

Management of cases of abuse in the form of physical, sexual, emotional, psychological, etc.

Office or Division:	City Social Welfare and Development Office				
Classification:	Highly Technical				
Type of	G2B – Government to Business Entity, G2C – Government to				
Transaction:	Citizen, G2G – Government to Government				
Who may avail:	Women and Childre			esidents of San	
	Pedro City				
CHECKLIST OF I	CHECKLIST OF REQUIREMENTS WHERE TO SECURE				
1. Accomplished Into Original Copy)	ake Sheet (1	CSWDO			
For minors:					
1. Valid I.D. (1 Origin	nal Copy)	Client			
2. Birth Certificate (1		Philippine S	statistics Authorit	ty (Any outlet) or	
,		Local Civil F	Registrar	,	
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON	
	ACTIONS	BE PAID	G TIME	RESPONSIBLE	
1. Walk into the	1. Assign client to	None	10 minutes	Staff	
office and log on	a registered social			CSWDO	
the logbook.	worker who will handle the case				
2. Write on the	2. Listen,	None	30 minutes	Social Worker	
intake sheet and	document, and	140110		CSWDO	
orient the social	assess the case			331123	
worker of the	for appropriate				
abuse that	action while				
occurred.	maintaining				
	confidentiality.				
3. Go to the	3. Accompany,	Psycholog	1 hour	Social Worker	
agency referred by	drop off, or refer	ical		CSWDO	
the social worker	the client if	evaluation			
for proper	needed:	– Php			
intervention or		5,000.00			
execute the	DND WODD for	_			
intervention plan	PNP – WCPD for Genitalia	10,000.00			
as agreed with the	Examination	(dependin			
Social Worker	(rape) and giving	g on the			
handling the case	sworn statement,	case)			
	and filing of case.				
	Amante Hospital:				
	Medico Legal				



(physical abuse) Psychologist: For non – physical abuse cases (e.g. emotional, economic) Shelter Agencies – if the client needs to placed in a shelter agency (depending on the			
case) TOTAL:	Psycholog ical evaluation - Php 5,000.00 - 10,000.00 (dependin g on the case	1 Hour and 30 Minutes	



8. Case Management of Children at Risk (CAR) and/or Children in Conflict with the Law (CICL)

Management of Cases of Children at CAR and/or CICL.

Office or Division:	City Social Welfare and Development Office			
Classification:	Highly Technical			
Type of	G2B – Government	to Business Entity, G2C – Government to		
Transaction:	Citizen, G2G – Gov	vernment to Government		
Who may avail:		nemselves and their family, parties who will referned Citizen, Barangay, Police, etc.)		
CHECKLIST OF I	REQUIREMENTS	WHERE TO SECURE		
1. Referral letter (1 (Original Copy)	From the referring party (if referral is from another government office)		
2. Accomplished into	ake sheet (1	CSWDO		
Original Copy)				
3. 2x2 Photo (4 Orig	inal Copies)	From the referring party, parent, or guardian		
4. 2 pcs. long folder		From the referring party, parent, or guardian		
5. Valid I.D. of guard	lian and child (1	From the referring party, parent, or guardian		
Photocopy for each)	1			
6. Certificate of live birth of child (1		From the referring party, parent, or guardian		
Photocopy)				
For children fifteen (15) years old and above:				
1. Filled-out discerni	ment evaluation (1	CSWDO		
Original Copy)				

Original Copy)					
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE	
Walk into the office and write on the logbook	1. Refer client to Social Worker Handling CAR/ CICL	None	15 minutes	Staff CSWDO	
2. Orient social worker about the case.	2. Document complaint, assist client, and assess the case for proper intervention, and conduct discernment evaluation for 15 years old and above child.	None	30 minutes	Social Worker CSWDO	
3. Go to the agency where referred by the social worker for	3. For petty cases (e.g. theft, slight physical injury, etc.), a mediation	None	1 hour	Social Worker CSWDO	



proper intervention will execute the intervention plan as agreed with the Social Worker handling the case	will be attempted between CAR/CICL Family and complainant, monitoring by the Social Worker.			
	For heinous crimes: Client will be oriented of legal process, CICL will be subjected to legal proceedings and referred to a shelter agency.			
	TOTAL:	None	1 Hour and 45 Minutes	



9. Emergency Shelter Assistance

Moving victims to evacuation center during times of disaster.

Office or	City Social Welfare and Development Office				
Division:					
Classification:	Simple				
Type of	G2C – Government	to Citizen			
Transaction:					
Who may avail:	Indigent Citizens of	San Pedro C	City who are in e	mergency	
	situations.				
CHECKLIST OF I	REQUIREMENTS		WHERE TO SE	CURE	
1. Incident Record (*	1 Original Copy)	Bureau of F	ire Protection, B	arangay (to follow)	
2. Intake Sheet (1 O			an be to follow)	<i></i>	
	AGENCY	FEES TO	PROCESSIN	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE	
1. Be secured from hazards	1. Conduct ocular inspection, interview, assessment if needed (or if clients would rather stay with relatives)	None	1 hour	Staff CSWDO Or BFP Or Barangay Personnel Or CDRRMO	
2. Be moved to evacuation center/s	2. Assist to relocate victims	None	1 hour	Staff CSWDO Or BFP Or Barangay Personnel Or CDRRMO	
	TOTAL:	None	2 Hours		



10. Emergency Financial Assistance

Financial assistance for victims of disasters especially during fire incidents

Office or	City Social Welfare and Development Office			
Division:				
Classification:	Complex			
Type of	G2C – Government to Citizen			
Transaction:				
Who may avail:	Indigent Citizens of	San Pedro C	City, Laguna who	are in emergency
	situations			
CHECKLIST OF I			WHERE TO SE	CURE
1. Fire Incident Repo	ort (1 Original or 1	Bureau of F	ire Protection, B	arangay
Certified True Copy)				
2. Accomplished Into	ake Sheet (1	CSWDO		
Original Copy)				
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON
CLILINI SILFS	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Submit the requirements to CSWDO and be interviewed, then wait for the schedule of claiming	1. Assign client to an interviewer who will make a social case study report. Provide contact Number to the client for follow up, and submit the documents to the Office of the Mayor for processing.	None	30 minutes	Staff CSWDO
2. Claim the financial assistance from the City Treasury Office and sign the payroll.	2. Release the financial assistance.	None	5 minutes	Staff CSWDO Or Staff City Treasury Office
	TOTAL:	None	35 Minutes	



11. Request for Social Case Study Report

A social case study report contains summative information needed about a client that needs referral to any agency that can help augment the client's needs.

Office or Division:	City Social Welfare and Development Office			
Classification:	Simple			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	Clients seeking med	dical, burial, t	ransportation, fo	od and/or non-food
	items, or education	al financial as		
CHECKLIST OF I	REQUIREMENTS		WHERE TO SE	CURE
1. Barangay Certification Original Copy)	ate of Indigency (1	Barangay F	lall where client	resides
2. Accomplished Into	ake Form (1	CSWDO		
Original Copy)	ano i omi (i	001120		
3. Valid I.D. of Claim	nant and Beneficiary	Client		
(1 Photocopy)	,			
4. Hospital Bill, Fund	eral Contract,	Doctor, Hos	spital, Clinic, Fun	eral Parlor, School
Laboratory Request				
Quotation or Prescri	ption, School billing			
(Supporting docume	(Supporting document as to the need of			
	the patient or family of the deceased or			
student) (1 Original				
For medical assista				
1. Medical Certificate		Hospital or	Clinic	
For burial assistan		•		
1. Valid I.D. of the D	eceased (1	Applicant		
Photocopy)				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Submit the	1. Check	None	5 minutes	Staff
documentary	submitted			CSWDO
requirements to	requirements, or			
CSWDO	advise client if			
	there are lacking			
	or inaccurate documents			
2. Fill-out the	2. Give client	None	10 minutes	Staff
application/intake	application form.	140116	10 miliates	CSWDO
form and submit it.	Assist in filling up			33.1150
. Sim Gira Gabillicità	as needed			
3. Wait for the	3. Prepare Social	None	2 days	Staff
issuance of Social	Case Study			CSWDO
Case Study Report	Report and notify			



	TOTAL:	None	2 Days and 17 Minutes	
4. Claim Social Case Study Report	client when it can be claimed. 4. Issue Social Case Study Report	None	2 minutes	Staff CSWDO



12. Request for Certificate of Indigency

A Certificate of Indigency is issued by the CSWDO certifying that the said client belongs to an indigent family in the City of San Pedro.

Office or	City Social Welfare and Development Office				
Division:					
Classification:	Simple				
Type of	G2C – Government	to Citizen			
Transaction:					
Who may avail:	Clients seeking medical, burial, transportation, food and/or non food items or educational financial assistance from other agencies.				
CHECKLIST OF I	REQUIREMENTS	WHERE TO SECURE			
1. Barangay Certifica	ate of Indigency (1	Barangay Hall where client resides			
Original Copy, for re	ference only, will be				
returned to the client	t)				
2. Valid I.D. of reque	esting client and	Client			
his/her patient, dece	ased relative,				
student, or travelling	companion (1				
Photocopy, whichever	er is applicable)				
3. Supporting docum	nents as to the	Doctor, Hospital, Clinic, School, Funeral Parlor,			
nature of the request (e.g. medical,		Local Civil Registrar (whichever is applicable)			
burial, educational, t	ransportation				
assistance, etc.) (1 0	Original Copy, for				
reference only, will b					
client)					

onorit)				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Submit the	1. Check	None	5 minutes	Staff
documentary	requirements,			CSWDO
requirements to	advise client if there			
CSWD	are lacking or			
	inaccurate			
	documents			
2. Wait for the	2. Prepare	None	20 minutes	Staff
issuance of	Certificate of			CSWDO
Certificate of	Indigency and			
Indigency	notify client when			
	it is available for			
	claiming.			
3. Claim Certificate	3. Issue	None	2 minutes	Staff
of Indigency	Certificate of			CSWDO
	Indigency to client			
	TOTAL:	None	27 Minutes	