

# Chapter I

## Introduction

Between 1980 and 2003, there had been several attempts to get the estimate number of persons with disability in the country. The National Council on the Disability Affairs (NCDA) Office, National Statistics Office (NSO), Department of Health (DOH) and the University of the Philippines-College of Health conducted surveys. These surveys are dissimilar and non-comparable results due to different methods used for screening, like inclusion of the functional assessment of the persons with disability.

The Philippine Statistics Authority (PSA), formerly National Statistics Office (NSO), reported that in 2010 census of population and housing, out of 92.1 million households in the country, 1.443 Million or 1.57% percent had persons with disability. Recently, the Commission on Population (POPCOM) has announced that the projected population of the Philippines as of 2014 is 100 million. Based on United Nations projection, it mentioned that persons with disability constitute at least 15% of any country's population. Therefore, there are about 15 million Filipinos who have disabilities. The rights of persons with disability are articulated in 1987 Philippine Constitution as indicated in Republic Act No. 7277 or the "Magna Carta" of Persons with Disability, as amended by Republic Acts No. 9442, among other laws.

Latest data of the National Statistics Coordinating Board (NSCB) on PWD are as follows:

- Total Household Population with Disability in the Philippines- 1,442, 586
- % over total PWD population in the Philippines – 11.56%
- Total Household Population with Disability in NCR – 166, 716
- % over total PWD population in NCR – 1.41%

Data also revealed that the family and the community could not meet the special needs of persons with disability due to lack of knowledge on the appropriate care and management, or due to the absence or lack of resources in the community. Hence, persons with disability end up as the society's moral responsibility.

The Philippine Government thru the Department of Social Welfare and Development (DSWD) has established the Elsie Gaches Village (EGV) in Alabang, Muntinlupa City. It is a residential care facility for persons with intellectual/mental impairments who were abandoned, neglected or abused by their own family and community. The main objective of EGV facility is to respond immediately to their prevailing unmet needs where family and community cannot provide proper care and attention due to limited understanding in caring and managing the behavior of persons with mental impairment.

Considering the emerging demands of EGV residents, its operations manual is now subjected to revision and enhancement in order to make it more beneficial to its residents.



# Chapter II

## The Elsie Gaches Village

### History

In 1917, Republic Act No. 2671 was approved, mandating the establishment of the first government orphanage at the Welfareville Compound in Mandaluyong City, formerly Rizal Province. In 1934, after 17 years, Commonwealth Act No. 4158 was approved, intending for the construction of buildings in the Welfareville Compound, placing the care of children with mental/intellectual impairments (formerly known as feeble-minded children) under the auspices of the Office of the Public Welfare Commission.

The Welfareville Compound is a vast land which previously occupied by orphanages managed by the Government, and was later occupied to care more clients who are abandoned, dependent, children with lepers, delinquent youth, children with mental impairment and handicapped. They were housed separately in different buildings/units in the Compound. These groups, currently known as persons with intellectual/mental impairments, occupied Unit C of the building. In 1960s, Welfareville was decentralized and subsequently relocated its residents to a modernized and upgraded facilities in the compound through the initiative of the United Nations International Children's Educational Fund (UNICEF) Assisted Project. It was aimed by the government to provide better social services and proper case management for the marginalized sector of the country.

On February 3, 1963, Unit C Building was relocated to its present site in Alabang, Muntinlupa City, and thereafter it was named Elsie Gaches Village. It was inspired by the philanthropist couple, Samuel Gaches and Elsie McCloskey, who donated their 16 hectares summer villa to the government, primarily for the purpose of caring the children with special needs. Of the 16 hectares, 9.9 hectares was occupied by EGV.

In October 1978, Metro Manila cities and municipalities were reconstituted into the National Capital Region as a separate geographical region of Region IV or the Southern Tagalog Region. The DSWD

Centers/Residential Care Facilities (CRCF) located in said region was placed under the supervision and management of the DSWD-NCR, one of which was Elsie Gaches Village.

The Elsie Gaches Village acclaimed support from the public, among them were prominent people from public officials and business sectors such as the late Mr. Teodoro Valencia who established Valencia Foundation, Inc., Knights of Columbus, Atty. Rodolfo Robles and other civic organizations like the Kiwanis Club, Catholic Women's Club of Ayala and other local and foreign groups who preferred to remain anonymous in helping Elsie Gaches Village. The phases of improvement of the facility became apparent and services to the children with special needs expanded from ordinary group life in custody to a more developmental and rehabilitative programs and services with the help of allied disciplines.

As donors and supporters continue to flourish, the Elsie Gaches Village is now a haven for persons with intellectual/mental impairments and learning disabilities. At present, there are 14 cottages installed through the sponsorship of Don Jaime and Dona Bea Zobel de Ayala and family, the Tambunting-Liboro's Family and Friends of Elsie Gaches Village (FEGV), Inc. They were among the committed donors of EGV who contributed their resources for the improvement and modernization

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of the center's clinic, kitchen area, chapel and school for children with special needs to show their love and support for them.

On February 19, 1994, the Sisters of Charity of St. Anne (SCSA), a religious congregation became part of the Friends of EGV who also shared their vision for the care of the persons with mental impairment. The Congregation was invited by Ms. Bea Zobel De Ayala and Ms. Rose Maria Prieto, the first Presidents of the Friends of EGV. In a brief history, the SCSA was founded by Father Juan Bonal of Spain on December 28, 1804 along with Mother Maria Rafols, an ordinary working lady. The Congregation constituted a group of men and women to serve women, but the Brother's group perished. The women's group under Mother Maria Rafols flourished and became a Pontifical Congregation. The nun's spiritual gift is "to serve the poorest and the neediest" and taken special vow of hospitality. Today, the congregation has 2,345 nuns in 33 countries across the continents. Their Headquarter is located in Zaragoza, Spain.

In the Philippines, the Congregation established its convent and Office at 2839 K Tejeron, Sta. Ana, Manila. It is currently represented by its delegate Sister Milagros Zulaica Acha of St. Francis Xavier Delegation. Said religious congregation is duly registered with the Securities and Exchange Commission (SEC) and the department of Social Welfare and Development. The nuns who are assigned at the facility belonged to the order of the SCSA of Bombay India. For several decades, the congregation provides support for the implementation of the rehabilitation programs of the EGV residents.

The Friends of EGV and SCSA were among the top contributors founded aiming to strengthen alliances, stabilizing a solid network with volunteers, partners and intermediaries by generating funds and resources to finance and sustain different projects such as repair and maintenance of the facilities, sponsoring the honorarium of caregivers and maintenance staff to complement the limited number of staff of the Center.

## **Legal Bases**

The Philippines is a signatory of international laws and covenants, and enacted national policies that aim to protect and promote the rights and welfare of persons with disability. The following legal bases are made pursuant to international and national legal instruments, among others:

### **International Covenant:**

**The United Nations Convention on the Rights of Persons with Disabilities (UN-CRPD)** which the country ratified in 2007 aims to "promote, protect and ensure the full and equal

1. Enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity". This was preceded by the Convention on the

Rights of Persons with Disabilities Optional Protocol adopted on 13 December 2006 at the UN Headquarters in New York, and opened for signature on 30 March 2007. It is the first comprehensive human rights treaty of the 21st century and is the first human rights convention to be opened for signature by the regional integration organizations.

2. **The United Nations General Assembly Resolution 62/139** issued on December 18, 2007 declaring April 2nd of every year, starting in 2008, as **World Autism Awareness Day (WAAD)**. The declaration invites UN member-states, relevant organizations, and civil societies, including non-governmental organizations and the private sectors, to observe the WAAD in order to raise public awareness about autism throughout society. The celebration of



the Day brings to the world's attention autism, a pervasive intellectual disorder that affects millions of the human population worldwide and the need to manage this disability.

3. **Incheon Strategy for the Persons with Disability-** The Biwako Millennium Framework for Action for Persons with Disabilities in Asia and the Pacific (1993-2002, Japan) which promote the following core principles:

- Principles of Inclusive (disability mainstreaming, "twin-track approach")
- Barrier-free (removal of all kinds of barriers, physical barriers, universal design and barriers of social attitudes)
- Social model of disability
- Rights-based – human rights (universal and global) and civil rights (domestic) based

#### **National Laws:**

1. Republic Act 10070, series of 2010 (Establishment of the Persons with Disability Affairs Office),

An act establishing institutional mechanism to ensure implementation of programs and services for persons with disability in every province, city and municipality

2. Republic Act 9442, An Act Amending Republic Act 7277

Otherwise known as Magna Carta for Disabled Persons and for other purposes and Republic

Act 7277 of 1992, entitled "An act providing for the rehabilitation, self-development and self-reliance of persons with disability and their integration into the mainstream of society and for other purposes."

- a. An act providing for the Rehabilitation, Self-Development and Self-Reliance of Disabled Persons and their integration into the Mainstream of Society and for Other Purposes.
- b. Under Title 2: Rights and Privileges of Disabled Persons,
- c. Section 9: Vocational Rehabilitation
- d. The Department of Social Welfare and Development shall design and implement training programs that will provide disabled persons in the rural areas. In addition, it shall promote cooperation and coordination between the government, non-government organizations and other private entities engaged in the vocational rehabilitation activities. The Department of Labor and Employment shall likewise design and conduct training programs geared towards providing disabled persons with vocational skills for livelihood.
- e. Section 10: Vocational Guidance and Counselling
- f. The Department of Social Welfare and Development shall implement measures providing and evaluating vocational guidance and counselling to enable disabled persons to secure, retain and advance in employment. It shall ensure the availability and training of counsellors and others suitably qualified staff responsible for the vocational guidance and counselling of disabled persons.

3. Republic Act 10524, series 2013

An act expanding the positions reserved for the Persons with Disability.

4. 1987 Philippine Constitution





The Philippine Constitution declares that the “State shall promote social justice in all phases of national development”. In the fulfillment of this policy, the State must give preferential attention to the welfare of the less fortunate members of the community - the poor, the underprivileged and those who have less in life. It further declares that the “State values the dignity of every human person and guarantees full respect for human rights” which recognize the belief in the inherent dignity and worth of every human person regardless of origin, status and condition in life.

- a. Article II, Section I: The State recognizes the sanctity of family life and shall protect and strengthen the family as a basic autonomous social institution. It shall equally promote the life of the mother and the life of the unborn.
- b. Article XV of the declaration principles: it stipulates the rights of children to assistance including proper care and nutrition and special protection from all forms of neglect, abuse, cruelty, exploitation and other conditions and prejudicial to their development.
- c. Article XV, Section I: The State recognizes the Filipino Family as the Foundation of the nation. Accordingly, it shall strengthen its solidarity and actively promote its total development.
- d. Article XV, Section III: The right of families or family associations to participate in planning and implementation of policies and programs that affects them.

#### **B. Presidential Issuances**

- i. **Executive Order No. 15 Series of 1998** defines the role of DSWD as an administrator of special social development funds intended to assist disadvantaged individuals, families and communities. It further defines the functions of DSWD among others as to operate and maintain support institutional facilities, projects and services and social laboratories and learning centers for the benefit of its constituents and in furtherance of social welfare and development
- ii. **Executive Order No. 123 Series of 1987**, the DSWD is mandated to provide care and protection and rehabilitation to those who have least in life and need social welfare assistance and social work interventions to restore their normal functioning and participation in community areas.
- iii. **Executive Order 437 Series of 2005**, Encouraging the Implementation of Community-Based Rehabilitation (CBR) as a strategy within general community development for the prevention of impairments, rehabilitation, equalization of opportunities, poverty reduction, and inclusion of children and adults with disabilities into mainstream society.
- iv. **Proclamation No. 240** declaring the period from year 2003-2012 as the Philippine Decade of Persons with Disabilities that instructs all Heads of Departments, Chiefs of Bureaus, Offices, Agencies and Instrumentalities of the National Government, Local Government Units to implement plans, programs and activities geared towards the development of PWDs.
- v. **Administrative Order No. 148 Series of 2001** provides for the general guidelines in the management of residential care services.
- vi. **Administrative Order No. 59 Series of 2003**, Guidelines for the Implementation of the Auxiliary Social Services for Persons with Disabilities.
- vii. **Administrative Order No. 11, Series of 2007**, Standards in the Implementation of Residential Care Service that prescribes guidelines on the minimum administrative and program requirements for the operation of a 24-hour group care that provided alternative family care arrangements to the poor, the vulnerable and the



disadvantaged individuals in crisis whose needs cannot be adequately met by their families and relatives or by any other form of alternative family care arrangements.

### **Philosophical Bases**

Consistent with the mandate of the Department and to its governing principles and beliefs, the operation and management of Elsie Gaches Village is anchored on the corporate philosophy that:

1. Every person has worth and dignity and endowed with capacity to reason and freedom to exercise his/her will;
2. Every person has equal rights and every effort be exerted towards fulfilment and realization of those rights;
3. Every person has the capability to change given the opportunity and can develop his/her full potentials as a human being;
4. The government and civil society have a joint responsibility to promote social justice and to ensure the economic and social well – being of the people.

### **Vision**

We envision Elsie Gaches Village a Haven where persons with intellectual disability and other neurodevelopmental disorders who are abandoned, neglected, surrendered and dependent are developed for self-efficacy. Towards this end, EGV will be a demonstration Center by 2030.

### **Mission**

To provide multi-disciplinary protective services for the development of persons with intellectual disability and other neurodevelopmental disorders who are abandoned, neglected, surrendered and dependent.

### **Strategic Goals**

Increase the number of staff from 194 to 320 to meet the standard staff-client ratio for children with special needs by 2020.

Increase the number of employed residents from 4 in 2016 to 10 by 2022 thru provision of capacity building activities.

Improve physical structures, facilities, and equipment's based on standards set for persons with disabilities by 2022.

### **Target Clientele**

The Elsie Gaches Village shall serve those clients age seven 7 to 59 years old (male/female) with mental or intellectual impairments covering the following categories:

#### **i. Abandoned**

A person who has no proper parental care, guardianship or whose parent has already left or deserted him/her for a period of at least three 3 continuous months;

#### **ii. Neglected**

A person whose basic needs have been deliberately unattended or inadequately attended within a period of three 3 continuous months



**iii. Dependent**

One whose parent, guardian or custodian desires to be relieved of his/her care and dependent on public for support.

**iv. Foundling**

Refers to any person left alone in the streets, public or private places and directly exposed to physical, moral, health, environmental hazards and risks

**Eligibility Requirements**

Specifically, those who are eligible for admission include the following categories:

- a. Neuro-developmental Disorders specifically Intellectual Disability and Autism Spectrum Disorder
- b. Cerebral Palsy
- c. Down Syndrome
- d. Free from Contagious Diseases and Psychiatric Disorder



# Chapter III

## GENERAL POLICIES

### 1. Re-Admission

The re-admission of former resident of the Center shall only be allowed when his/her biological family, adoptive and foster family cannot provide the proper care and support. The resident/s who left the Center without permission shall be re-admitted based on assessment and existing qualification criteria of the Center.

#### **OUT ON PASS C/O ORCC**

### 2. Visitation

The visiting time for the residents starts from 9:00am to 11:00am and 3:00 pm to 5:00pm daily.

Upon entry to the premises of the Center, the visitors shall submit themselves to the routine security check measures (e.g. presentation of valid identification card for purposes of verification, registration and issuance of visitors' pass).

After completing the security check, the visitors shall be accompanied to the Social Service Office for an orientation on rules and regulations of the Center on visitation.

For court-related cases, the meeting venue of the visitors shall be held either at the Social Service Office or Counselling Room under the supervision of Houseparent or case manager.

### 3. Cases of Leaving without Permission (LWP)

#### I. Cases of Leaving without Permission within The Residential Care Facility

The resident who left the Center without permission shall be immediately reported by the Houseparent to the OD/EOD/case manager who will officially inform the Head Social Worker upon receipt of the report.

With the assistance of the case manager, the following actions shall be undertaken:

- a. The Houseparent shall submit incident report within his/her tour duty;
- b. The Houseparent and the case manager shall secure blotter report from the concerned Barangay or Police Station after 24 hours that the resident/s left the Center without permission;
- c. The Head Social Worker shall submit a brief report of action undertaken to the Field Office after 24 hours;
- d. For residents with court-related cases, a written report to the court shall be submitted after 24 hours.
- e. A memorandum shall be issued to the Houseparent on duty when the resident left the Center without permission;





- f. The case manager will submit the client who left without permission for tri-media announcements to possibly locate him/her. If yielded negative within 2 weeks of tri-media, it is only then that the case will be finally closed;
- g. Preventive measures shall be assessed and revised by the Rehabilitation Team Members to avoid cases of leaving without permission in the future.

## II. Leave without Permission – While on the Job Placement\*

- a. The partner agency / company shall inform immediately the Head of Elsie Gaches Village regarding incident of Leave without Permission in job placement of the resident.
- b. The Houseparent shall submit incident report within his/her tour of duty upon knowing that the client no longer returns to the facility from his/her Job Placement.
- c. Incident Report shall be submitted within 24 hours from the time that the client no longer return to the residential care facility.
- d. The case manager shall immediately validate to the employer / job placement and file blotter to the nearest Barangay /Police Precinct.
- e. Head Social Worker shall submit comprehensive report to the Field Office after the validation.
- f. Social Worker handling the case shall convene a case conference with the partner agencies for job placement on the precautionary measures to avoid future LWP.

## 4. Donations

The Center accepts donation in cash and in kind from private individuals, groups and organizations subject to the existing government policies and guidelines. If donations are

Delivered at the Field Office, the Field Office shall acknowledge and provide corresponding receipts.

Perishable donations shall be properly receipted and immediately turned over to the Dietary Service in coordination with the Head Social Worker for proper disposition (EGV).

For cash and other in-kind donations, the same shall be reported and turned-over after 24 hours to the cashier of the Regional Office for purposes of accounting and safe keeping.

### a. Cash Donations

All cash and cheque donations regardless of amount shall be issued Acknowledgement Receipt of Donations Received (ARDR) and Deed of Donation and Acceptance (DDA) in favor of EGV specifying the purpose for which donations are given. This amount shall be charged to the EGV's current account and be used solely for specified purpose following procurement procedures.

### b. In-kind Donation

Items and equipment's donated that are still usable as assessed by the Donation/Valuation Committee are issued ARDR and DDA, properly accounted and included in the reports submitted to the Regional Office.

In the event that the donations received are voluminous that the EGV residents can no longer consume, the same can be shared to the staff and other CRCFs.

## 5. Receiving and Giving Gifts

Any staff of the Center shall refrain from accepting any form of gifts from donors, residents, families or relatives of residents.

Likewise, giving of cash gifts to residents is strictly prohibited. However, giving of gifts (in-kind) from donors or significant persons is allowed to be received by a resident in coordination with the case manager under the following circumstances:

- Birthday
- Incentive or token in winning a competition/contest
- Special holidays (e.g. Christmas, New Year, etc.)

## **6. Escorting of Residents**

The residents of EGV shall only be allowed to go out of the Center with an escort (e.g. houseparent, nurse, social worker, Activity Coordinators). The escort will serve as residents' guardian in attending other needs and requirements outside the Center like consultation, medical treatment, therapy sessions, recreational activities, invitational performances, sports competitions, visiting family, among others.

## **7. Report on Injury, Accident and**

### **Death i. Injury / Accident**

Any resident who is demised or injured shall be referred immediately to the Medical Unit for appropriate medical attention. The medical staff shall determine the need to bring the resident to the nearest hospital for further assessment or treatment, if necessary. The following actions shall be undertaken further by the Center:

A written incident report shall be immediately submitted to the Officer on Duty/Executive on Duty/Head Social Worker, Houseparent or Staff in-Charge of the child at the time of incident describing the circumstances of the incident

- a. And the status of medical treatment, and shall be entered in the EOD logbook for record purposes.
- b. The same incident report shall be prepared by the Social Welfare Officer III to be submitted to the Head Social Worker and Regional Director within twenty-four (24) hours. Likewise, the parent/guardian and the court shall be formally notified, if applicable.
- c. Resident/s admitted for hospital confinement for appropriate treatment shall be provided with a caregiver who shall receive a minimal stipend to cover transportation expenses in a maximum amount of Php150.00 if referral is outside Muntinlupa City. However, if referrals are within Muntinlupa or Las Pinas City, actual transportation is provided. Meal allowance will be provided amounting to Php225.00 per day.

### **ii. Incidence of Death**

- a. The case manager shall prepare a death incident report to be submitted to the Field Office thru the Head Social Worker within 24 hours using the prescribed format. A comprehensive report incorporating the medical management shall be submitted by the Medical Officer to the Field Office within 3 days copy furnished the Protective Services Bureau;
  - b. The court, family or relative of resident, if any, shall be informed within 24 hours of the death and be responsible for final disposition (or interment / burial) of remains of the resident. In the absence of family or relative, the Center shall arrange for the interment of the remains;
  - c. If the cause of death is unusual, said case shall be referred for autopsy procedures as basis for further action.
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## **8. Discipline**

Congruent to the level of understanding of residents, there shall be a proper discipline and communication to be employed such as temporary removal of benefits, requirement to sit in a chair for a short period of time with no interaction from other residents of same cottage, praises or acknowledgment of positive behavior, loss of privileges, teaching children to accept mistakes and misbehavior to encourage appreciation of positive values and good behavior. Corporal punishment is strictly prohibited in the Center as a form of discipline.

## **9. Behavior Modification**

To improve the level of the resident's demonstration of good behavior, anger management program or positive reinforcement shall be provided to them such as inclusion in the sponsored indoor or outdoor activities, affirmation on performed tasks, among others.

## **10. Complaints on Erring Staff**

Complaints of staff on administrative and operational concerns shall be addressed by the Field Office Grievance Committee based on the report submitted by the Head Social Worker.

## **11. Adherence to the Child Protection Policy**

Staffs are strictly prohibited from inflicting any form of abuse to the resident/s and shall adhere to the Child Protection Policy of the Center. All complaints on erring staff shall be reported in writing to the Head Social Worker and will subsequently refer to the Child Protection Committee for immediate action in accordance with the existing government Child Protection Laws and Policies. The following procedures shall be observed:

- a. A resident reported to have been inflicted with physical, verbal or sexual harm by staff shall be assisted by the case manager. A written report shall be secured and submitted to the Head Social Worker. The report of abuse on resident shall be verified and evaluated by the Child Protection Committee with assistance from the case manager;
- b. The abused resident shall be submitted for medico-legal examination within 12 hours to be assisted by the case manager or any staff assigned as OD/EOD/HP;
- c. The written report of abuse shall be submitted to the Regional Office as basis of forming a Fact Finding Team to validate the veracity of complaints.

## **12. Confidentiality**

All records shall be treated confidential at any time unless required by the court or with the approval of the Regional Director.

The Social Service Office and Records Unit Staff are in charge of ensuring the completeness, accuracy, maintenance, safety and/or disposal of residents' files and records.

## **13. Special Education**

In collaboration with the Department of Education, the residents are provided with special education classes at the Center. The curriculum is geared towards providing development and age

appropriate learning activities using prescribed curriculum by DepEd appropriate for special children and different techniques.

### **13.1 Music and Arts Therapy (MAT)**

The MAT is a model of intervention that makes use of music and art in improving and enhancing the physical, mental and social well-being of PWDs and other residents with special needs. It was designed as therapeutic technique for the purpose of maximizing the potentials of the residents especially those with neuro-developmental disorders such as Autism Spectrum Disorder (ASD).

MAT is a combination of two (2) therapeutic techniques which are already used by therapists to modify behavior and enhance social skills of a person. Combining these techniques will help the person to relax while undergoing activities. This technique can be utilized by different services in the Center (e.g. Social, Health, Psychological, Educational, Productivity, Home Life, Recreational, Spiritual, and Developmental Services (SHEPHERDS). It will also help the therapist to control unwanted behavior of the residents. MAT is made for the social workers, special education teachers and members of the Rehabilitation Team as a aide for the case management process.

## **14. Media Coverage**

All media entities wishing for media coverage at EGV should secure permission from the Field Office. Regional Administrative Order No. 114, Series of 2002 under the specific portion "Media Requests" serves as a guide for said purposes, as such:

### **a. Interviews**

- Interview with the residents must be done only after clearance from the Field Office have been obtained and when the residents have signified willingness to answer questions;
- The resident/s refusal to be interviewed or answer questions must be respected;
- Ready questionnaires should be presented to the Head Social Worker / case managers for guidance, reference and orientation of the resident-interviewee; and
- Taking of pictures of residents in the Center shall be strictly prohibited and if allowed, no frontal shots of the residents should be taken.

### **b. Shootings / Film Production**

The Center may be used as venue for television and film production. However, the conduct should be guided by the following:

- Firearms and/or explosives of any kind should not be used in film production and/or in any part of the scene in the Center and its premises;
- Violent or malicious scenes should not be taken or done in the Center and its premises;
- Should there be a need for the use of electrical power, the amount approximating the cost of electricity must be paid to the Center and therefore should be recorded in accordance with the policies on donations;
- Use of electrical power should not disrupt the regular activities at the Center nor affect its illumination;
- The Production has to provide its security and should be responsible for any damage that may arise during the taping and production;

- Cleanliness and upkeep of the area used for taping is the responsibility of the film company;
- Donations/fees given for the use of facility should be reported and recorded in accordance with the policies on donations.

## **15. Volunteer Work**

Volunteer service/work in the Center is allowed with the approval of the Field Office and in accordance with Administrative Order No. 10, Series of 2008 or the Bayanihang Bayan Program.

## **16. Students Training Program**

The Field Office assigns a student-trainee to the Center for field placement or affiliation. The Center is guided by Regional Memorandum Order No. 005 Series of 2013 – Revised Operational Guidelines on the Operation of the Student Training Program.

Activities under the Students Training Program include the following:

- a. Orientation Module about DSWD – vision, mission, goals, roles and functions, programs and services, organizational structure , policies and procedures including agency and school expectations and goals;
- b. Orientation on the Center's programs and services, policies and procedures and scope/area of assignment ;
- c. Conduct of guided tour around the Center's vicinity to apprise the students of the Center's composition such as the different offices and buildings, cottages and other facilities;
- d. The Center ensures that the student-trainee is given the opportunity to work with the team and that they are being exposed to different activities at the Center.

## **17. Conduct of Case Conference**

Case conference is scheduled once a month or as the need arises as venue to discuss management of special or complicated and high profile cases and/or old cases with special concerns that need urgent and close attention. Other allied professionals are invited in order to come up with a multi-disciplinary approach on the proper disposition of the case.

## **18. Conduct of Rehabilitation Team Meeting (RTM)**

RTM is scheduled once a month or as need arise with the members of the rehabilitation team to discuss and agree on the needed interventions and approaches to respond to the particular needs and problems of the resident and come up with a comprehensive rehabilitation/intervention plan.

## **19. Productivity Project**

The productivity project is a part of the rehabilitation process done with the residents at the Center in preparation for their possible independent living. It is a simulation activity wherein residents are directly applying their own knowledge and skills learned after attending the basic skills training cum livelihood activities conducted at the Center with an objective of improving their economic independence in the future.

Residents who are directly involved in any productivity projects done at the Center shall be given a share from the proceeds of the projects on a 70 (for resident) - 30 (for the Center) scheme after deducting the material costs. The 30% share of the Center shall be used for the purchase of supplies and materials ensuring continuity of the projects.





# Chapter IV

## Operational Procedure

### 1. Admission Phase

The Case Manager/Officer of the Day/Executive on Duty shall undertake the following steps in admitting a resident to the Center.

- a. Assess the documentary requirements presented by referring party to determine the eligibility for admission.
- b. If found eligible for admission, the pre-admission conference with referring party shall be called within 2 days upon receipt of documentary requirements. This is a venue to identify respective tasks on the management of case. If found ineligible, the referring party shall be assisted for referral to other agencies where the needs of the person being referred is best provided.
- c. During the physical transfer, the person being referred must be accompanied by a social worker as referring party having the authority to decide and execute an agreement for the purpose of collaboration and coordination in the management of the case.
- d. Referral letter from reach-out activities of LGUs and DSWD-Crisis Intervention Units requires a formal letter indicating the circumstances of the reach-out. Medical certificate and a written report may be optional based on the availability of the documents upon referral. However, complete requirements will be later submitted by the referring party.
- e. General Intake Sheet (GIS) and Admission slip shall be accomplished by the Officer of the Day (OD) or Executive on Duty (EOD) in 4 copies (1 for the referring party, medical, Cottage, social service) to be signed by Head Social Worker. The person being referred then assumed a resident status housed in the admission cottage. At this point, the SWO-III handles the case until such time that proper cottage assignment has been determined within 3 days.
- f. Inventory of personal belongings of the resident shall be made and receipted by the admitting OD/EOD. The assigned case manager shall endorse said valuables to the Administration

Office for safekeeping with the Inventory and Receipt Form.

### 2. While in the Center

- a. To determine the level of understanding and capability, the newcomer resident shall be oriented on the rules and regulations of the Center.
- b. Based on set policies, the home life supplies shall be provided to the resident thru assigned houseparent upon admission.
- c. Succeeding issuances of supplies shall follow the required procedures of Requisition and Issuance of Supplies (RIS) which is submitted at 7 working days before the set schedule of issuance of supplies.
- d. Medical staff on duty shall conduct initial medical assessment report upon admission of the resident.
- e. Initial Psychological Assessment Report shall be conducted within 3 days upon admission to determine the resident's level of functioning as basis for cottage assignment.
- f. A Rehabilitation Team Meeting (RTM) shall be called by the case manager a week after admission to come up with a comprehensive Intervention Plan.



### **3. Termination Phase**

Termination of a case shall be based on the attainment of intervention plan objectives. However, prior to termination of the case, the case manager shall facilitate a pre-discharge conference with members of rehabilitation team, family, relative of the child and and/or adoptive, foster family or referring party whichever is applicable.

The following procedures of discharge shall be followed as applicable:

- a. For dependent cases, Parenting Capability Assessment Report (PCAR) from the concerned LSWDO should be available as basis to determine the readiness of the family/relatives on the reintegration of resident.
- b. Aftercare and monitoring shall be requested from the concerned LSWDO within 3 days after discharge of the resident.
- c. Discharge of residents thru other alternative placement such as foster care or adoption shall pass through the legal process with appropriate documentation.
- d. Closing summary report shall be prepared by the case manager and approved by the Head Social Worker within 3 days after discharge or alternative placement.

The Case Manager/Officer of the Day/ Executive on Duty shall prepare and undertake the following procedures prior to the resident's discharge:

1. Inform the Head Houseparent on the discharge plan of resident. The Head House Parent will instruct the Houseparent on duty to prepare the resident and submit him/her for medical clearance.
  2. Case manager shall accomplish the prescribed discharge slip in four (4) copies to be cleared by the Heads of the Unit Services and approved by the Head Social Worker.
  3. For dependent children, the case manager prepares the Agreement or "Kasunduan" stating that receiving party shall personally attend to the needs and provide protection as well as safety of the resident.
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# Chapter V

## CASE MANAGEMENT PROCESS

Case Management is a social work function particularly for clients who are under difficult circumstances such as abused children and women, older persons, victims of armed conflict and natural disasters, persons with disabilities, chronically and mentally ill patients. Case management is also meant to have a change of, direct, conduct, administer, control movement. Case management is the act or manner of handling, controlling and directing. It is delivering of services where a social worker assumes responsibility for assessing the clients on what services they needed and help them to obtain those required services to address the unmet needs of clients. It is also a service delivery mechanism that organizes, coordinates as well as sustains a network designed to optimize the functioning ability and well-being of persons with multiple needs. As a practice, it refers to the problem-solving process that involves direct and immediate implementation of the intervention plan as part of the vocational rehabilitation program.

The Social Service Unit has the primary function to carry out the case management process of residents of EGV. It shall be the main duty of the Case Managers to accomplish the following objectives in coordination with other Service Units:

- To provide a comprehensive and integrated delivery of rehabilitation services.
- To help in the development of resident's mental, physical, emotional and educational well-being.
- To facilitate return of the resident to his/her natural parents or provision of other alternative family care.
- To coordinate with other unit services of the Center and integrate their contributions to the general intervention plan of resident/s.
- To coordinate, network and tie-up with the government and non-government agencies to seek for possible resources and services needed for rehabilitation and treatment of the residents.

The case management procedures are as follows:

### **1. Intake Interview / Engagement with the Resident**

The Case Manager considers that intake interview and engagement is the most critical stage on the case management of resident. This initial stage influences the next steps that will follow and determines the kind of helping relationships that the case manager will establish with the resident, particularly those whose pattern of relating is determined by his/her level of mental functioning and familiarity with environment.

During the intake interview and engagement stage, the case manager shall ensure that complete and necessary documents particular to the resident's category will be submitted. The documents shall include the following:

#### **A. Abandoned**

- Case Summary
- Birth Certificate – if available
- Police and/or Barangay Blotters
- Affidavit of Finder or the Referring Party
- Medical Abstract / Certificate and Chest X-ray
- Psychiatric / Psychological Evaluation
- Referral Letter



**B. Foundling**

- Case Summary
- Police and Barangay Blotters
- Affidavit of Finder
- Medical Abstract / Certificate
- Referral Letter

**C. Dependent**

- Case Summary
- Referral Letter
- Birth Certificate
- Parental Consent
- Parenting Capability Assessment Report (PCAR)

**D. Surrendered**

- Deed of Voluntary Commitment
- Birth Certificate
  
- Personal Letter of Mother/Parents
- Picture of Parents and the Child
- Case Summary
  
- Referral Letter

The case manager in this stage accomplishes the following tasks

- i. Obtain basic information on the child through the referring party; or the child himself/herself depending on his/her age and level of functioning;
- ii. Identify resident's presenting problem and situation;
- iii. Establish a beginning relationship with the resident; and
- iv. Formulate a tentative intervention plan.

**2. Data Gathering and Assessment / Preparation of Social Case Study Report**

The case manager gathers relevant data about the child which will be the very important basis in the formulation of rehabilitation/treatment plan, as follows:

- History concerning resident's presenting problems and situation
- Factors that led to the resident's presenting problems and situations
- Efforts and attempts to respond to the problems/needs of the resident
- Resident's present and past social support system
- Potential resources for help

The case manager conducts a thorough assessment of the resident's problems and situations to come up with an overall diagnostic analyses and assessment of the resident.

The case manager may use a variety of ways to gather data and not to limit on the interview process during the intake and engagement stage such as using the following modes of data gathering:

- Selective Observation
- Home Visit (if there is a family or relatives)
  
- Collateral Contacts with the Community Members and Professionals
- Records Review
  
- Use of Assessment Tools in other Disciplines such as Psychological/Psychiatric/Medical Evaluation, etc.

The case manager shall prepare the resident's social case study report following the format and content as prescribed by the Regional office and/or in RA 9523 and RA 8552.





### **3. Formulation of Intervention Plans**

The case manager formulates the intervention plan depending on the kind of assessment she/he makes with the resident. Although initial assessment is made during the intake and engagement stage, the case manager makes an in-depth appraisal of the resident's situation and problems, and conducts a holistic approach on the management of the case.

The case manager formulates an intervention plan based on comprehensive assessment of the child's problem and the situation. This stage requires defining and appraising resident's and community resources.

The case manager ensures that the intervention plan specifies needed programs and services to achieve the best interest and welfare of the resident. Hence, partnership with other service providers at the Center is very essential such as, medical/dental care, health and nutrition, psychosocial interventions and parental care.

In the formulation of the intervention plan, the case manager considers the following factors to have clear direction in implementing the needed services and interventions for the resident:

- Establishment of Goal – overall expected outcome/results of the case management process.
- Establishment of Specific Objectives – specific short term changes or outputs written off as SMARTT: specific, measurable, attainable, realistic, result-oriented and time-bound.
- Specification of Unit or Target of Attention – other individuals that will serve as part of the intervention plan being considered as essential to attain the overall goal of the helping process.
- Specification of Strategy and Resources – support services and resources needed and available for the achievement of the overall plan.

### **4. Implementation of Intervention Plan / Delivery of Services**

The case manager implements the plan after she/he has clearly and concretely defined the problems, strengths and resources available for the case. She/he works with different Service Units, links and coordinates with other offices to access or avail other needed resources, support and assistance to achieve an integrated and efficient and responsive implementation of the intervention plan.

The case manager facilitates the overall implementation of the treatment plan on the resident's category as follows:

#### **i. Foundling**

- Refer to children found in the streets or in public or private places without a family or primary caregivers to take care of them.

#### **ii. Abandoned**

- A child who has no proper parental care or guardianship, or whose parents or guardians have deserted the child for a period of at least three (3) continuous months.

#### **iii. Dependent**

- A child without a parent, guardian or custodian; or one whose parents, guardian or other custodian for good cause desires to be relieved temporarily of his/her care and custody of the child and is dependent upon the public for support.

#### **iv. Surrendered**

- A child whose custody and care is legally turned-over by a parent or guardian to the DSWD or any licensed or accredited Child Caring or Child Placing Agency.



## **5. Monitoring and Evaluation**

The case manager monitors the implementation of the intervention plan and updates the same through regular meetings of the rehabilitation team which is held once a month or as need arise. Group consultation or case conference may be conducted to secure update reports from the members of the team.

## **6. Case Termination**

Finally, the principle of confidentiality should guide the whole process of case management. The case manager and the entire Rehabilitation Team and foster families should ensure respect to the privacy of the residents and confidentiality of cases and records.

# **Chapter VI**

## **Reporting and Records Management**

### **A. Importance of Records**

Writing and keeping of records is an integral part of the social work practice. It is an important tool in helping the persons with disabilities.

#### **Social Worker**

- a. It helps the case manager to do more effective job with the persons with disabilities.
- b. It is a tool of understanding the persons with disabilities. Through records, worker can see the emerging and changing interest of the individual, evolving needs, and how these needs are being met through trainings conducted.
- c. When new worker is assigned to handle the case, the records become useful at the point of orientation and help new worker to continue the management of the case.

#### **Supervisor**

Records enable the supervisor to give technical input in the management of the case during supervisory conferences.

#### **Administration**

- a. It enables agency administrators to judge the quality of its services; in determining whether its services meet the needs of the persons with disabilities; whether the quality of service is in line with the mandates of the agency; and whether there is a need to craft/amend the policies and/or change the practices in the Center.
- b. Records serve as teaching materials for in-service training and professional education.

### **B. Records and Reports**

The following records should be maintained:

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### **Social Worker**

Individual case folder should contain the following:

- a. General Intake Sheet
- b. Admission Slip
- c. Updated Social Case Study Report
- d. Birth Certificate or Foundling Certificate
- e. Certificate Declaring the Child as Legally Available for Adoption (CDCLAA)
- f. Minutes of RTM, case conferences, anecdotal reports of house parents, teachers, etc.
- g. Updated case recordings of residents with information on the following:
  1. Observations on the progress of the residents;
  2. Results of coordination with other members of the RTM, LGUs, other agencies, etc,  
significant to the case management;
  3. Results of contacts with family and home visit done, if any.
- h) All communications pertaining to the case
- i) Updated Psychological evaluation report
- j) Physical examination results/medical records/profile
- k) School records and baptismal certificate

### **Psychologist**

Records on psychological evaluation results

- a. Testing materials
- b. A logbook reflecting names of residents, date of first test conducted and succeeding schedule of tests & evaluations
- c. Record of therapeutic activities conducted (individual/group)
- d. Minutes of RTM, case conferences, etc.

### **Security Guard**

- a. A logbook where incidents and unusual events in the Center is completely recorded.
- b. Individual observation of the residents they have contacted with
- c. Keeps records and files of the CCTV
- d. Attendance logbook of staff/visitors/volunteers
- e. Logbook where date and time of an in-and-out of any vehicles are recorded including plate numbers

### **Other Records to be kept**

1. Miscellaneous record



- a. Client's admission and discharged logbooks
- b. Donation Logbook
- c. Program activity schedules/indicative calendars
- d. Staff schedule of duty
- e. Personnel records/201 Files
- f. Budget and other financial records
- g. Record of supplies & equipment
- h. Accomplishment Reports

## Chapter VII

### MONITORING AND EVALUATION

Monitoring and Evaluation system of the overall operation of the Center shall be done in 3 levels, namely; the Elsie Gaches Village, the Regional Office, and the Central Office.

a. **Elsie Gaches Village**

Monitoring and evaluation of the overall operation of the Center shall be the responsibility of the Head Social Worker. As an Administrator, he/she monitors and evaluates the implementation of programs and services and sees to it that the same complies with the needs and problems of the residents. Administrative concerns shall likewise be evaluated as they affect the total operation of the Center.

b. **Field Office**

Monitoring at this level should be done once a month by the Field Office thru the Regional Center Coordinator and other concerned Divisions and should look into the following areas:

i. Case Management

ii. Overall operation of the Center which include implementation of services, staff/personnel, budget, physical facilities, and among other concerns.

c. **Central Office**

The Protective Services Bureau and other concerned Bureaus shall provide quarterly monitoring as basis for technical assistance and coordinate with the Field Office's on program operations and implementation.

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# Chapter VIII

## Staffing Requirement

The Elsie Gaches Village should have an appropriate number of human resources based on set standards required by the Department specific on catering to children with special needs:

- 1 Center Head
- 2 Social Welfare Officer III (to supervise 5 SWOs per SWOIII)
- 23 Social Welfare Officers II (1 SW: 20-25 PWD)
- 8 Psychologist (1Psyche III, 3 Psych II, 5 Psych I)
- 5 Activity Coordinators
- 1 Medical Officers
- 4 Nurses
- 2 Nursing Attendant
- 1 Dentist
- 1 Physical Therapist
- 5 Occupational Therapist
- 2 Speech Therapist
- 1 Houseparent IV as head of the Homelife Service
- 3 Houseparent III (Supervising House Parent)
- 195 Houseparents: (1:15 for upper trainable; 1:10 for lower trainable; 1:5 to profound cases per shift)
- 1 MDO-III
- 3 MDO-II
- 6 cooks
- 1 ND III (to replace the FSS III item)
- 5 Nutritionist Dietician II
- 1 Administrative Officer V (Admin. Officer/Property Custodian)
- 2 Administrative Officer IV (1 Budget/SDO, 1 Supply Officer)
- 4 Admin Officer III (1 Personnel Officer/Bookkeeper/Records Custodian, 2 Office Clerks, 1 Liaison/Procurement Officer)
- 2 Drivers (1 reliever)
- 1 ICT Focal Staff
- 8 Skilled Maintenance Staff
- 15 Security Officer (Private Agency)

### B. Qualifications Standards, Roles and Duties of EGV Personnel

## **1. Head Social Worker**

### **Qualifications:**

Registered Social Worker preferably with master's degree in social work or at least finished 75% of the academic requirements with 2 years' experience working with children with special needs; 2 years managerial and administrative experience with relevant training and leadership qualities; and has the ability to supervise, plan and direct the works of staff.

**Roles and Responsibilities:**

- Directs and monitors the overall program of actions that includes social, psychiatric and psychological service as well as homelife, education, health, productivity, recreation and spiritual services;
- Takes charge of all administrative functions of the Center;
- Supervises program implementation by the Units Head of Social Service, Homelife, Medical, Psychological, Dietary, Admin., and Productivity Services;
- Makes representations and generates external resources;
- Schedules senior staff meetings, general staff meetings and attends the Units meeting, if necessary;
- Plans and schedules periodic staff development conference with the Senior Staff;
- Takes charge of the administrative personnel of the Center;
- Attends to visitors of the Center, if necessary, especially benefactors, foreign visitors / delegates / representatives.

**2. Social Welfare Officer III****Qualifications:**

Registered social worker with 2 years' experience working with children with disability and 2 years supervisory experience; with leadership qualities and has the capacity to supervise staff.

**Roles and Responsibilities:**

- Supervises the Social Welfare Officers II (SWO-IIs) and the implementation of social services in general under the direct supervision of the Head Social Worker;
- Acts as Officer in Charge of the Center in the absence of the Head Social Worker;
- Maintains and updates caseload inventory and ensures that caseloads are assigned on an equitable manner among the members of the social service staff;
- Coordinate the social services with other Service Units;
- Plans for social service programs in the areas of casework, group work and community-based services to be implemented by the Social Welfare Officers;
- Attends to administrative functions such as preparation for case conferences and other required meetings of the Unit;
- Supervises the SWO-IIs in the preparation of social service reports;
- Supervises volunteers and schedules their visits to the Center;
- Prepares/submits monthly/quarterly/semestral/annual narrative and statistical reports of the Center;
- Accomplishes periodic performance appraisal of the social service staff;
- Prepares annual work and financial plan and procurement program and management plan of the social service with corresponding semestral implementation reports;
- Renders Executive On Duty; and

- Performs other tasks as assigned by the Head Social Worker.

### **Social Welfare Officer II**

Under the direct supervision of the Social Welfare Officer III, the SWO-II undertakes the following:

- Ensures that there is proper and effective implementation of social service programs;
- Keeps records of all social service activities;
- Updates the daily and monthly statistical reports of the Center;
- Prepares monthly accomplishment reports and other necessary periodic reports of the Unit;
- Handles the EGV Community Outreach Program for student social workers;
- Updates caseload inventory of assigned cases, conducts intake interview, casework, group work and other community-based services to implement the social service programs of the Center;

- Coordinates with other Service Units for an effective study, assessment, and intervention program for each case;
- Responsible in the safekeeping of child's updated record and documents;
- Renders Executive on Duty; and
- Performs other tasks as assigned by the SWO-III and Head Social Worker.

#### **5. Head Houseparent (Houseparent IV)**

##### **Qualifications:**

Preferably a college graduate with 2 years' experience in supervisory works and working with children with special needs; with relevant training on supervision and leadership qualities; and has the capacity to supervise, plan and direct the work of staff.

The HP-IV undertakes the following:

- Supervises houseparents in the implementation of homelife services;
- Formulates homelife program plans; supervises homelife group activities; and coordinates the homelife services with other Service Units in order to provide appropriate interventions to residents;
- Attends to administrative functions such as preparation of homelife staff assignments and schedules of duty, offsetting, leaves of absences, etc.;
- Participates in staff meetings and case conferences;
- Accomplishes periodic performance appraisal of staff;
- Prepares narrative and statistical periodic reports of the homelife service;
- Undertakes training of houseparents and arranges special training and assignments;
- Prepares annual work and financial plan, procurement program and management plan of the homelife service with corresponding semestral implementation reports;
- Renders Executive on Duty; and
- Performs other related tasks as assigned by the Head Social Worker.

#### **6. Supervising Houseparent (Houseparent III)**

##### **Qualifications:**

Preferably a college graduate with 2 years' experience in supervisory works and working with children with special needs; with relevant training on supervision and leadership qualities; and has the capacity to supervise, plan and direct the work of staff.

Under the supervision of the HP-IV, the HP-III undertakes the following:

1. Supervises activity group services and coordinates the various other special activities of homelife to effect a wholesome and effective group living situation of children;
2. Plans and supervises the program implementation of homelife services in coordination with other Units and agencies;
3. Attends meetings, rehabilitation team meetings and case conferences;
4. Prepares periodic performance appraisal of staff, and narrative statistical periodic reports of the homelife service; and
5. Arranges schedule of duties and training of houseparents.

## **7. Houseparent II / Houseparent I**

### **Qualifications:**

Graduate of care giving courses with at least 1 year experience working with children and with relevant training. Experience working with children with special needs may be an advantaged. Under the direct supervision of the HP-III, the HP II or HP I undertakes the following:

- Takes the responsibility for the general care and development of residents in his/her assigned cluster/cottage;
- Implements and coordinates with other units on the status of the residents' development;
- Reports to the Head/Supervising houseparent any unusual incident and physical condition of the residents in his/her cottage which needs immediate attention;
- Submits to the Head/Supervising Houseparent monthly accomplishment reports and other statistical reports of the cottage/residents;
- Attends meetings and conferences and escorts residents to different psychosocial activities;
- Reports to the Medical Officer or Dentist any unusual sign of the physical and health condition of residents;
- Observes proper transfer of responsibilities every after tour of duty and before leaving the cottages, attends visitors, etc.
- Checks the residents' condition and estimates the supplies needed before assuming duty;
- Requests for supplies needed in their respective cottages from the Head/Supervising Houseparent;
- Renders Executive on Duty as recommended by the Head Houseparent;
- Performs other related tasks as assigned by the Head Houseparent/Head Social Worker.

## **8. Medical Officer III**

### **Qualifications:**

Must be a licensed medical doctor who is a general practitioner. With experience working in a government hospital or any institution is an advantage. Under the direct supervision of the Head Social Worker, the Medical Officer undertakes the following:

- Takes charge of the overall supervision of the Medical Unit;
- Schedules and conducts regular and monthly meetings of the Unit;
- Provides physical check-up on day and night admissions and conducts twice a month rounds in the cottages to determine the medical condition of all residents;
- Formulates and implements a comprehensive medical treatment plan for all residents;
- Coordinates with the social service and home life service regarding residents' medical needs and schedules of any medical/laboratory procedures;
- Attends staff and clinical case conferences and alternative placement meetings and inter-country adoption matching, if required;
- Submits monthly updated medical records of residents for presentation to placement committee and ensures quarterly updating of medical records of other residents; if any
- Submits monthly, quarterly and annual narrative and statistical reports of the Medical Unit;
- Supervises student and volunteer affiliates like nursing, physical, occupational and speech therapists;
- Coordinates with local and national health facilities for technical support and other medical resources;
- Prepares annual work and financial plan, procurement program and management plan with corresponding semestral implementation reports; and



- Performs other administrative tasks as maybe assigned by the Head Social Worker.

#### **9. Nurse (I and II)**

Under the direct supervision of the Medical Officer, Nurse I and II shall undertake the following:

- Executes orders of the Medical Officer III as to the preparation and administration of medicines and treatment to residents in the clinic and cottages;
- Makes a monthly/quarterly inventory of medical supplies and takes charge of the Center's pharmacy;
- Makes major and minor decisions concerning the medical unit in the absence of the Medical Officer;
- Carries out specific medical programs like immunizations, deworming, TB-DOTS, dengue monitoring, and the like;

- Attends to admission and discharge of children referred to the infirmary;
- Escorts residents for hospital referrals and supervises nursing attendants during his/her shift;
- Ensures that the children in the infirmary are properly taken care of;
- Documents progress of all residents, updates and keeps their related medical records per medical condition and given medical intervention;
- Recommends to the Medical Officer measures to improve medical service;
- Prepares work schedules of duty/off-setting of unit staff, subject to the approval of the Medical Officer;
- Attends staff meetings, RTMs and case conferences; and
- Performs other tasks as maybe assigned by the Medical Officer or Head Social Worker.

## **10. Physical Therapist, Occupational Therapist, Speech Therapist**

### **Qualifications**

Must be a licensed therapist with at least 1 year experience. Under the direct supervision of the Medical Officer, Therapist shall undertake the following:

### **Physical Therapist**

- Examines each individual and develops a plan using treatment techniques to promote the ability to move, reduce pain, restore function, and prevent disability;
- Provides treatment for individuals of all ages, from newborns to the very oldest who have medical problems or other health-related conditions that limit their abilities to move and perform functional activities in their daily lives;
- Restores, maintains and promotes not only optimal physical function but optimal wellness and fitness and optimal quality of life as it relates to movement and health;
- Prevents the onset, symptoms and progression of impairments, functional limitations, and disabilities that may result from diseases, disorders, conditions or injuries, and manage movement dysfunction and enhance physical and functional abilities;
- Provides interventions (the interactions and procedures used in managing and instructing patients/clients), conducts re-examinations, and modifies interventions as necessary to achieve anticipated goals and expected outcomes;
- Establishes a safe environment for clinical practice to ensure protection of the patient from injuries and deterioration, and recommends purchase of supplies and equipment to be used in physical therapy program of patients;
- Assists in the development and presentation of Department programs, in-service education programs and services; and attends General Staff Meeting including Rehabilitation Team Meetings;
- Assists the clients in achieving the highest maximum functional level of independence, and supports and trains clients on their activities of daily living such as personal hygiene, elimination, physical comfort, eating and drinking;
- Provides cognitive stimulation activities incorporated in play and pre-vocational activities like arts and crafts to enhance their gross and fine motor skills;
- Prepares report like daily physical therapy notes, progress notes and endorsement notes to appropriately monitor the status of the client and ensure accountability;

- Coordinates with other members of the rehabilitation team during meetings for proper monitoring of the status of the clients;
- Provides a high standard of holistic care, promoting their equality, privacy and dignity, and adheres to institutional policies and procedures at all times; and
- Performs other related tasks as may be required by the Medical Officer-III or the HSW.

## **Occupational Therapist**

- Tests and evaluates patients' physical and mental abilities, planning and providing appropriate treatment activities;
- Helps patient to develop or regain physical or mental functioning, or adjust to their disabilities with the aid of implementing programs;
- Promotes maximum independence by selecting therapy programs according to individuals' physical capacity, intelligence level and interest;
- Completes discharge planning by consulting with physician, nurses, social worker and other healthcare workers;
- Maintains patients' trust and protects operations by keeping information confidential;
- Maintains safe and clean working environment by complying with procedures, rules, and regulations;
- Safeguards patients and employees against health-related diseases by adhering to infection-control policies and protocols;
- Maintains professional and technical knowledge by attending educational workshops; and
- Performs other related tasks as may be required by the Medical Officer-III or HSW.

## **Speech Therapist**

Must be a licensed Speech Therapist with at least 2 years' experience and related training. Under the supervision of the Medical Officer, he/she shall perform the following:

- Identifies children's developmental speech and communication difficulties/disorders;
- Works with patients on one-is-to-one basis and in groups in carrying out the therapy session;
- Conducts specialized testing and provides therapy designed for specific needs of residents;
- Helps residents to become independent communicators using speech, gestures and/or communication aids as needed;
- Devises, implements and revises relevant treatment programs;
- Assesses communication environment, plan and deliver training sessions;
- Manages a caseload, taking into account of priority cases, waiting lists, successful outcomes, referral, and discharge of service users;
- Works as part of multi-disciplinary team and establishes links with teachers, doctors, nurses, psychologists, occupational therapists, and other health professionals;
- Monitors and evaluates patients' progress; and
- Performs other tasks as may be assigned.

## **11. Nursing Attendants**

Under the direct supervision of the Nurse, shall undertake the following:

- Performs some basic nursing work like bathing, feeding and getting the temperature of residents admitted for consultation and/or clinic confinement;

- Carries out training programs for the residents such as personal grooming, eating habits and other related tasks;
- Carry out treatment to residents under the supervision of the nurse;
- Assists the nurse in carrying out the general medical care of residents in the infirmary/clinic;
- Attends staff meetings and conferences; and
- Performs other tasks as maybe assigned by the Nurse/Medical Officer.

## **12. Psychologist III**

### **Qualifications:**

Must be a licensed Psychologist with at least 2 years relevant training. Under the direct supervision of the Head Social Worker, the Psychologist III shall undertake the following:

- Provides technical assistance and acts as peer coach to Psychologist II;

- Conducts regular monitoring and technical assistance to Activity Coordinators;
- Administers psychological tests to special cases, interprets and evaluates test results conducted, and prepares report on result of tests;
- Acts as resource person to rehabilitation team meetings and case conferences;
- Serves as Agency Field Instructor for Psychology students on internship program;
- Provides periodic staff development/team building exercises/skill enhancement for the staff;
- Prepares annual work and financial plan, procurement program and management plan of the psychological service with corresponding semestral implementation reports;
- Organizes annual calendar of activities of the Unit;
- Submits monthly, quarterly and annual narrative reports;
- Attends to management team meetings; and
- Performs other related tasks as assigned by the Head Social Worker.

### **Psychologist II / Psychometrician**

#### **Qualifications:**

Must be a licensed Psychologist with relevant training. Under the direct supervision of the Psychologist III, shall undertake the following:

- Acts as resource person to rehabilitation team meeting and case conferences;
- Refers residents for further psychiatric treatment who manifest more serious behavioral problems;
- Updates and submits inventory of psychological test materials;
- Administers psychological tests, checks or interprets test results, and provides recommendations as to the proper intervention appropriate to the level of functioning of residents;
- Presents psychological diagnosis of residents in case conferences;
- Supervises the management of cases, as necessary;
- Conducts therapeutic sessions when necessary and testifies in court as required;
- Supervises activity coordinators;
- Supervises psychology students and volunteers on field placement;
- Renders Executive on Duty; and
- Performs other related tasks as assigned by the Head Social Worker.

### **13. Activity Coordinator**

#### **Qualifications:**

Must be a graduate of Bachelor of Science in Psychology. Under the supervision of the Psychologist III, shall undertake the following:

- Provide therapeutic activities with leisure to prospective lower, upper trainable residents;
- Undertakes nature study and environment awareness as often as possible with residents and prepares an art exhibit and open-house of works for those attending the activity therapy;

- Assesses the residents attending the activity therapy initially, quarterly and submits evaluation of the same;
- Formulates and monitors implementation of the Individual Activity Plan (IAP) and schedules education exposures of residents attending the activity therapy and submits semestral progress reports;
- Facilitates recreational and socio-cultural activities of residents and staff;
- Supervises practicum students in Psychology gaining experiences;
- Attends unit staff meeting, RTMs, case conferences and other related meetings and participates in activities in the ADHOC Committee of the Center;
- Carry out delegated responsibilities and other related tasks as maybe assigned by the Psychologist III or HSW.

#### **14. Nutritionist / Dietician III**

##### **Qualifications:**

Must be a licensed dietician with at least 2 years related experience. Under the direct supervision of the Head Social Worker, Nutritionist/ Dietician III shall undertake the following:

- Supervises preparation of monthly cycle menu and therapeutic menu appropriate to the nutritional needs of the residents;
- Oversees preparation and submission of periodic purchase requests of foodstuffs and market order for a weekly food supply;
- Monitors preparation and cooking, serving and distribution of food to residents;
- Checks/counterchecks raw food deliveries and other foodstuff and submits evaluation of dealers;
- Trains the cooks and other kitchen personnel ensuring food hygiene and upkeep;
- Interprets dietetic prescription of the Medical Officer for the residents;
- Conducts monthly visit to all cottages to determine the nutritional needs of residents, and determine if foods are properly delivered;
- Conducts assessment of nutritional status of all residents on a monthly;
- Coordinates with other services concerning management of the nutritional status of residents;
- Prepares annual work and financial plan, procurement program and management plan of the Dietary service with corresponding semestral implementation reports;
- Prepares monthly/quarterly/semestral/annual narrative and statistical reports of the Dietary Unit;
- Acts as Agency Field Instructor to Nutrition/Dietary students on internship program;
- Supervises volunteers assigned in the Dietary Unit;
- Conducts regular supervisory meeting with the staff; and
- Performs other related tasks as may be assigned by the Head Social Worker.

#### **15. Nutritionist II**

##### **Qualifications:**

Must be a licensed ND with at least 1 year of related experience. Under the direct supervision of the ND-III, Nutritionist/Dietician II shall undertake the following:

- Prepares all documents pertaining to the dietary services especially on therapeutic concerns such as diet cards, daily census, therapeutic menu;
- Supervises the preparation of food and serving of regular diet of residents;
- Trains the cooks and other kitchen personnel;
- Performs technical inputs on the nutrition programs of the Center;
- Assess nutritional status of residents served, plan and design appropriate nutritional intervention based on the computed nutrients needed;
- Interpret the diet prescribe by the doctor and monitor progress of the case in response to the nutritional intervention;



- Attend to Unit staff meeting, RTM, case conferences, and other meetings;
- Prepares monthly accomplishment report of the service; and
- Perform other related task as assigned by the ND III.

#### **16. Cook**

##### **Qualifications:**

Must be at least high school graduate with wide experience in cooking. TESDA certificate is an advantage. Under the direct supervision of the ND-II, the Cook shall perform the following:

- Cooks variety of food according to the cycle menu and recipes;
- Conducts regular inventory and proper storage of food supplies for subsequent consumption;

- Properly cleanse new delivered foodstuffs for proper storage, and checks the availability of ingredients needed for next day;
- Supervises kitchen staff/attendants and residents on training assigned in the dietary;
- Checks and accepts food stuff deliveries ensuring appropriateness according to purchase requests and market orders in coordination with the Inspection Committee;
- Attends staff meetings; and
- Performs other related tasks as may be assigned by the ND III or ND II.

#### **18. Manpower Development Officer III (MDO III)**

A graduate of Bachelor's degree with eligibility and 1 year relevant training. Under the supervision of the HSW, MDO III Manpower Development Officer III shall perform the following:

- Supervises, directs and coordinates art and craft activities, pre-vocational training, and possible employment of residents;
- Reviews, and evaluates special training module, life skills modules, adapted training methods, techniques for improvement;
- Participates in research and demonstration projects such as life skills, arts and crafts related to pre-vocational training;
- Participates in the evaluation of particular training program and work plans;
- Conducts market survey for trends in order to update the training program, advocates marketability of productivity products, and initiate participation to art exhibit and the like;
- Prepares and submits implementation reports on specific training program;
- Prepares budget estimates, requisition of all supplies and other needs of a particular training program;
- Prepares annual work and financial plan, procurement program and management plan of the Productivity Service with corresponding semestral implementation reports;
- Attends and participates in RTM, cases conferences, and other related meetings; and
- Performs other related tasks as may be assigned by the Head Social Worker.

#### **19. Manpower Development Officer II (MDO II)**

A graduate of bachelor's degree with eligibility. Under the supervision of the MDO-III, the MDO II shall perform the following:

- Teaches potential residents and/or unskilled residents using special module and adopted methods, techniques and devices to prepare them to undertake and manage skills training projects;
- Provides supervision and follow-up of residents engage in arts and craft projects/sheltered workshop training for quality control upon request;
- Prepares and introduces methods as well as adopt and improvise methods and devices which would help residents improve the quality and marketability of their products;
- Coordinates the activities of residents engaged in economic productivity workshops in accepting product orders from NGOs and GOs for gainful occupation/livelihood opportunities;
- Consults and collaborates with other institutions of other agencies on quality standards on arts and craft products, and dimensions and patterns for finished products suitable for market; and

- Performs other related tasks as may be assigned by the MDO III.

## **20. Administrative Officer V (Administrative Officer/Property Custodian)**

### **Qualifications**

Must be a graduate of any social science-related courses, like accounting or management. Possesses good writing skills and average communication skills, and demonstrates capacity to work independently with minimal supervision. Highly literate in MS Office application, possesses strong interpersonal skills and aptitude to undertake capability building activities including mentoring and coaching, among others.

Under the supervision of the Head Social Worker, acts as the officer in charge of the Administrative Unit. Specifically, the Administrative Officer V shall perform the following:

- Acts as the head of the Administrative Unit and monitors and ensures that all administrative concerns of the Center are appropriately attended;
- Prepares/consolidates annual work and financial plan, monthly disbursement program, financial plan, and property procurement and management plan of the Center:
- Prepares and monitors stockpiles of all supplies;
- Accept supplies and equipment delivered for all units for proper inventory and issuance of property sticker, ARE and Sub-ARE;
- Prepares monthly resource generation report;
- Renders EOD; and
- Performs other tasks as maybe assigned by the Head Social Worker;

## **21. Administrative Officer IV (Budget/SDO and Supply Officer)**

Must be a graduate of accounting and/or other social science courses with good writing skills and oral communication skills in English and Filipino, and demonstrates capacity to work independently with minimal supervision. Highly literate in MS Office application and has strong interpersonal skills.

Under the supervision of the AO-V, the AO IV (Supply Officer) shall perform the following:

- Receives, examines and stores supplies, materials, equipment and all donations brought to the warehouse for storage;
- Assists in the inventory of supplies, materials and equipment;
- Operates custody of supplies/materials and equipment, and issues the same to requesting party in accordance with duly approved requisition issue voucher and memo receipt;
- Keeps records of stock received/issued on hand, and observes up to date recording of stock cards;
- Classifies, counts and labels incoming supplies/materials and equipment;
- Reports shortages and damages or unserviceable supplies and materials;
- Assists in determining items to be ordered, accepts merchandise and other purchased items duly approved and inspected;
- Attends to staff meetings, conferences per instruction of supervisors, and recommends smooth functioning procedures as to property, procurement and storage functions;
- Performs other related tasks as may be assigned.

## **22. Administrative Officer III (Personnel Officer/Bookkeeper/Records Custodian, Admin. Support Staff, and Liaison/Procurement Officer)**

### **Qualifications**

Must be a graduate of social science courses with good writing skills and oral communication skills in English and Filipino, and demonstrates capacity to work independently, under pressure, with minimal supervision. Highly literate in MS Office application and has strong interpersonal skills.

Under the direct supervision of the AO-V, the AO III shall undertake the following:

- Records and prepares cash advance expenses, replenishments, reimbursements and liquidation reports;

- Maintains and updates cash book and other related records of financial expenses ;
- Keep safes and facilitates monthly cheque payments for NFA, hospital bills and other fixed expenditures;
- Keep and maintain 201 files of all staff and facilitates processing of hiring and replacements of vacated positions;
- Prepares monthly disbursement vouchers and obligation requests for fuel, gas, medicines and foodstuff; and
- Performs other related tasks as may be required by the AO-V or the HSW.

### **Admin Support Staff**

Under the supervision of the AO-V, AA III shall:

- Types/encodes pro-forma correspondence, statistical and narrative reports and Social Case Study Reports;
- Sorts out, indexes, routes and re-routes files, correspondences received and for transmittals;
- Prepares vouchers, payrolls, daily time records and report on leave of absences of staff;
- Takes charge of administrative files, answers telephone calls, accommodates visitors, meets public, and answers routine questions about places, event or personnel regarding EGV concerns;
- Tracks transmitted messages, letters, records and other official papers for recording, referencing, filing and documentation purposes; and

### **Liaison Officer/Procurement Officer**

Must be a graduate of computer secretarial course or its equivalent. Under the direct supervision of the AO-V, the Liaison Officer/Procurement Officer shall:

- Handles outgoing official documents of the Center;
- Receives incoming official documents from the Regional Office and other offices;
- Follows-up official documents and other urgent papers to be processed for the need of the Center and staff;
- Prepares/updates data based on tracking of actions to documents;
- Acts as canvasser, facilitates and follow-up documents of all procurement needs of the Center; and
- Performs other related tasks as may be assigned by the AO V or HSW.

### **23. ICT Focal**

Must be a graduate of bachelor degree in Information Technology (IT), statistics, math or related field with 24 hours training on computer operation and 2 years' experience on database management.

### **24. Driver**

Must be a professional and licensed driver with knowledge on auto-diesel mechanic and engine trouble shooting. Under the direct supervision of the AO-V, Driver shall:

- Drives office vehicles to transport residents and staff to and from their respective destinations;
- Assists Center's staff in filing and picking-up of documents, e.g., birth/foundling certificates, results of medical examinations, and radio/newspaper publications, and the like;
- Ensures that registration and insurances of vehicles are regularly updated;
- Maintains upkeep of vehicles ensuring its safety and excellent running condition;
- Assists staff in the loading and unloading of supplies, materials and equipment;
- Ensures that trip tickets are available and properly filled-up in every trip, the same are properly filed; and

- Performs other work as may be assigned by the AO V or HSW.

# Chapter IX

## BUDGET

The Elsie Gaches Village is allotted an annual budget based on its Work and Financial Plan formulated per annum. This budget comes either from Centrally Managed Funds from the Central Office, Direct Release Fund of the Field Office and Current / Donation Accounts.

Likewise, other sources of fund come from the Philippine Charity Sweepstakes Office (PCSO) that usually allot annual augmentation funds amounting to One Million Pesos (Php1, 000,000.00) intended for medicines and foodstuff for its residents.

Further, resource generation is being intensified with some private companies, individuals, non-government organizations and other national government agencies for support in terms of improvement of facilities, purchase of other supplies, and payment of salary of sponsored staff.

# Chapter X

## Physical Facilities

### A. Physical Structures and Safety

1. The physical arrangement/facilities should promote the physical, emotional and psycho-social well-being of the residents and staff of the Center.
2. Physical facilities should provide opportunities for residents' psycho-social recovery, protection and safety from all forms of abuse and health hazards including its staff.
3. Location is accessible to community facilities such as schools, churches and hospitals/clinics, and must be far from conflict areas, cliff, rivers, gas and power station and other structures that may create hazards to all;
4. Provision of basic utilities for communication, adequate supply of potable water and electricity for the daily needs of the residents and staff. Inspection from proper authorities is conducted at least once a year. In case of power supply interruption, an alternative source such as generators and emergency lights are available.
5. Presence of accessibility features where facilities, rooms and spaces are barrier-free, and properly labelled with appropriate signage for access of residents, staff or visitors with disability.
  - a. Provision of ramps with hand rails for physically impaired and elderly residents.
  - b. Installation of buzzer/doorbell in the Wards for emergency cases.
6. Presence of recreational facilities such as recreational supplies and materials appropriate for the residents. There shall be adequate space for indoor activities, open space for playground and other outdoor activities and garden/space.





7. Laundry area has adequate space and is located in an area where it cannot obstruct the day-to-day activities of the staff and residents.
  8. Well-ventilated storage area/room has adequate space for stocks where foods, supplies and materials are kept and accounted for;
  9. A room measuring about 100 square meters should have a capacity of 15 individuals. Each room shall have a designated room for each function with amenities that may vary depending on the purpose such as:
    - a. Dining room with chairs and tables is arranged for better interaction with residents. There should be a minimum of 4 and maximum of 10 clients per table.
    - b. Kitchen area is equipped with basic kitchen equipment, tools and utensils.
    - c. Bedrooms with individual bed for each resident placed at least ½ to 1 meter apart and a storage/cabinet for clothing and other personal belongings for each resident. A room measuring about 4m x 6m (24 sq) shall have 5 to 6 beds for residents.
    - d. There must be an admission cottage where newly admitted residents are temporarily housed while observation and assessment is being done for appropriate cottage assignment.
  12. Living room/receiving room which is suitable for relaxation or leisure of the residents and their visitors.
  13. Bathroom/toilet:
    - a. One functional bathroom and toilet with at least 2 lavatories for every 8 female residents
    - b. One functional bathroom and toilet with at least 2 lavatories for every 8 male residents
  14. Study area is available for residents enrolled either in formal or non-formal school.
  15. Infirmary/clinic or its equivalent for residents needing medical attention and to be used during medical consultation. Infirmary should have isolation room to accommodate residents with contagious
- Diseases such as Pulmonary Tuberculosis (PTB) and other infectious diseases that does not require hospitalization.
16. Interview/counseling/therapy room equipped with supplies that would allow interaction between the resident, social workers, and therapists such as art materials, throw pillows and other resources depending on the age and purpose of the interview/counseling/therapy session.
  17. Conference room to be used during staff meeting and other related activities with adequate furniture and fixtures.
  25. Office space that is ample and appropriately furnished exclusively for the use of staff/employees.
  26. Emergency measures are installed to deal with emergencies and other life threatening situations, which include among others the following:
    - a. Evacuation/exit plan, warning system and clearly marked emergency exits and escape route known to all residents and staff;
    - b. Safety measures that ensures periodic conduct of fire and earthquake evacuation drills and orientation on safety precaution, survival techniques and know-how when emergency and disaster occurs.



- c. Fire fighting gadgets available such as functional fire extinguisher or its equivalent like sand, water, etc.
  - d. Inflammable materials are kept in a safe place.
  - e. First aid kits are available and strategically located.
  - f. Updated annual clearance certificate from proper authorities in compliance with basic building and fire safety requirements.
27. Waste Management System is in accordance with the regulatory standards on health, safety and environmental conservation and protection such as:
- a. Segregation of biodegradable from non-biodegradable wastes
  - b. Solid waste disposal supportive of Clean Air Act and environmental sanitation
  - c. Drainage and sewerage system



# APPENDICES

Department of Social Welfare and Development  
National Capital Region  
Elsie Gaches Village  
Alabang Zapote Road Muntinlupa City  
Tel. No. 807-8023

## ADMISSION SLIP

Child No. \_\_\_\_\_  
Date \_\_\_\_\_  
Time \_\_\_\_\_

This is to certify that I have received the person, \_\_\_\_\_  
with the following information:

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Name of Father \_\_\_\_\_  
Name of Mother \_\_\_\_\_ Name of Finder \_\_\_\_\_  
Referring Party or Agency \_\_\_\_\_  
Address \_\_\_\_\_  
Category \_\_\_\_\_ Cottage \_\_\_\_\_

Signature of the referring party or person: \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Social Worker

Approved by:

**TERESITA L. VALENTINO**  
Head Social Worker

## HEALTH CLEARANCE

Height \_\_\_\_\_ Weight \_\_\_\_\_  
Temperature \_\_\_\_\_ Immunization \_\_\_\_\_

\_\_\_\_\_  
Medical Officer



Department of Social Welfare and Development  
National Capital Region  
ELSIE GACHES VILLAGE  
Alabong Zapote Road, Muntinlupa City  
Telefax no. 807 8023

DISCHARGE CLEARANCE

Date \_\_\_\_\_

Name of Resident/s \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Case no. \_\_\_\_\_

SERVICE	SIGNATURE	REMARKS
Security Service		
Education Service		
Productivity Service		
Psychological Service		
Medical Service		
Dietary Service		
Homeline Service		
Social Service		

That, from hereon, I shall be held responsible for the welfare and custody of said child.

Signature over printed Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Relationship to the child/children \_\_\_\_\_

Social Worker \_\_\_\_\_

Supervising Social Worker \_\_\_\_\_

Approved by:

TERESITA L. VALENTINO  
Head Social Worker





Department of Social Welfare Department  
National Capital Region  
**ELSIE GACHES VILLAGE**  
Alabang-Zapote Road, Alabang, Muntinlupa City  
Tel No. 807 60 23

**CLOSING SUMMARY**

I.	Name of Resident	:	Date:
	Category	:	
	Date Admitted	:	
	To Whom Discharged	:	
	Address	:	

II. Brief Background of the Case:

III. Services Rendered:

IV. Reason for Discharge/Closure

V. Date of discharge/closure

Prepared by:

Reviewed by:

SWO II

SWO III

Approved by:

Head Social Worker



## KASULATAN NG BOLUNTARYONG PAGKAKALOOb

### IPINAPAALAM SA LAHAT:

Ako/Kami, \_\_\_\_\_ Pilipino, \_\_\_\_\_ taong gulang at  
(Pangalan ng Ina/Tataramalala)  
\_\_\_\_\_, Pilipino, \_\_\_\_\_ taong gulang  
(Pangalan ng Tagapangalaga)

ay sumusumpa ng naayon sa batas at nagsasabi:

Na Ako/Kami ang magulang/inag- alaga ng batang si \_\_\_\_\_  
(Pangalan ng Bata)  
\_\_\_\_\_ na ipinanganak noong \_\_\_\_\_ sa \_\_\_\_\_  
(Kasarian) (buwan) (araw) (taon) (Lugar ng Kapanganakan)

Na Ako/Kami ay walang kakayahan na mag- alaga sa aking/aming anak. Na Ako/Kami ay naniniwala na magkakaroon siya ng magandang kinabukasan at maaalagaan ng maayos kung ibigay namin ang karapatan ng pangangalaga sa kanya sa gobyerno;

Na Ako/Kami ay sumailalim sa masusing talakayan, na ang dokumentong ito ay binasa at ipinaliwanag sa aking/aming nalalaman at batid namin at naunawaan ang kahihinatnan ng desisyong ito, katulad ng mga sumusunod;

Na Ako/Kami ay boluntaryong nagpapawalang bisa ng aking/aming karapatan bilang magulang/tagapangalaga sa aking/aming anak at kusang loob na isinusuko ang pangangalaga sa "Kagawaran ng Kagalingang Panlipunan at Pagpapaulat o sa alinmang pribadong institusyon na kinikilala ng Kagawaran ito na naayon sa nasusulat sa Batas Republika bilang 8552;

Na Ako/Kami ay nagpapahintulot sa Kagawaran ng Kagalingang Panlipunan at Pagpapaulat na magsaayos upang ang bata ay sumailalim sa legal na pagpapampon o pangangalaga man.

Na Ako/Kami ay naniniwala na ang paglalagak ng bata sa kaayusan na gagawin ng Kagawaran sa lalong madaling panahon ay makakatulong upang siya ay lumaki ng maayos at malinang ang kanyang kaalaman.

Na Ako/Kami ay hindi tumanggap ng anumang kabayaran kapalit ng pagpirma sa kasulatang ito;

Na ang boluntaryong pagkakaloob ng aking/aming anak sa Kagawaran ng Kagalingang Panlipunan at Pagpapaulat ay magiging ganap at maaaring isakatuparan tatlong buwan matapos mapimahan ang kasulatang ito at nangangahulugan ng pagkawalang bisa ng aking/aming karapatan sa aking/aming anak.

Ako/Kami ay nagpapahayag na naunawaan ko/aming ang nakasaad sa kasulatang ito.



SA HARAP NG MGA SAKSI, Ako/Kami ay lumagda ngayong ika \_\_\_\_\_ ng \_\_\_\_\_ taong \_\_\_\_\_  
sa \_\_\_\_\_

Lagda ng Ina ng Kliyente



Kaliwang Hinlalaki



Kanang Hinlalaki

Lagda ng Ama/Tagapangalaga



Kaliwang Hinlalaki



Kanang Hinlalaki

Nilagdaan sa Harap ni:

Lagda sa Ibabaw ng Pangalan/

Lagda sa Ibabaw ng Pangalan/

Pinatutunayan ko na naipaliwanag ko ng mabuti at malinaw ang nilalaman ng kasulatang ito sa magulang/tagapangalaga ng bata na ayon sa ginagamit nilang salita. Pinatutunayan ko din na ang mga magulang/tagapangalaga ng nasabing bata ay sumailalim sa masusing pagpapayo bago pa man pirmahan ang kasulatang ito.

Pangalan at Lagda ng Social Worker

#### ACKNOWLEDGEMENT

BEFORE ME, NOTARY PUBLIC for and in the city/Municipality of \_\_\_\_\_ this  
\_\_\_\_\_ day of \_\_\_\_\_ personally appeared \_\_\_\_\_ and  
\_\_\_\_\_ with Residence Certificate No. \_\_\_\_\_ issued on  
\_\_\_\_\_ at \_\_\_\_\_ known to me to be the same  
person(s) who executed the foregoing Deed of Voluntary Commitment and Acknowledge to me that the  
same is his/her/their own free voluntary act and deed.

WITNESS WITH MY HAND AND SEAL on the date at the first above written.

NOTARY PUBLIC

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Until  
PTR No.  
Date Issued:  
Issued at



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT  
NATIONAL CAPITAL REGION  
ELSIE GACHES VILLAGE

**GENERAL INTAKE SHEET**

DSWD - 1

Case No: \_\_\_\_\_  
New: \_\_\_\_\_  
Old: \_\_\_\_\_

Date: \_\_\_\_\_

**1. Identifying Information:**

1. Name of Client: \_\_\_\_\_  
Category: \_\_\_\_\_ Classification: \_\_\_\_\_

2. Presenting Problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Initial Assessment of the problem (Initial impression of worker about the problems and its cause / causes, strength / potentials, weakness and resources).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Address: \_\_\_\_\_

5. Birthplace: \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

7. Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_

8. Educational Attainment: \_\_\_\_\_

9. Name of nearest blood relative: \_\_\_\_\_

10. Address / Tel. No. of nearest blood relative: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Referring Party: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





## II. FAMILY COMPOSITION

[illegible]



III. Rehabilitation Goals (As treatment objective)

1. To improve social functioning
2. To overcome presented crisis
3. To correct manifested social deviance
4. To develop capabilities
5. To improve handicapping physical condition.
6. Other rehabilitation goal/s (specify) \_\_\_\_\_

IV. Recommendation:

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V. Plan of Action:

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---

Signature / Thumbmark of client

Name of Worker

Position

Action Taken / Date:

---

---

Reviewed and Noted by:

Social Welfare Officer III

Revised August 2005



Department of Social Welfare and Development  
National Capital Region  
ELISE GACHES VILLAGE  
INDIVIDUAL REHABILITATION PLANS

DATE:

Given Name	Age
Given Birthday	Disability
Date of Admission	Category
Source of Referral	Classification
Last Known Address	

AREAS OF CONCERN	OBJECTIVE	ACTIVITY	RESPONSIBLE PERSON	TIME FRAME	EXPECTED OUTPUT

Confermee: REHABILITATION TEAM



Department of Social Welfare and Development  
National Capital Region  
**ELSIE GACHES VILLAGE**  
Alabang-Sapote Road, Muntinlupa City  
Tel. No. 807 60 23

**OUT ON PASS**

Name of client: \_\_\_\_\_  
Destination: \_\_\_\_\_  
Purpose: \_\_\_\_\_  
Name of Escort: \_\_\_\_\_  
Requesting Person/Party: \_\_\_\_\_  
Name of Guard on Duty: \_\_\_\_\_  
Address: \_\_\_\_\_  
Recommended by: \_\_\_\_\_  
Social Worker: \_\_\_\_\_  
Recommending Approval: \_\_\_\_\_  
Supervising Social Worker (SWO-I): \_\_\_\_\_

Approved by:

**TERESITA L. VALENTINO**  
Head Social Worker





## Control No.: 1 46294

Donors Name:

Authorized Representative:

Address:

5

Cash

Wang, Y. & Wang, Y. 2010

☐

Check Bank Name and Branch

Check No. and Date

□

In Kind, Inventory

	Total Donations, in Cash and in Kind
--	--------------------------------------

Purpose of Donation:

We certify that the above donated cash and/or articles are correctly stated for the purpose stated above.

TERESA C. VALENTINO

TERRESTRE, VALENTINO, J.

Head of Recipient Office/  
Authorized Alternate Representative

Conforme:

Printed Name and Signature of the Donor/  
Authorized Representative

Q.R.No.

Dated



## DEED OF DONATION AND ACCEPTANCE

### KNOW ALL MEN BY THESE PRESENTS:

This Deed of Donation and Acceptance, made and executed by \_\_\_\_\_, represented by \_\_\_\_\_, of legal age with office/residential address at \_\_\_\_\_, herein referred to as the DONOR, in favor of Department of Social Welfare and Development-National Capital Region-Elsie Gaches Village with office address Alabang-Zapote Road, Alabang, Muntinlupa City, herein referred to as DONEE.

### WITNESSETH

That as an act of generosity and liberality, the DONOR hereby voluntarily gives, transfers and conveys by way of donation, into the DONEE,

free from all liens, encumbrances and charges of whatever form in case of IN-KIND Donations as provided by \_\_\_\_\_. That the donor affirms that this donation is made for the immediate needs of the residents being cared for at Elsie Gaches Village.

That the DONEE accepts and receives this donation made in its favor by the DONOR, and hereby manifests its gratefulness for the latter's generosity and liberality.

The DONOR and DONEE agree as follows:

1. That the donation shall benefit Elsie Gaches Village and its beneficiaries.
2. The donation will be used for the \_\_\_\_\_.
3. Upon acceptance, the DONEE shall be responsible for the items to be bought and proper disbursement of the items.
4. The DONOR has the authority to see if the donations has properly endorsed to the residents/cottage.
5. The DONOR likewise authorizes the deposit of the cash/check donation with Authorized Government Depository Bank (AGDB) as provided under COA-GAFMIS circular letter no. 2003-005 dated November 21, 2003.

IN WITNESS WHEREOF, both parties have hereunder subscribed their names this \_\_\_\_\_ day of \_\_\_\_\_, 2015 at \_\_\_\_\_, Philippines.

TERESITA L. VALENTINO  
Head Social Worker  
Elsie Gaches Village

Donor

### WITNESSES:

MARISSA O. BALLON  
Social Welfare Officer II  
Donation Committee



BEFORE ME, a notary public in and for the City of \_\_\_\_\_ this  
day \_\_\_\_\_ 2015, personally appeared with their  
respective community tax certificates;

Name	CTC No.	Issued at/on
TERESITA L. VALENTINO	0125531156	Manila/February 25, 2015

known to me and me known to be the same persons who executed the foregoing Deed  
of Donation and Acceptance consisting of 2 pages including the page on which this  
Acknowledgment is written and they both acknowledged before me that the same are  
their free and voluntary act and deed.

WITNESS MY HAND AND SEAL on date and place first above written.

NOTARY PUBLIC

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Department of Social Welfare and Development  
NATIONAL CAPITAL REGION  
Elsie Gaches Village

**PASS SLIP FORM**

Name of Personnel: \_\_\_\_\_

Unit/Section/Cottage: \_\_\_\_\_

Purpose/Reason: \_\_\_\_\_

Time of Departure: \_\_\_\_\_

Time of Arrival: \_\_\_\_\_

\_\_\_\_\_  
Signature of Personnel

APPROVED:

☐ Official

☐ Personal

**TERESITA L. VALENTINO**

Head Social Worker

By: \_\_\_\_\_

Executive on Duty/Officer of the Day

Department of Social Welfare and Development  
NATIONAL CAPITAL REGION  
Elsie Gaches Village

**PASS SLIP FORM**

Name of Personnel: \_\_\_\_\_

Unit/Section/Cottage: \_\_\_\_\_

Purpose/Reason: \_\_\_\_\_

Time of Departure: \_\_\_\_\_

Time of Arrival: \_\_\_\_\_

\_\_\_\_\_  
Signature of Personnel

APPROVED:

☐ Official

☐ Personal

**TERESITA L. VALENTINO**

Head Social Worker

By: \_\_\_\_\_

Executive on Duty/Officer of the Day

Department of Social Welfare and Development  
NATIONAL CAPITAL REGION  
Elsie Gaches Village

**PASS SLIP FORM**

Name of Personnel: \_\_\_\_\_

Unit/Section/Cottage: \_\_\_\_\_

Purpose/Reason: \_\_\_\_\_

Time of Departure: \_\_\_\_\_

Time of Arrival: \_\_\_\_\_

\_\_\_\_\_  
Signature of Personnel

APPROVED:

☐ Official

☐ Personal

**TERESITA L. VALENTINO**

Head Social Worker

By: \_\_\_\_\_

Executive on Duty/Officer of the Day

Department of Social Welfare and Development  
NATIONAL CAPITAL REGION  
Elsie Gaches Village

**PASS SLIP FORM**

Name of Personnel: \_\_\_\_\_

Unit/Section/Cottage: \_\_\_\_\_

Purpose/Reason: \_\_\_\_\_

Time of Departure: \_\_\_\_\_

Time of Arrival: \_\_\_\_\_

\_\_\_\_\_  
Signature of Personnel

APPROVED:

☐ Official

☐ Personal

**TERESITA L. VALENTINO**

Head Social Worker

By: \_\_\_\_\_

Executive on Duty/Officer of the Day





Department of Social Welfare and Development  
National Capital Region  
ELSIE GACHES VILLAGE

**ENTRY PASS**

FOR : Ms. TERESITA L. VALENTINO  
Head Social Worker

\_\_\_\_\_ date

THRU : \_\_\_\_\_  
Unit Supervisor

SUBJECT : ENTRY PASS

This is to respectfully request for an entry pass on \_\_\_\_\_  
from (time) \_\_\_\_\_ to \_\_\_\_\_ for the purpose of \_\_\_\_\_

Requested by:  
\_\_\_\_\_

Department of Social Welfare and Development  
National Capital Region  
ELSIE GACHES VILLAGE

**ENTRY PASS**

FOR : Ms. TERESITA L. VALENTINO  
Head Social Worker

\_\_\_\_\_ date

THRU : \_\_\_\_\_  
Unit Supervisor

SUBJECT : ENTRY PASS

This is to respectfully request for an entry pass on \_\_\_\_\_  
from (time) \_\_\_\_\_ to \_\_\_\_\_ for the purpose of \_\_\_\_\_

Requested by:  
\_\_\_\_\_

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Region: National Capital Region  
Name of Center: ELSIE GACHES VILLAGE[illegible]



SCSIR

# CHILD STUDY REPORT

## I. INFORMATION

Use indicate not only the child's first and last name but also the file name if he/she has one as stated in the Birth Certificate. For is of founding; please indicate the alias or a.k.a. or given name of child.

th/Found  
rth/Found  
mission

as (Legitimate/Non-marital Child/Born out of wedlock. Please avoid using the word Illegitimate)

Legal Status (Surrendered/Declared Abandoned)

Date Surrendered/Declared Abandoned in Court

Present Whereabouts

Family Composition

## II. SOURCES OF INFORMATION AND CIRCUMSTANCES OF THE REFERRAL -

Indicate what are the circumstances surrounding the referral and admission of the child to the Child Caring Agency (e.g. reason for referral; where the child was referred; who was responsible for referral; when was the referral made and when was the child finally admitted)

## III. BACKGROUND INFORMATION

### A. THE CHILD

**Description of the child upon admission.** This should cover age, physical appearance, personality, habits and other significant observations about the child. It should be specific, accurate and actual.

**Medical and Developmental History of the Child.** This should include:

1. Circumstances of childbirth that is type of delivery, where the child was born, etc.
2. Information on types of immunization received and dates given, previous illness, treatment and medication and when available the results of any special medical evaluation should be attached.
3. The developmental milestones, which the child achieved (i.e., when did the child started to hold his head up, roll over, crawl, stand, walk, etc.) since his/her admission to the center. Information on the child's developmental achievement is important as this will help determine if the child's development is within normal limits.

**Current Functioning of the Child.** This should cover how the child is in terms of his development physically, mentally, emotionally, socially at the time the Child Study Report was prepared. The social worker should indicate whether or not the child has developed emotional attachment to a specific person in the child caring agency. How does he relate to other children, caregivers, strangers, etc.? For older children, please include how they are being prepared for adoption and his/her attitude towards it, academic performance, result of the psychological evaluations and what have been done about the psychologist's recommendations.

**Description of the Child's Present Environment.** This includes the present environment of the child. Description of foster family/center personnel/PAPs (for IP cases) from the time of admission/placement with the family (for IP cases) to child's discharge for placement.



**B. THE FAMILY** - This tackles pertinent background information on birth family such as:

- Physical description such as physical appearance of birthmother/father, body built, height, complexion, hair, eyes, nose and disability/deformity. Health history (physical and mental such as heredity non-heredity illness/es, medication given and pre-natal history).
- Education/occupation/employment history.
- Psychological and emotional makeup of the birth parent such as:
  1. Character/trait/how is he/she as a person
  2. Hobbies, interest, talents
  3. Quality of intra-familial relationship, family dynamic (nature of marital relationship of birth parents, birthparents relationship with their children and siblings relationship)
  4. Childhood experiences of birthparents (positive/negative that may have and impact on quality of parenting assessment of mental ability level of intelligence/personality)
  5. Negative history of substance/alcohol abuse, sexual abuse, domestic violence, imprisoned parents/criminal record
  6. Birth parent's attitude towards the child during the time that he was still in her care.
  7. Feelings/reactions of the birth parent/s in giving up the child for adoption.
- Circumstances leading to the child's being given up for placement. (Please refrain from making judgments such birth parent is unstable, incapacitated, etc.)
  1. Inability to care for the child due poverty
  2. Born out of illicit affair/incest/rape
  3. Imprisoned birthparent
  4. Mentally ill (supported by a medical or psychiatric report) or retarded (supported by a psychological evaluation) of the birthparent
  5. Rejection by birth family
  6. Birthparents were minors when child was born
  7. Physical disability/illness of the child warranting further interventions
  8. Serious life threatening illness

**IV. TERMINATION OF PARENTAL RIGHTS/FACTS OF ABANDONMENT**-This section should indicate the following:

**(TERMINATION OF PARENTAL RIGHTS)**

1. Assistance rendered to the birth parents-Poverty cannot be accepted as a reason for surrendering the child for adoption. Therefore, case management requires that in response to circumstances influencing the decision of the parents to relinquish their parental authority, an appropriate service/s should be provided. The reasons for the failure of these services from assisting the parents to achieve this goal should be clearly stated in the report.
2. Counseling extended to the birth mother in order to deal with the loss/grief over surrendering a child for adoption.
3. Efforts exerted by the social worker to place the child with his relatives should be carefully considered.
4. Date when the birth parent signed the Deed of Voluntary Commitment (or declared abandoned in court/declared legally available for adoption by DSWD).





5. Counseling conducted by the social worker before, during & after the signing of the DUC.
6. Social worker's effort exerted to prevent the child to be given up for adoption (for NC cases).

**(FACTS OF ABANDONMENT)**

1. Cite the circumstances of abandonment, such as WHO found the child, WHERE he/she was found, WHEN he/she was found, how old was the child when found, WHAT was the condition of the child when found, HOW the finder facilitated placing the child to an institution/agency.
2. Efforts exerted by the social worker to locate the whereabouts of the birth parent(s)/family (media publication, blotter reports, etc.).

**V. ASSESSMENT AND RECOMMENDATION** - Summary statement on why the child needs to be declared legally available for adoption/permanent placement.



## REFERENCE

- 1) <http://web0.psa.gov.ph/content/persons-disability-philippines-results-2010-census>
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