Processing of Cases at Elsie Gaches Village

| Office or Division: | Elsie Gaches Village (EGV) – Social Service/ Protective Services Division (PSD) | | | |
|---|---|--|--|--|
| Classification: | Highly Technical | | | |
| Type of Transaction: | G2G – Government to Government | | | |
| | G2C – Government to Citizens | | | |
| | G2N - Government to Non- Government | | | |
| Who may avail: | Government and non-government agencies, private individuals (concerned citizen), hospitals, POs | | | |
| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE | | | |
| Referral letter (1original copy of referral letter signed by the C/MSWDO Head and head of the referring agency) | M/CSWDO of place of origin Head of Non-Government Agency Concerned citizen | | | |
| Social Case Study Report (1 original copy signed by the Social Welfare Officer and Head of the agency) | Municipal/City Social Welfare Office of the locality | | | |
| Medical Abstract (1 copy of originally signed Medical Certificate) | Government or Private Medical Officer who examined the child/ person with intellectual disability | | | |
| 4. Police Blotter and/or Barangay Blotter Report (for foundling cases)- 1copy of originally signed Police Blotter and Barangay Blotter by Police Officer and /or Barangay Chairperson where the client was reported missing and found in the area of jurisdiction | Police Precinct where the child/client was found and /or Barangay Office where the client was found and blottered/reported. | | | |
| Psychological Evaluation (if available) – 1 original copy of signed Psychological Evaluation Report | Government or Private Psychologist | | | |

| 6. | Psychiatric Evaluation (if | |
|----|----------------------------|--|
| | available) | |

Government or Private hospitals or clinic

| available) | | 1 | <u> </u> | |
|--|--|-----------------------|--------------------|----------------------------------|
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| I. Pre-Admission Phase Referral of cases with Intellectual Disability and other neurodevelopmental disorders through mails, phone calls and electronic mails — The client with Intellectual Disability without family or whose family is economically incapable to provide for his/her basic is accessed and referred to the residential care for facility (EGV) for proper disposition or temporary shelter. | | | | |
| Submission and Receipt of documents | 1.1. Retrieval of documents from the electronic mail (if sent through electronic mail). | None | 15 minutes | Administrative Aide IV EGV |
| | 1.2. Receipt and stamping of documents upon receipt of documents through postal mail. | None | 5 minutes | Administrative Aide IV EGV |
| | 1.3. Record the incoming documents in the logbook. | None | 5 minutes | Administrative Aide IV EGV |
| | 1.4. Forward the incoming documents to the Center Head/OIC for action. | None | 5 minutes | Administrative Aide IV EGV |
| | 1.5. Receipt and review of documents for appropriate action/directions. | None | 5 minutes | Center Head/OIC EGV |
| | 1.6. Endorse documents to Admin Service for tracking and endorsement to the SWO III for action | None | 5 minutes | Administrative Aide IV EGV |

| TOTAL: | None | 1 hour, 4 minutes | |
|---|------|----------------------|--|
| 1.10. Mailing of the acknowledgement letter to the referring party. | None | 45 minutes | Administrative Aide IV EGV |
| 1.9. Endorsement of acknowledgement letter for signature of the Center Head/OIC | None | 5minutes | Administrative Aide IV and Center Head/OIC EGV |
| 1.8. Endorsement of acknowledgement letter to Admin Service for tracking and signature of the center Head/OIC. | None | 5 minutes | Social Welfare Officer III, and Administrative Aide IV EGV |
| 1.7. Prepare acknowledgment letter to the referring party on the receipt of documents and schedule of preadmission conference to further discuss and evaluate eligibility of client for admission to EGV. | None | 10 Minutes | Social Welfare Officer III EGV |
| as per directions from the Center Head/OIC. | | | |

II. Admission Phase

The client with intellectual disability and other neurodevelopmental disorder is found eligible and accepted and/or admitted in the residential care facility (EGV) for proper disposition and rehabilitation.

| Office or Division: | Elsie Gaches Village (EGV) – Social Service/ | | |
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| | Protective Services Division (PSD) | | |

| Classification: | Simple | | |
|---|--|--|--|
| Type of Transaction: | G2G – Government to Government | | |
| | G2B - Government to Citizens | | |
| | G2N – Government to Non- Government Organizations | | |
| Who may avail: | Persons with Intellectual Disability and other neurodevelopmental disorders | | |
| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE | | |
| Admission Slip – 1 xerox copy of admission slip signed by the Social Welfare Officer II and or Executive-on Duty duly signed and approved by the Center Head/OIC. | Social Service of EGV | | |
| Referral letter – 1 xerox copy of the referral letter provided to the referring party | Social Service of EGV | | |
| 3. General Intake Sheet – 1 original intake sheet accomplished upon admission to the facility. | Social Service | | |
| Social Case Study Report – Xerox copy of the Social Case Study Report provided to the referring party and/or client | Municipal/City Social Welfare Office | | |
| 5. Medical Abstract – 1 original copy of the Medical Abstract Report of client. | Private or government doctor who examined the client | | |
| Psychological Evaluation – 1 original copy of the Psychological Report. | Government or private Psychologist | | |
| 7. Police and/or Barangay Blotter Report (for foundling cases)- 1original copy of the Police and/or Barangay Report | Police Station and Barangay Hall where the client was found | | |
| 8. Laboratory Examination Results (CBC, Chest X-ray, Urinalysis, Stool Examination, etc.)- 1 original copy of laboratory examinations undergone by the client. | Government or Private clinic/ hospital where client was brought for laboratory examination | | |
| 9. Referral / Endorsement to Allied | Social Service of EGV | | |

- Services- 1 original copy of inter-office communication to allied services of EGV
- Psychological Assessment- 1 original copy of the Psychological Evaluation of client
- 11. Dental Assessment 1 original copy of Dental Report of client
- 12. Medical/ Health Profile of client- 1 original copy of the Health and Medical Profile of client
- 13. Birth Certificate of client (if available) 1 original copy of Birth Certificate of client.
- 14. Intervention Plans 1 original copy of Intervention Plans of client signed by members of the Rehabilitation Team
- 15. Observation Reports- 1 original copy of client's behavioral observation report

- Psychological Service of EGV
- Dental Service of EGV
- Medical Service of EGV
- Philippine Statistics Authority
- Multidisciplinary Team of EGV
- Multidisciplinary Team of EGV

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---|---|--------------------|--------------------|---|
| 2. Client is admitted or accepted in the | 2.1. Filling out of admission slip of client | None | 5minutes | Social Welfare Officer II- Officer of the Day |
| residential facility (EGV) for rehabilitation and proper disposition. | | | | EGV |
| | 2.2.Conduct of Intake interview and filling out of the General Intake Sheet | None | 1 hour | Social Welfare Officer II-Officer of the Day, Executive on Duty EGV |
| | 2.3. Orientation on house rules and regulations of the facility/ center. | None | 30 minutes | SWO II –SWO Officer of the Day EGV |

| 2.4.Conduct inventory /list of client's personal belongings upon admission | None | 30minutes | SWO II/ Officer of the Day EGV |
|--|------|------------|---|
| 2.5. Record the admission of client in the Admission Logbook of the Social Service | None | 10 minutes | SWO II- Officer of the Day EGV |
| 2.6. Endorsement of the client to the Medical Service for physical examination | None | 20 minutes | Medical Officer III, Nurse-on-duty, SWO II- Officer of the Day |
| 2.7. Approval / Confirmation of the admission of client | None | 10 minutes | Center Head EGV |
| 2.8.Preparation of referral/ endorsement documents to Allied Services | None | 30minutes | SWO II/ Officer of the Day EGV |
| 2.9.Dessimation of referral/ endorsement documents to Allied Services | None | 15 minutes | SWO II-Officer of the Day EGV |
| 2.10.Conduct of Psychological Assessment as basis for cottage assignment | None | 1 hour | Social Welfare Officer II- Officer of the Day, Psychologist I EGV |
| 2.11. Conduct of initial Physical Examination | None | 30 minutes | Medical Officer III and Nurse on Duty EGV |
| 2.12. Conduct of Dental checkup / Dental Age | None | 1 hour | Dentist II EGV |

| | Assessment. | | | |
|----|--|------|------------------------|--|
| | 2.13. Endorsement of client to Cottage | None | 10 minutes | SWO II- Officer of the Day, Houseparents EGV |
| | 2.14. Formulation of Intervention Plans of client | None | 30 minutes | Social Welfare Officer II and multidisciplinary team EGV |
| | 2.15.Request for the Parenting Capability Assessment of client (if with family or relative) | None | 10 minutes | Social Welfare Officer II and Center Head EGV |
| то | TAL | None | 6 hours, 50 minutes | |

III. Monitoring and Evaluation Phase

Post Evaluation of client - The client is monitored and evaluated as to the impact of programs and services provided for him/ her to achieve complete rehabilitation while in the residential care facility. It also determines client's readiness for family and community reunification.

| Office or Division: | Elsie Gaches Village (EGV) – Social Service and Allied Service/ | | |
|--|---|--|--|
| | Protective Services Division (PSD) | | |
| Classification: | Highly Technical | | |
| Type of Transaction: | G2G – Government to Government | | |
| Who may avail: | Persons with Intellectual Disability and other | | |
| | Neurodevelopmental disorders | | |
| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE | | |
| Parenting Capability Assessment Report (for those with families and relatives) – 1 original copy of the Parenting Capability Assessment Report | Municipal/City Social Welfare Office of place of origin | | |
| Discharge Slip- 1 original copy of signed and approved | Social Service of EGV | | |

| Discharge clearance and S | Slip |
|---------------------------|------|
| of client | - |

- 3. Letter of Aftercare to the LGU- 1 original copy of the Aftercare Letter
- Closing Summary- 1 original copy of the Closing Summary of client
- Aftercare Report from the LGU after 3 months and onwards- 1 original copy of the aftercare report from the LGU

- Social Service of EGV
- Social Service of EGV
- Municipal/City Social Welfare Office of place of origin

| LGU | | | | |
|-----------------------------|---|--------------------|--------------------|--|
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 3. Evaluation of the client | 3.1. Prepare letter for request for the Parenting Capability Assessment of client's family and relatives. | None | 20 minutes | Social Welfare Officer II, Social Welfare Officer III EGV |
| | 3.2. Endorsement of request letter to the Center Head for signature | None | 5minutes | Administrative Officer IV, Center Head EGV |
| | 3.3. Mailing of request letter to the LGUs for PCAR and schedule of predischarge conference. | None | 45 minutes | <i>AAIV</i> EGV |
| | 3.4. Conduct of Pre- Discharge Conference | None | 1 hour | Center Head, Social Welfare Officer III, Social Welfare Officer II EGV |
| | 3.5. Facilitate Discharge of client with favorable | None | 1 hour | Social Welfare Officer II |

| Parenting Capability Assessment Report. | | | EGV |
|---|------|------------------------|--|
| 3.6. Filling out of Discharge clearance and slip | None | 30 minutes | Social Welfare Officer II, Center Head, Unit/Service Heads and supervisors EGV |
| 3.7. Prepare request for after care services and monitoring to client and family. | None | 15 minutes | Social Welfare Officer II EGV |
| 3.8.Mailing of the Aftercare Service and Monitoring request to the LGU | None | 45 minutes | Administrative Aide IV EGV |
| 3.9. Prepare closing summary for signature of SWO III and approved by the Center Head | None | 1 hour | Social Welfare Officer II, Social Welfare Officer III and Center Head EGV |
| 3.10. Filing of documents and case folder of client for documentation and reference. | None | 2 minutes | Social Welfare Officer II EGV |
| TOTAL | None | 5 hours, 42 minutes | |

| FEEDBACK AND COMPLAINTS MECHANISM | | | | |
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| How to send Feedback | Answer the client feedback form and drop it at the designated drop or suggestion box of the Center located at the Security Guard House of the Center. | | | |
| | The landline Contact Number of the Center is 88076023 and cellphone Number 09669711941 or through electronic mail at email address: egv.foncr@dswd.gov.ph | | | |
| How Feedbacks are processed? | Every Monday morning the Administrative Aide of the Center will open the drop /suggestion box and records all feedbacks in the logbook for endorsement to the Center Head/ OIC for action within three (3) after the receipt of the feedback. | | | |
| | Response or actions taken to the feedback is relayed to the client or complainant within the day upon receipt of the complaint. | | | |
| How to file a complaint | Answer or fill out the client Complaint Form and drop it at the designated drop/ suggestion box in the Security Guard House of the Center. Complaints can also be relayed through telephone call with complete information as follows: | | | |
| | | | | |
| | Name of the person/staff being complained: Incident: Evidence: Name of Complainant: Address& Contact Number of Complainant: | | | |
| How Complaints are being processed | The Center Head /OIC opens the complaints endorsed to her attention every Monday or daily basis when necessary. She evaluates the complaints. | | | |

| | Upon evaluation, the Center Head/OIC shall start the investigation and forward the complaint to the person or staff concerned for appropriate action or explanation. |
|---------------------------------------|--|
| | The center head/OIC will prepare a report after the investigation and submit a report to the Regional Director for information and appropriate action. |
| Contact information of CCB, PCC, ARTA | ARTA: complaints@arta.gov.ph |
| | Hotline: 1-ARTA (2782) |
| | PCC: 8888 |
| | CCB: 0908-881-6565 (SMS) |

| Office | Address | Contact Information |
|------------------------------------|--|--|
| DSWD –NCR, Elsie Gaches Village | Alabang-Zapote Road, Alabang, Muntinlupa City | Landline: (8) 807-6023 Cellphone Number: (0966) 9711941 |