

# **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	City Social Welfare a	nd Developn	nent Office Rura	al Health Unit
Division:	(RHU), Local Civil Re			
Classification:	Simple	ogiotiai ana i	opulation com	
Type of	G2C – Government f	o Citizen		
Transaction:				
Who may avail:	Any couple who wish	es to det ma	rried	
			WHERE TO SE	CURE
1. Birth Certificate (		Any outlet o		Statistics Authority
Certified True Copy				ar of Place of Birth
	/ venty-five (25) years			
years old:				
1. Letter of parental Copy)	l consent (1 Original	applicant/s	parent or legal (	
2. Valid I.D. (1 Origi	inal Copy, 1		parent or legal g	guardian of the
Photocopy)		applicant/		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON 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
				Social Worker
				CSWDO
2. Attend Pre	2. Conduct	None	4 hours	Staff
marriage	orientation			POPCOM Office
Orientation				Or
				CHO-RHU
				Or
				Social Worker
		NL-	<b>F</b> and <b>b</b>	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
				CSWDO
	TOTAL:	None	4 Hours and 25 Minutes	000000



#### 2. Counselling on Child Rearing / Parenting Effectiveness

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

Office or	City Social Welfare a	and Developn	nent Office	
Division:				
Classification:	Simple			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	Parents or Guardian	s who are rai	sing children	
CHECKLIST OF	REQUIREMENTS		WHERE TO SE	ECURE
1. I.D. of Parent or Photocopy)	Guardian (1	Client		
2. Birth Certificate of Photocopy)		Client		
3. Accomplished In Original Copy)	take Form (1	City Social ( (CSWDO)	Welfare and Dev	elopment 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.

Office or	City Social Welfare a	and Developn	nent Office	
Division:	<u> </u>			
	Complex	0.11		
<b>J</b>	G2C – Government f	to Citizen		
Transaction:				
	Parents or Guardian			
CHECKLIST OF I			KLIST OF REC	UIREMENIS
1. I.D. of Parent or C	Suardian (1 Original	Client		
Copy, 1 Photocopy)				
2. Birth Certificate of Photocopy)		Client		
<ol> <li>Accomplished Inta Original Copy)</li> </ol>	ake Form (1	City Social ( (CSWDO)	Welfare and Dev	elopment Office
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Fill-out intake sheet.	1. Provide intake sheet	None	5 minutes	Social Worker CSWDO
2. Voice out complaint.	2. Listen to complaint and assess case	None	15 minutes	Social Worker CSWDO
3. Set date when a case conference will be conducted with the complained party (if residing within San Pedro).	3. Issue invitation for the complained party.	None	5 minutes	Social Worker CSWDO
*If complained is residing outside of San Pedro, refer client to Local Government Unit of residence of complained.				
4. Hand over the invitation to the Office of Barangay of residence complained	None	None	30 minutes	Barangay of Residence of Complained Party
5. Attend scheduled case conference.	5. Conduct case conference. Put in writing agreements (if any) or give	None	1 hour	Registered Social Worker of the Office Handling the case CSWDO



referral to PAO or certification of proceedings if no agreement was made between the two.			
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:	Circarla			
	Simple	4 - O't'		
Type of	G2C – Government	to Citizen		
Transaction:	Desidents of the Oit			
Who may avail:	Residents of the Cit	y of San Ped		
CHECKLIST OF	•		WHERE TO SE	CURE
1. Letter Request (1	Original Copy, 1	Client		
Receiving Copy)	nonov (1 Original	Deenestive	Derengel	
2. Certificate of Indig	gency (TOnginal	Respective	Багапдау	
Copy)	an (1 Original or	COMELEC		
3. Voter's Certification		COMELEC		
Certified True Copy patient/deceased an				
Verification of COM				
Record at Barangay				
Indigency				
4. Valid I.D. (1 Photo	conv for each	Client		
patient/deceased an		Olient		
For medical assist	,			
1. Medical Abstract/		Client's Doc	ctor, Clinic, or ho	spital
(1 Original or 1 Cert			,	
2. Supporting Docur		Client's Doc	ctor, Clinic, or ho	spital
medical needs (pres			, ,	1
request, operation q				
bill) (1 Photcopy)	•			
For burial assistan	ce:	•		
1. Funeral Contract (1 Original or 1		Funeral Parlor		
Certified True Copy				
2. Death Certificate		City Civil Registrar where the deceased		e deceased
Certified True Copy		passed away		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Submit a request	1. Review the	None	2 minutes	Staff
letter addressed to	completeness of	NONE		CSWDO
the City Mayor with	the requirements			
all the pertinent documents	1.1 Conduct	None	3 minutes	Staff
	interview and			CSWDO
attached, to the City	further			-
Social Welfare and	assessment to the			
Development Office.	requestor.			





		PHIL	
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	<i>Clerk</i> City Mayor's Office
1.6 Review, approve and indicate the amount of financial assistance to be given.	None	1 day	<i>City Mayor</i> 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 release of Financial Assistance. A message will be sent to the client for the schedule.	None	5 minutes	<i>Clerk</i> City Mayor's Office



2. Proceed to the Office of the Mayor to receive the financial assistance based on the given schedule.	2. Release the amount to the client upon presentation of a valid I.D.	None	5 minutes	<i>Staff</i> 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 or	Office of the Mayor/	CSWDO		
Division:	Circula			
Classification:	Simple	4		
Type of	G2C – Government	to Citizen		
Transaction:	Desidents of the Cit			
Who may avail: CHECKLIST OF F	Residents of the Cit	ly of San Peo	WHERE TO SE	
		Client	WHERE TO SE	CURE
1. Letter Request (1	Onginal Copy, 1	Client		
Receiving Copy)	nonov (1 Original	Boonootivo	Porongov	
2. Certificate of Indig	jency (TOnginai	Respective	Daranyay	
Copy)	n (1 Original or	COMELEC		
3. Voter's Certificatio		COMELEC		
Certified True Copy patient/deceased an				
Verification of COME	,			
Record at Barangay				
Indigency				
4. Valid I.D. (1 Photo	pcopy for each	Client		
patient/deceased an		Onoric		
For medical assista		1		
1. Medical Abstract/	Medical Certificate	Client's Doc	ctor, Clinic, or ho	spital
(1 Original or 1 Certi			····, -····, -····	
2. Supporting Docun		Client's Doc	ctor, Clinic, or ho	spital
medical needs (pres				
request, operation q	uotation, hospital			
bill) (1 Photcopy)				
For burial assistan				
	. Funeral Contract (1 Original or 1		Funeral Parlor	
Certified True Copy)				
2. Death Certificate	· •	City Civil Registrar where the deceased		e deceased
Certified True Copy)		passed away		
CLIENT STEPS	AGENCY	FEES TO		PERSON RESPONSIBLE
1. Submit a	ACTIONS 1. Review the	BE PAID None	G TIME 2 minutes	Staff
request letter	completeness of	none		CSWDO
addressed to the	the requirements			
City Mayor with all				
the pertinent	1.1 Conduct	None	3 minutes	Staff
documents	interview and		0 111110100	CSWDO
attached, to the	further			001100
City Social Welfare	assessment to the			
and Development	requestor.			





Office.	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	<i>Clerk</i> City Mayor's Office
	1.6 Review, approve and indicate the amount of financial assistance to be given.	None	1 day	<i>City Mayor</i> City Mayor's Office
	1.7 Encode the approved Financial Assistance and forward to the City Budget Office for Obligation Request (OBRe) preparation.	None	3 minutes	<i>Clerk</i> City Mayor's Office
	1.8 Prepare the OBRe and forward the same	None	5 minutes	<i>Staff</i> City Budget Office





			PHIL	
LC	the CE/Executive ssistant IV for gnature.			
OF for Bu	9 Sign the BRe, and rward to the City udget Office for gnature.	None	1 day	City Mayor Or Executive Assistant IV City Mayor's Office
sig all dc Ci Of ch pro Di	10 Forward gned OBRe with the attached ocuments to the ty Accounting ffice for ecking and eparation of the sbursement oucher (DV).	None	1 day	<i>City Government Department Head I</i> City Budget Office
sig Ci Of en ch ha ch the Tr for Ma	11 Forward gned DV to the ty Treasurer's ffice for neoding and neck preparation, ave the DV and neck signed by e City easurer, for rwarding to the ayor's Office for gnature.	None	1 day	<i>Staff</i> City Accounting Office
an fin	12 Sign the DV nd checks of the nancial ssistance.	None	1 day	City Mayor Or Executive Assistant IV City Mayor's Office
sig the Ac	13 Forward the gned checks to e City ccounting Office r advice.	None	3 minutes	<i>Staff</i> City Mayor's Office
1. ad	14 Forward the lvised check to e City Treasury	None	5 minutes	<i>Staff</i> City Accounting Office



	Office for encoding and release.			
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	<i>Staff</i> City Treasury Office
·	TOTAL:	None	5 Days and 41 Minutes	



#### 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".

Division:Classification:SimpleType ofG2C – Government to CitizenTransaction:Who may avail:Who may avail:Qualified solo parents residing at San Pedro City, LagunaCHECKLIST OF REQUIREMENTSWHERE TO SECURE1. Barangay Certification of being a Solo Parent (1 Original Copy)Barangay of residence of applicant2. Affidavit of being a Solo Parent (1 Original Copy)Legal Office of choice of Applicant3. Child/ren's Birth Certificate (1 Photocopy)Philippine Statistics Authority (any outlet) Local Civil Registrar of place of child's bind4. 1x1 I.D. Picture (2 Original Copies)Client5. Accomplished Application Form (1 Original Copy)CSWDO	
Type of Transaction:G2C – Government to CitizenWho may avail:Qualified solo parents residing at San Pedro City, LagunaCHECKLIST OF REQUIREMENTSWHERE TO SECURE1. Barangay Certification of being a Solo Parent (1 Original Copy)Barangay of residence of applicant2. Affidavit of being a Solo Parent (1 Original Copy)Legal Office of choice of Applicant3. Child/ren's Birth Certificate (1 Photocopy)Philippine Statistics Authority (any outlet) Local Civil Registrar of place of child's bind4. 1x1 I.D. Picture (2 Original Copies)Client5. Accomplished Application Form (1CSWDO	
Transaction:Who may avail:Qualified solo parents residing at San Pedro City, LagunaCHECKLIST OF REQUIREMENTSWHERE TO SECURE1. Barangay Certification of being a Solo Parent (1 Original Copy)Barangay of residence of applicant2. Affidavit of being a Solo Parent (1 Original Copy)Legal Office of choice of Applicant3. Child/ren's Birth Certificate (1 Photocopy)Philippine Statistics Authority (any outlet) Local Civil Registrar of place of child's bind4. 1x1 I.D. Picture (2 Original Copies)Client5. Accomplished Application Form (1CSWDO	
Who may avail:Qualified solo parents residing at San Pedro City, LagunaCHECKLIST OF REQUIREMENTSWHERE TO SECURE1. Barangay Certification of being a Solo Parent (1 Original Copy)Barangay of residence of applicant2. Affidavit of being a Solo Parent (1 Original Copy)Legal Office of choice of Applicant3. Child/ren's Birth Certificate (1 Photocopy)Philippine Statistics Authority (any outlet) Local Civil Registrar of place of child's bind4. 1x1 I.D. Picture (2 Original Copies)Client5. Accomplished Application Form (1CSWDO	
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Solo Parent (1 Original Copy)2. Affidavit of being a Solo Parent (1 Original Copy)Legal Office of choice of Applicant3. Child/ren's Birth Certificate (1 Photocopy)Philippine Statistics Authority (any outlet) Local Civil Registrar of place of child's bind4. 1x1 I.D. Picture (2 Original Copies)Client5. Accomplished Application Form (1CSWDO	
Solo Parent (1 Original Copy)2. Affidavit of being a Solo Parent (1 Original Copy)Legal Office of choice of Applicant3. Child/ren's Birth Certificate (1 Photocopy)Philippine Statistics Authority (any outlet) Local Civil Registrar of place of child's bind4. 1x1 I.D. Picture (2 Original Copies)Client5. Accomplished Application Form (1CSWDO	
2. Affidavit of being a Solo Parent (1 Original Copy)Legal Office of choice of Applicant3. Child/ren's Birth Certificate (1 Photocopy)Philippine Statistics Authority (any outlet) Local Civil Registrar of place of child's bin4. 1x1 I.D. Picture (2 Original Copies)Client5. Accomplished Application Form (1CSWDO	
3. Child/ren's Birth Certificate (1 Photocopy)Philippine Statistics Authority (any outlet) Local Civil Registrar of place of child's bir Client4. 1x1 I.D. Picture (2 Original Copies)Client5. Accomplished Application Form (1CSWDO	
Photocopy)Local Civil Registrar of place of child's bit4. 1x1 I.D. Picture (2 Original Copies)Client5. Accomplished Application Form (1CSWDO	
4. 1x1 I.D. Picture (2 Original Copies)       Client         5. Accomplished Application Form (1       CSWDO	<u>th</u>
5. Accomplished Application Form (1 CSWDO	
Original Copy)	
	I
If spouse is deceased:	
1. Death Certificate (1 Photocopy) Local Civil Registrar of place of spouse's	death
If employed:	
1. Certificate of Employment (1 Original Copy)Human Resources Office where the appl works	cant
CLIENT STEPS         AGENCY ACTIONS         FEES TO BE PAID         PROCESSIN G TIME         PERSO	
1. Sign in the log 1. Give queueing None 15 minutes Staff	
book and wait for number CSWD	С
your queuing	
number to be	
called.	
2. Submit the2. Check theNone30 minutesStaff	
requirements to submitted CSWD	S
the CSWDO Staff. requirements and	
give client the	
contact number to	
follow-up the status of the	
request.	
2.1 Prepare Solo None 5 minutes Staff	
Parent I.D. and CSWD	
encode it to the	~
database.	
2.2 Forward I.D. None 3 days Staff	
to the CSWDO CSWD	С
Head and City	



	Mayor for signature.			
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 Develop	ment Office	
Classification:	Highly Technical			
Type of	G2B – Government	to Business	Entity G2C - G	overnment to
Transaction:	Citizen, G2G – Gov			
Who may avail:	Women and Childre			esidents of San
who may avan.	Pedro City			
CHECKLIST OF I	,		WHERE TO SE	CURE
1. Accomplished Inta		CSWDO		
Original Copy)				
For minors:				
1. Valid I.D. (1 Origin	nal Copy)	Client		
2. Birth Certificate (1		Philippine S	statistics Authorit	y (Any outlet) or
, v	137	Local Civil F		,
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			<b>A</b>
2. Write on the	2. Listen,	None	30 minutes	Social Worker
intake sheet and	document, and			CSWDO
orient the social worker of the	assess the case			
abuse that	for appropriate 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		_		
intervention plan	PNP – WCPD for	10,000.00		
as agreed with the	Genitalia	(dependin		
Social Worker	Examination	g on the		
handling the case	(rape) and giving	case)		
	sworn statement,			
	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 - G	overnment to
Transaction:	Citizen, G2G – Gov			
Who may avail:	CAR and/or CICL th			arties who will refer
	cases (e.g. Concerr			
CHECKLIST OF I		WHERE TO SECURE		
1. Referral letter (1 0	Driginal Copy)	From the referring party (if referral is fi		eferral is from
			/ernment office)	
2. Accomplished intake sheet (1		CSWDO	·	
Original Copy)				
3. 2x2 Photo (4 Orig	inal Copies)			rent, or guardian
4. 2 pcs. long folder				rent, or guardian
5. Valid I.D. of guard		From the re	ferring party, pa	rent, or guardian
Photocopy for each)				
6. Certificate of live	pirth of child (1	From the re	ferring party, pa	rent, or guardian
Photocopy)				
	(15) years old and			
1. Filled-out discernr	ment evaluation (1	CSWDO		
Original Copy)	1		I	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Walk into the	1. Refer client to	None	15 minutes	Staff
office and write on	Social Worker			CSWDO
the logbook	Handling CAR/			
	CICL			
2. Orient social	2. Document	None	30 minutes	Social Worker
worker about the	complaint, assist			CSWDO
case.	client, and assess			
	the case for			
	proper			
	intervention, and			
	conduct			
	discernment			
	evaluation for 15			
	years old and			
3. Go to the	above child. 3. For petty cases	None	1 hour	Social Worker
agency where	(e.g. theft, slight	INDITE	i noui	CSWDO
referred by the	physical injury,			03000
social worker for	etc.), a mediation			
proper intervention	will be attempted			
will execute the	between			
		1		



intervention plan as agreed with the Social Worker handling the case	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.

0.0			1.00		
Office or	City Social Welfare	and Develop	ment Office		
Division:					
Classification:	Simple				
Type of	G2C – Government to Citizen				
Transaction:					
Who may avail:	Indigent Citizens of San Pedro City who are in emergency				
	situations.				
CHECKLIST OF F	REQUIREMENTS WHERE TO SECURE			CURE	
1. Incident Record (	1 Original Copy)	Bureau of Fire Protection, Barangay (to follow			
2. Intake Sheet (1 O	riginal Copy)	CSWDO (ca	an be to follow)		
	AGENCY	FEES TO	PROCESSIN	PERSON	
CLIENT STEPS	ACTIONS	<b>BE PAID</b>	G TIME	RESPONSIBLE	
1. Be secured from	1. Conduct ocular	None	1 hour	Staff	
hazards	inspection,			CSWDO	
	interview,			Or	
	assessment if			BFP	
	needed (or if			Or	
	clients would			Barangay	
	rather stay with			Personnel	
	relatives)			Or	
	,			CDRRMO	
2. Be moved to	2. Assist to	None	1 hour	Staff	
evacuation	relocate victims			CSWDO	
center/s				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

	1			
Office or	City Social Welfare	and Develop	ment 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	REQUIREMENTS	WHERE TO SECURE		
1. Fire Incident Repo	ort (1 Original or 1	Bureau of F	ire Protection, B	arangay
Certified True Copy)				
2. Accomplished Inta	ake Sheet (1	CSWDO		
Original Copy)				
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON
	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Submit the	1. Assign client to	None	30 minutes	Staff
requirements to	an interviewer			CSWDO
CSWDO and be	who will make a			
interviewed, then	social case study			
wait for the	report. Provide			
schedule of	contact Number to			
claiming	the client for			
	follow up, and			
	submit the			
	documents to the			
	Office of the			
	Mayor for			
	processing.	Nie is s		04-#
2. Claim the financial	2. Release the financial	None	5 minutes	Staff
assistance from				CSWDO Or
	assistance.			Staff
the City Treasury				
Office and sign the				City Treasury Office
payroll.		Nono	25 Minutes	Unice
	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	City Social Walfara	and Davidan	mant Office	
Division:	City Social Welfare	and Develop	ment Office	
Classification:	Simple			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	Clients seeking me	dical burial t	ransportation fo	od and/or non-food
	items, or education		•	
CHECKLIST OF			WHERE TO SE	
1. Barangay Certific		Barangay H	lall where client	-
Original Copy)		Darangay		
2. Accomplished Int	ake Form (1	CSWDO		
Original Copy)	X			
	ant and Beneficiary	Client		
(1 Photocopy)	5			
4. Hospital Bill, Fune	eral Contract,	Doctor, Hos	pital, Clinic, Fun	eral Parlor, School
Laboratory Request				
Quotation or Prescri	ption, School billing			
(Supporting docume				
the patient or family of the deceased or				
student) (1 Original				
For medical assist				
1. Medical Certificat		Hospital or	Clinic	
For burial assistan				
1. Valid I.D. of the D	eceased (1	Applicant		
Photocopy)				
1				DEDOON
CLIENT STEPS	AGENCY	FEES TO		PERSON RESPONSIBLE
	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Submit the	ACTIONS 1. Check			RESPONSIBLE Staff
1. Submit the documentary	ACTIONS 1. Check submitted	BE PAID	G TIME	RESPONSIBLE
1. Submit the documentary requirements to	ACTIONS 1. Check submitted requirements, or	BE PAID	G TIME	RESPONSIBLE Staff
1. Submit the documentary	ACTIONS 1. Check submitted requirements, or advise client if	BE PAID	G TIME	RESPONSIBLE Staff
1. Submit the documentary requirements to	ACTIONS 1. Check submitted requirements, or advise client if there are lacking	BE PAID	G TIME	RESPONSIBLE Staff
1. Submit the documentary requirements to	ACTIONS 1. Check submitted requirements, or advise client if	BE PAID	G TIME	RESPONSIBLE Staff
1. Submit the documentary requirements to	ACTIONS 1. Check submitted requirements, or advise client if there are lacking or inaccurate	BE PAID	G TIME	RESPONSIBLE Staff
1. Submit the documentary requirements to CSWDO	ACTIONS 1. Check submitted requirements, or advise client if there are lacking or inaccurate documents	BE PAID None	G TIME 5 minutes	RESPONSIBLE Staff CSWDO
<ol> <li>Submit the documentary requirements to CSWDO</li> <li>Fill-out the</li> </ol>	ACTIONS 1. Check submitted requirements, or advise client if there are lacking or inaccurate documents 2. Give client	BE PAID None	G TIME 5 minutes	RESPONSIBLE Staff CSWDO Staff
<ol> <li>Submit the documentary requirements to CSWDO</li> <li>Fill-out the application/intake form and submit it.</li> </ol>	ACTIONS 1. Check submitted requirements, or advise client if there are lacking or inaccurate documents 2. Give client application form. Assist in filling up as needed	BE PAID None	G TIME 5 minutes 10 minutes	RESPONSIBLE Staff CSWDO Staff CSWDO
<ol> <li>Submit the documentary requirements to CSWDO</li> <li>Fill-out the application/intake form and submit it.</li> <li>Wait for the</li> </ol>	ACTIONS 1. Check submitted requirements, or advise client if there are lacking or inaccurate documents 2. Give client application form. Assist in filling up as needed 3. Prepare Social	BE PAID None	G TIME 5 minutes	RESPONSIBLE Staff CSWDO Staff CSWDO Staff
<ol> <li>Submit the documentary requirements to CSWDO</li> <li>Fill-out the application/intake form and submit it.</li> <li>Wait for the issuance of Social</li> </ol>	ACTIONS 1. Check submitted requirements, or advise client if there are lacking or inaccurate documents 2. Give client application form. Assist in filling up as needed 3. Prepare Social Case Study	BE PAID None	G TIME 5 minutes 10 minutes	RESPONSIBLE Staff CSWDO Staff CSWDO
<ol> <li>Submit the documentary requirements to CSWDO</li> <li>Fill-out the application/intake form and submit it.</li> <li>Wait for the</li> </ol>	ACTIONS 1. Check submitted requirements, or advise client if there are lacking or inaccurate documents 2. Give client application form. Assist in filling up as needed 3. Prepare Social Case Study Report and notify	BE PAID None	G TIME 5 minutes 10 minutes	RESPONSIBLE Staff CSWDO Staff CSWDO Staff
<ol> <li>Submit the documentary requirements to CSWDO</li> <li>Fill-out the application/intake form and submit it.</li> <li>Wait for the issuance of Social</li> </ol>	ACTIONS 1. Check submitted requirements, or advise client if there are lacking or inaccurate documents 2. Give client application form. Assist in filling up as needed 3. Prepare Social Case Study Report and notify client when it can	BE PAID None	G TIME 5 minutes 10 minutes	RESPONSIBLE Staff CSWDO Staff CSWDO Staff
<ol> <li>Submit the documentary requirements to CSWDO</li> <li>Fill-out the application/intake form and submit it.</li> <li>Wait for the issuance of Social</li> </ol>	ACTIONS 1. Check submitted requirements, or advise client if there are lacking or inaccurate documents 2. Give client application form. Assist in filling up as needed 3. Prepare Social Case Study Report and notify	BE PAID None	G TIME 5 minutes 10 minutes	RESPONSIBLE Staff CSWDO Staff CSWDO Staff



Case Study Report	Case Study Report			CSWDO
	TOTAL:	None	2 Days and	
			17 Minutes	



## 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 Develop	ment Office	
Division:		I I		
Classification:	Simple			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	Clients seeking mee			
	items or educationa	l financial as		
CHECKLIST OF I			WHERE TO SE	-
1. Barangay Certification	<b>U</b>	Barangay H	lall where client	resides
Original Copy, for reference only, will be				
returned to the clien	1			
2. Valid I.D. of reque	0	Client		
his/her patient, dece	-			
student, or travelling				
Photocopy, whichev		Destan	mital Olinia Ost	ad Funaral Darlar
3. Supporting docum			•	ool, Funeral Parlor,
nature of the reques burial, educational, t			Registrar (whiche	ever is applicable)
assistance, etc.) (1 (	•			
reference only, will b				
client)				
,	AGENCY	FEES TO	PROCESSIN	PERSON
CLIENT STEPS			FROCLOSIN	PERJUN
	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Submit the	ACTIONS 1. Check			RESPONSIBLE Staff
1. Submit the documentary		BE PAID	G TIME	RESPONSIBLE
	1. Check	BE PAID	G TIME	RESPONSIBLE Staff
documentary	1. Check requirements,	BE PAID	G TIME	RESPONSIBLE Staff
documentary requirements to	1. Check requirements, advise client if there	BE PAID	G TIME	RESPONSIBLE Staff
documentary requirements to CSWD	1. Check requirements, advise client if there are lacking or	BE PAID None	G TIME 5 minutes	RESPONSIBLE Staff
documentary requirements to	<ol> <li>Check requirements, advise client if there are lacking or inaccurate documents</li> <li>Prepare</li> </ol>	BE PAID	G TIME	RESPONSIBLE Staff CSWDO Staff
documentary requirements to CSWD 2. Wait for the issuance of	<ol> <li>Check         requirements,         advise client if there         are lacking or         inaccurate         documents         2. Prepare         Certificate of         </li> </ol>	BE PAID None	G TIME 5 minutes	RESPONSIBLE Staff CSWDO
documentary requirements to CSWD 2. Wait for the issuance of Certificate of	<ol> <li>Check         requirements,         advise client if there         are lacking or         inaccurate         documents         2. Prepare         Certificate of         Indigency and</li> </ol>	BE PAID None	G TIME 5 minutes	RESPONSIBLE Staff CSWDO Staff
documentary requirements to CSWD 2. Wait for the issuance of	<ol> <li>Check         requirements,         advise client if there         are lacking or         inaccurate         documents         2. Prepare         Certificate of         Indigency and         notify client when</li> </ol>	BE PAID None	G TIME 5 minutes	RESPONSIBLE Staff CSWDO Staff
documentary requirements to CSWD 2. Wait for the issuance of Certificate of	<ol> <li>Check         requirements,         advise client if there         are lacking or         inaccurate         documents         2. Prepare         Certificate of         Indigency and         notify client when         it is available for         </li> </ol>	BE PAID None	G TIME 5 minutes	RESPONSIBLE Staff CSWDO Staff
documentary requirements to CSWD 2. Wait for the issuance of Certificate of Indigency	<ol> <li>Check         requirements,         advise client if there         are lacking or         inaccurate         documents         2. Prepare         Certificate of         Indigency and         notify client when         it is available for         claiming.     </li> </ol>	BE PAID None	<b>G TIME</b> 5 minutes 20 minutes	RESPONSIBLE Staff CSWDO Staff CSWDO
documentary requirements to CSWD 2. Wait for the issuance of Certificate of Indigency 3. Claim Certificate	<ol> <li>Check         requirements,         advise client if there         are lacking or         inaccurate         documents         2. Prepare         Certificate of         Indigency and         notify client when         it is available for         claiming.         3. Issue     </li> </ol>	BE PAID None	G TIME 5 minutes	RESPONSIBLE Staff CSWDO Staff CSWDO
documentary requirements to CSWD 2. Wait for the issuance of Certificate of Indigency	<ol> <li>Check         requirements,         advise client if there         are lacking or         inaccurate         documents         2. Prepare         Certificate of         Indigency and         notify client when         it is available for         claiming.         3. Issue         Certificate of         </li> </ol>	BE PAID None	<b>G TIME</b> 5 minutes 20 minutes	RESPONSIBLE Staff CSWDO Staff CSWDO
documentary requirements to CSWD 2. Wait for the issuance of Certificate of Indigency 3. Claim Certificate	<ol> <li>Check         requirements,         advise client if there         are lacking or         inaccurate         documents         2. Prepare         Certificate of         Indigency and         notify client when         it is available for         claiming.         3. Issue     </li> </ol>	BE PAID None	<b>G TIME</b> 5 minutes 20 minutes	RESPONSIBLE Staff CSWDO Staff CSWDO