

CHAPTER I

THE CENTER

On June 19, 1954, Republic Act No.1179, Section 7, Item 7 marked the beginning of the establishment of a *sheltered workshop* as an outlet for the sheltered employment of the disabled persons as part of the services provided by the National Vocational Rehabilitation Center (NVRC).

The actual implementation of the sheltered workshop of the Office of Vocational Rehabilitation started on October 10, 1954, with initial operating expenses of ten pesos (Php10.00) from the personal funds of then Assistant Director of the Bureau of Rehabilitation.

In 1968, with the passage of Republic Act No. 5416, the Pilot Rehabilitation Sheltered Workshop (PRSW) was established as rehabilitation facility separate from the National Rehabilitation Training Center (NRTC). On May 1, 1968, the staffing pattern of the Bureau of Vocational Rehabilitation provided for a staff of nine (9) regulars workers for the PRSW. A complement of four (4) cash assistance workers was provided for clerical and janitorial services. This workshop staff implemented the PRSW expansion and development program.

The first job orders of wooden toys came from the Salvations Army. Then the Sheltered Workshop was awarded continuous job orders of wooden toys for the Malacañang Christmas Festival for these consecutive years. Raw materials needed for job orders were mostly donations. The US Naval Base in Subic, Olongapo City, and Sangley Point provided lumber, cash donations, and equipment for the operation of the Sheltered Workshop.

In 1955, the Sheltered Workshop was developed into an industrial setting upon its transfer to workshop facility of the UNICEF building presently occupied by National Capital Region. The workshop has extended its operation in one room of the NAMARCO building in Sta. Mesa, Manila. Elizalde Company ordered (500) brush type doormats with YCO lettering as promotions for YCO paint.

In 1956, as work operation expanded, the sheltered workshop was transferred to another portion of the building now occupied by Training Room, NCR. The sheltered workshop later got a budgetary support when the Charity Fund Committee of the US Naval Base, Sangley Point donated four thousand (4,000.00) pesos for the following fund.

From 1957 TO 1958, with the establishment of the Pilot Rehabilitation Training Center (now NVRC) the sheltered workshop was transferred to one of NVRC's room. Sheltered Workshop continued providing sheltered employment to the disabled persons.

In 1959, with the implementation of Reorganization Plan 50, the pilot rehabilitation Training Center became National Rehabilitation Training Center (now NVRC) with the sheltered workshop as part of its operation.

The organizational structure did not provide regular personnel for the sheltered workshop and three (3) regular staff members of NRTC were on special details to manage the sheltered workshop. A Junior Rehabilitation Counselor was assigned as Officer-In-Charge and salesman, a Vocational Rehabilitation Worker I, as production officer and a Social Worker provided auxiliary services on a part-time basis. A clerk-typist on cash assistance was assigned on a part-time schedule in the workshop.

From 1960 to 1962, the essential services of the Sheltered Workshop were production, promotion, and sales. Workshop projects which provided continuous work operation and production were the sub-contract on gross manual assembly of zinc bottoms and electrodes, Philippine Carbide Company. Client workers were also engaged in the manufacture of coco-coir rope doormats. Job orders were also secured from visitors, private individuals and public officials for rattan craft as placemats, baskets, trays, and handbags provided income to project workers.

In 1963 to 1966, job order to two thousand (2,000.00) lovers knot type coco-coir rope doormat for export was received by the Sheltered Workshop from Sweden. The operation of the doormat making project was strengthened with employment of disabled workers and their dependents to meet the demand.

Philippine Airlines sub-contract job was awarded to the Sheltered Workshop such as sorting and packaging of utility kits containing toilet articles, mess utensils and folding of brochures in tourism and safety information with (9) nine project workers working in the project. The zinc bottom Project had to be suspended due to mechanization of the operation at the Union Carbide Factory.

In 1967, the Office of Vocational Rehabilitation Organization Community Rehabilitation Action Group Inc., a voluntary organization composed of civic-spirited citizens of the community was created. The group raised a revolving fund of P 1,000.00 for the operation of (BVR) complex canteen under the supervision and management of the sheltered workshop. This Canteen Project has ever since serviced the BVR Complex staff and clients in Barangca, Quezon City.

In 1969 after the separation of the sheltered workshop from the National Vocational Training Center, the Philippine Sewing Machine Manufacturing Company awarded to the PRSW its sewing machine assembly sub-contract job. The PSMCMC project employed nineteen (19) project clients who were trained by the company and later carried out the assembly of sewing machines.

On this year the Arrow Zipper Assembly Project also started with five (5) client workers. These members of client workers steadily increased and the project provided income to more clientele.

The Doormat Making Project was expanded with the introduction of the Doormat Making Project course at the National Vocational Rehabilitation Training Center. A job order of two thousand (2,000) doormats for export to Denmark was affected which provided sheltered employment to the blind workers.

On March 3, 1970, the PRSW transferred to the newly constructed building at the NRTC room which provided more facilities for sheltered workshop operations. One (1) Clerical Aide (CAW) was appointed to work at the PRSW to reinforce the clerical staff.

The SATCO Cooperation Nylon Zipper Assembly Project started as a sub-contract job. Salvage operation was introduced in the Production and Marketing Section when the Bureau of Supplies donated condemned chairs, cabinets, and tires. These tires were manufactured into rubber pots by project clients and other salvaged articles augmented the sheltered workshop furnishings.

In 1971, the Philippine Sewing Machine Manufacturing Company sub-contract project was suspended due to irregular supply of materials. The Bamboo Craft Project was introduced after the production Aide completed his training at the National Cottage Industries Development Authority Training Center. The Garments Trade Project also started with four (4) project workers producing potholders and aprons on a seasonal basis.

In 1972, the Watch Repair Service started this year, providing sheltered livelihood project to graduates of the National Rehabilitation Training Center watch repair course. Basis tools and equipment were donated by the Japanese Overseas Cooperation Volunteer through Mr. Misuhiro Miyamuchi, JOCV, who initially supervised the operation of the project.

The PRSW intensified its promotional campaign through job fairs and exhibits of its products as well as talent and skills of project workers in strategic places such as *Nayong Pilipino*, *Bahay na Tisa*, and BF Homes Paranaque through the Personnel Management Association of the Philippines, PhilAmlife, and Ateneo.

Mr. John Simpson, US Peace Corps Volunteer was assigned at the Pilot Rehabilitation Sheltered Workshop to provide technical assistance in the Marketing Services.

In 1973, the Watch Repair Service was stopped because project clients found it more profitable to operate their own service shops. The Shoe Tacks Manufacturing Project was introduced by Mr. Manuel Sarabia of Cobra Super Quality Products. Another project which started this year was the Ceramic's

Project. In this year, the Arrow Zipper and Nylon Zipper Projects were suspended due to lack of raw materials

In 1983, to present sub-contract job (PAL Earphone Sanitizing project) was awarded to the Rehabilitation Sheltered Workshop, which provided sufficient income for our PWDs clients. Likewise, it was also of the same year that the hanger Manufacturing Project for the Blind was implemented in the Sheltered Workshop which also provided sheltered livelihood projects to (8) blind project clients. The project clients have ably demonstrated their good performance in the manufacturing in hangers, after which the Hanger Project transferred to their respective homes and managed by blind project workers themselves.

In 1986, the Hollow Blocks Making Project was launched at RSW with a funding assistance from the MIFF Managing Board of the Vocational Rehabilitation Centers. Six (6) project clients were employed in this project.

From 1987 to 1989, the Fiber Glass Project Sub-Contract Job on Manufacturing of the Bust Replica of Excellency Corazon C. Aquino, President of the Republic of the Philippines was introduced at the RSW. Twenty-five (25) project clients were employed in this manufacturing project. As per the Memorandum of Agreement the sub-contract was complied and met, however, the project was shifted to other Fiber Glass Decorative Project.

From 1987 to 1988 the Food Processing Project Sub-Contract on manufacturing and packaging of food items on nutritious meals for children Day Care Centers, NCR, and DSWD composed of (4) City Branch Offices of Manila Branch, Pasay CITY, Caloocan City and Quezon City. However, the project was stopped due to the discontinued job orders from the (4) NCR City Branch Offices.

From 1988 to present, it has maintained existing projects such as PAL Earphone Sanitizing, Doormats, Garments, Metal Craft, and Carpentry and continues to explore new projects/products that can be undertaken by the Persons with Disabilities.

● LEGAL BASIS

The legal authority for the development and implementation of Rehabilitation Sheltered Workshop and its specific provisions are quoted as follows:

1. United Nations Conventions on the Rights of Person with Disabilities (UNCRPD) signed by the participating countries including the Philippines through the DSWD as authorized by the Government on December 6, 2006 for the promotion, protection and ensuring the full and equal enjoyment of human rights and fundamental freedom by all PWDs, and to promote respect for their inherent dignity.

2. Republic Act No. 9442 of 2006 – An act amending RA 7277

Chapter 2, Section 5 – Deliverance from Vilification

The Department of Social Welfare and Development, the National Council for the Welfare of Disabled Person, and the Bureaus of Internal Revenue, in consultation with the concerned Senate and House committees and other agencies, organization, establishments shall formulate implementing rules and regulations pertinent to provisions of this act.

3. Republic Act No. 7277 of 1991 – Magna Carta for Persons with Disabilities

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.

Sec.6. Sheltered Employment — If suitable employment for disabled persons cannot be found through open employment as provided in the immediately preceding Section, the State shall endeavor to provide it by means of sheltered employment. In the placement of disabled persons in sheltered employment, it shall accord due regard to the individual qualities, vocational goals and inclinations to ensure a good working atmosphere and efficient production.

4. Republic Act No. 5416 of 1968

It elevated the former Social Welfare administration (SWA) into a Department status. In the enhancement of the law, the Office of Vocational Rehabilitation (OVR) became a Bureau which expanded the clientele to cover the **Special Groups** which include the Released Prisoners, Negative Hansenites, Recovered Drug Dependents and Alcoholics, Disadvantaged Women, Mentally Retarded and Improved Mental Patients.

5. **Republic Act 1179 of 1954**

The **Office of Vocational Rehabilitation (OVR)** was created to implement the vocational rehabilitation programs of the Social Welfare Administration (known today as the Department of Social Welfare and Development) for the **blind and other disabled and their return to civil employment.**

● PHILOSOPHICAL BASES

The Rehabilitation Sheltered Workshop believes in the following philosophies in providing Sheltered Employment to PWDs and Special Groups:

- Every person with disability should enjoy the same rights to work, according to his abilities, as any other member of society, if suitable work cannot be found through open-employment, it should be provided by means of sheltered employment.
- Persons with disability means a person of working age and of a reasonable working capacity who is handicapped in getting work on account of physical or mental disability.
- Sheltered Workshop is the provision of productive work, in workshop providing special facilities, in income-generating projects or thru homework scheme, for persons with disability to give them the opportunity to earn an income and enabling them to acquire a working capacity required in open industry.
- Sheltered Workshop will serve the purpose of assessment of working capacities and testing the willingness to work.
- In placing persons with disability in sheltered workshop, due regard should be made to each person's individual qualities, vocational goal to enhance a good working atmosphere and efficient production. Through the application of a comprehensive rehabilitation approach focused on skills training and enumeration employment in a controlled environment, the sheltered workshop provides opportunities to develop the individual's potential in self-realization, human relation, civic responsibility and economic self-sufficiency.

Rehabilitation Sheltered Workshop

VISION - MISSION - GOAL

● **VISION**

The Rehabilitation Sheltered Workshop (RSW) envisions a society that enables persons with disabilities to become self-reliant with human worth and dignity and be productive members of the community.

● **MISSION**

The RSW is a non-residential business-work oriented facility of the Department of Social Welfare and Development (DSWD) that provides temporary livelihood opportunities and work training to person with disabilities for them to become gainfully engaged in productive work and contributing members of the society.

● **GOAL**

To provide opportunities for the less fortunate individuals and generate income on their own capabilities as disabled person thereby enabling them to be contributive and productive members of the community.

● **TARGET CLIENTELE**

Based on UNCRPD

1. Orthopedic, muscular- skeletal or moving impairments includes polio, cerebral palsy, missing limbs, spinal injury, potts disease, muscular dystrophy, club foot, cleft lip and palate, hunchback, harelip
2. Chronic Illnesses with Impairments- includes stroke, endocrine and metabolic disorder etc.
3. Intellectual and Mental Impairment- upper trainable/educable intellectually disabled, down syndrome, improved mental patient,
4. Learning Impairment- Dyslexia, ADHD, Slow Learners
5. Psychosocial and Behavioral Impairments such as Recovered Drug Dependents, Negative Hansenites, Released Prisoners, Arrested PTB, Autistic Spectrum Disorder
6. Vision & Seeing Disorder including Cataract, Diabetic Retinopathy, Glaucoma, Amblyopia, Low Vision, Reflective Errors
7. Communication Impairment such as Hearing Impaired
8. Special Groups which includes dependents and family members of PWDs

● **ELIGIBILITY REQUIREMENTS**

RSW Program and Services may be availed by Persons with Disability who are:

- ◆ Working age ranges from 18-59 have occupational skills but are found lacking in motivation, self-confidence, have poor work habits, dependency syndrome and apathetic attitude which may impede them from obtaining employment or income generating activities.
- ◆ Have limited or without occupational skills
- ◆ With practical skills but have no access to job opportunities.
- ◆ One who due to the nature and severity of their disability are totally unable to carry out a job under ordinary competitive working condition or competitive work.
- ◆ Dependents that are living with persons with disability and dependent for major support of the PWDs.

Interested PWDs should submit the following requirements subject for assessment:

1. Referral letter from referring party
2. Social case study report from the Local Government Unit
3. Barangay Clearance
4. Medical Certificate with results of the following Laboratory Examination: Chest X-ray, Complete Blood Count and Urinalysis;
5. Available School Records;
6. PWD ID if there any. For dependents, PWD ID of their relatives;
7. Recent (1) 3r size and (2) 1x1 size pictures
8. Recent psychological records (for PWID)
9. Release Paper (Released Prisoner)
10. Resume

(NB: For walk-in client, no need for a referral letter)

Geographical Coverage

RSW Programs and Services shall be made available to all eligible Persons with Disability who are residing within Metro Manila and nearby Regions.

CHAPTER II

GENERAL POLICIES

1. The category of Person with Disabilities (PWDs) used in this Manual of Operation is based on the four (4) fundamental categories as set international reference by the United Nations Convention on the Rights of Person with Disabilities (UNCRPD).
2. In case of no available skilled manpower for the available job, previous clients can be engaged on an on-call basis.
3. Clients who have reached the age of 59 shall be automatically discharged since the program is designed for PWDs below 60 years old.
4. Working age ranges from 18-59 have occupational skills but are found lacking in motivation, self-confidence, have poor work habits, dependency syndrome and apathetic attitude which may impede them from obtaining employment or income generating activities.
5. Period of stay of clients in the center is six (6) months to one (1) year.
6. The Rehabilitation Sheltered Workshop is not a manpower agency or a private business entity but merely engages in business-like operation and implements its various productivity projects to offer temporary livelihood opportunities to its clientele. All its PWD clients are not government employees of the center whether regular, casual, contractual or MOA but are bonafide beneficiaries of its programs and services, hence, the policy of no employer-employee relationship applies at all times.
7. For purposes of smooth operation free from encumbrances and other hustles, RSW shall maintain and have full control of a Revolving Fund which amount is set aside mainly for the execution of its Job Orders without limit or ceiling as to the total amount of the transaction involve arising from customers and project partner's business engagement.
8. All policies and practices in all productivity projects must be approved by the Center Head and copy furnished the Field Office.

CHAPTER III

PROGRAM AND SERVICES

Implementing Policies

- Persons with disability are those suffering from restriction or different abilities as a result of a mental, physical or sensory impairment to perform an activity in the manner or within the range considered or within the range considered normal for a human being.
- Sheltered workshop is the provision of productive work, in workshop providing special facilities, in income-generating projects or thru homework schemes, for persons with disability to give them opportunity to earn a living, earning wage and enabling them to acquire a working capacity required in open industry.
- Sheltered workshop will serve the purpose of assessment of working capacities and testing their willingness to work.
- In placing persons with disability in sheltered workshop, due regard should be made to each person with individual qualities, vocational goal in order to enhance a good working atmosphere and efficient production. Through the application of a comprehensive rehabilitation approach focused on skills training and remuneration employment in a controlled environment, the sheltered workshop provides opportunities to develop the individual's potential in self- realization, human relations, civic responsibility and economic self-sufficiency.
- Engagement in the workshop must serve a clearly defined vocational rehabilitation plan of the client. It must not be a substitute for other services such as medical rehabilitation or competitive employment

SERVICES

Social and Auxiliary Services

- Social Auxiliary Services refers to the adoption of integrated social services such as casework, group work, community extension services, and referral for employment, transportation, medical, burial and other financial/material assistance. These services are primarily concerned with the family and community assistance to the client (person with disability) for him/her attains maximum adjustment through work experience.
- It is designed to help the persons with disability to use his/her skills and potentials to achieve effective work

adjustments and satisfactory work performance. Support services are used to strengthen beneficial effects of the workshops and help individuals, families or groups to maintain harmonious relationship in their families. These services are also designed to address needs of family on economic aspects.

- To provide opportunity for persons with disability to learn, deal with others, participate in the working team, report to work in time, enjoy sense of responsibility and respect rights of others.
- The Social Worker makes use of techniques of clarification when it comes to interpreting the requirements for a particular project and the rules and regulations that has to be observed by the project workers in the workshop.

Medical and Dental Services

The Medical and Dental Services determines the extent of the trainee's disability through diagnosis of his physical capacities and limitation in order to formulate a medical evaluation that may lessen or remove the physical impairment and render him fit for vocational training and/or engage in gainful employment.

Psychological Services

Per Implementing Rules and Regulation (IRR), RA 10029, the delivery of psychological services includes, but not limited to:

1. Psychological interventions: psychological counseling; psychotherapy; psychosocial support; life coaching; psychological debriefing; group processes; and all other psychological principles and methods to improve the psychological functioning of individuals; families; groups; and organizations;
2. Psychological assessment: gathering and integration of psychology-related data for the purpose of: (a) making a psychological evaluation accomplish through a variety of tools including individual test, projective test, clinical interviews and other psychological functions including cognitive abilities, aptitudes, personality characteristics, attitudes, values, interest, emotions and motivations, among others, in support of psychotherapy and other psychological interventions; and,

3. Psychological programs: development, planning, implementation, monitoring and evaluation of psychological treatment programs and other psychological intervention programs for individuals and/or groups.
 - (a) Preventive and therapeutic measures like play and expressive arts, therapy, music therapy and trauma healing; as well as correctional, rehabilitative and behavioral modification measures;
 - (b) Consultation-providing extensive knowledge, specialized technical assistance and expertise in an advisory capacity to consultees with regards to mental and behavioral concerns, emotional distress, personality disorders and other neuro-psychological dysfunctions.

Production Services

- The Operational and Production Services involves work study, pre-job evaluation, post job-evaluation, purchasing, and arrangement of workshop, productivity of workers, work habits, production control, quality control, and stock control, job order pre-costing (labor and materials) delivery, records and reports.
- This service carries out its functions under the direction and supervision of the Production Supervisor. This service is adequately staffed with Manpower Development Officers for each project to manage operations performed by project workers.

To assist in promoting livelihood projects in the sheltered workshop with the end view of providing economic opportunities and self-sufficiency alongside psychosocial guidance and development, thereby promoting their dignity and self-respect.

Marketing Services

The Marketing Services is the performance of business activities that direct the flow of goods and services from the producer to the consumer; it covers all the activities, which takes place from the time when the article is produced, to the point where it reaches the costumer. The common activities is marketing and selling, advertising, sales promotion, market research and packaging.

To assist in promoting market outlets and sales of all finished productions or services with the business with the end in view

of providing economic activities and self-sufficiency for the disabled persons, thereby promoting their dignity and self-respect.

- To conduct promotional campaign with the business community and encourage customers to patronize RSW finished products.
- To identify and promote market outlets and effect sales of all finished product or services.
- To secure remunerative sub-contract job, orders, carpentry operations and other services.
- To determine and maintain a standard pricing for all finished products or services, and adopts programs to increase sales.
- To provide control of finished products, sales and collections.
- To conduct market research, prepares sales trends and forecasting.

Administrative Services

The Administrative Services is concerned in the promotion of maximum efficiency in the operation of the center with due consideration of the trainees and employees' welfare. It works for the coordination and centralization of all administrative activities for purposes of economy and efficiency. Effective delivery of centers services depends both in a coordinated effort of both the program and administrative units. The administrative service shall follow the policies and procedures as set by the agency. The Administrative Service includes personnel/records, fiscal control, property and general services. Effective delivery of Sheltered Workshop services depends in a coordinated effort of both the program and administrative.

To implement systematic and effective flow of services in order to promote greater efficiency in the operation and management of the sheltered workshop.

- To facilitate a systematic and effective service delivery necessary for the rehabilitation of the project workers and maximization of personnel efficiency at minimum cost.
- To provide an efficient and effective control of services particular personnel, property, fiscal control, and general services.
- This service shall establish and manage a balanced personnel program designed to raise the level of staff efficiency, effectiveness and morale.

- The aim is to provide services in accordance with the Civil Service laws: provide guidance on the Sheltered Workshop policies and procedures, rules and regulation to personnel
- It shall maintain, manage and control all personnel records as well as establish a uniform classification and filing plan of all records, handle the receipts and distribution of communications: mailing operations and other personnel actions.

CHAPTER IV

OPERATIONAL PROCEDURES

Admission Phase

1. Application for Sheltered Livelihood Opportunity

Applicant for sheltered livelihood opportunity is usually referred by the National Vocational Rehabilitation Center, DSWD institutions, other welfare agencies, NGOs and other private individuals/groups. Clients may also apply in writing or in person at the Rehabilitation Sheltered Workshop in Barangay, Escopa III, Project 4, Quezon City.

Referral of client for sheltered workshop shall include case summary, which shall contain an evaluation of the client's performance in his vocational course, vocational counselor's report, psychological and mental evaluation and personal record. It should be addressed to the RSW Head Social Worker.

NVRC referrals for sheltered workshop shall include only those whose case have been assessed by the rehabilitation team and found to be fit for sheltered employment.

The NVRC referral, whose vocational goal is for sheltered employment, shall be required to undergo On-the-Job training at RSW. That is, if the prospective work at RSW has no vocational training at NVRC.

2. Selection Procedures

A client applying for sheltered workshop shall express his interest and accomplish an application form. The Social Worker shall interpret to the applicant the requirements, procedures, rules and regulations of the RSW. The applicant is also informed of the available projects in the workshop.

The Social Workers make the initial assessment whether the service of the center shall respond to the expressed need of the client after which he is referred to the Medical and Dental Service.

The Medical and Dental Officers will conduct initial assessment and then referred back to the Social Worker for referral to the Psychologist.

The guidance psychologist conducts interview and counseling for an initial assessment after which referred to the Production Supervisor.

The following data should be gathered during the initial interview:

1. Vocational Interest
2. Previous Skills
 - ❖ type of training skills
 - ❖ where
 - ❖ when
3. Hobbies

The applicant presents his admission slip to the Production Supervisor for assessment and leveling of skills.

After the assessment, the Production Aide concerned submits an evaluation of the applicant's performance to the Production Supervisor. The latter presents this report together with his recommendation to the Admission Team.

The applicant reports back to the Social Worker and makes an assessment of himself. The applicant decides whether he would want to stay in that particular project or try another one. (If the client takes the latter course, the above procedures shall likewise be followed)

In case of potential sales representative, the Marketing Services In charge assess the applicant's potentials and similarly, submit a report and recommendation to the Admission Team.

The Admission Team

The Admission Team shall have the following position and respective roles.

RSW Head Social Worker/Manager approves the case for admission on the basis of presented needs of the applicant and per qualification standard of RSW upon the recommendation of the Admission Team.

Supervising Social Worker certifies the client's need for sheltered workshop services based on the pertinent findings regarding home, community relationship and personal adjustment.

Psychologist certifies suitable project through evaluating the client's mental ability, aptitude and skills.

Operation and Production Supervisor certifies the capability skills and work tolerance of the applicant to perform the work operation at the sheltered workshop after his On the Job Training. Working capacity of the applicant in different operations is assessed for a day or more by the placement in a particular work operation to the Admission Team for appropriate action.

Marketing Services In charge certifies the aptitude, interest and eligibility of an applicant for the position of sales representative.

All cases shall be discussed in Rehabilitation Team Meeting (RTM). If the applicant is not eligible, a justification is made specifying the reasons. The Social Worker informs the applicant about the decision of the Team and transmits his case back to the referring entity or the other community resources.

Accepted applicant shall be registered as regular project clients of the Sheltered Workshop.

3. Referral for other Employment Services

Referral for other employment services is rendered to the clientele which includes the following:

Open Employment

Project clients who have expressed interest in and who are ready for an open-employment shall be assisted by the Social Marketing and Social Auxiliary Service in securing suitable placement in open industry. It is the general policy; however, of the DSWD that all project clients whenever applicable shall be facilitated for job employment outside for them to become independent and self-reliant.

IMPLEMENTATION

After the prospective project client had been accepted by the RTM members, the case is endorsed to the Supervising Social Worker. The Supervising Social Worker studies the case and assigns it to a social worker. The Social Worker acts as the coordinator of the various services– psychological, vocational, guidance, group work - to bring about an integrated approach toward the attainment of proficiency and adjustment in his employment.

1. Observation Phase

- a. Upon admission of the applicant to the RSW, the Social Worker makes a case study for a better understanding of the project client as well as his problem that may prevent him from giving his utmost to the work he has chosen. This case study will consist of a comprehensive evaluation of the individual's personality, intelligence level, educational attainment, work experience, vocational aptitudes, personal and social adjustment, employment opportunities and other pertinent data necessary to determine the nature and scope of services to be provided for in accomplishing the individual's employment objective.
- b. Based on all available reports on the case folder and interviews with applicants, the social work studies and analyzes facts gathered to determine the type of assistance needed and the resources available to meet such need.
- c. Home visits are conducted to verify facts and impression gained in initial interview and to gain a fuller and deeper understanding of the applicant within the family situation. The Social Worker can work with the members of the family by interpreting to them their role in helping the person with disability adjust himself to his work.
- d. When necessary, collateral visits are conducted to provide substantial materials/information for a Social Case Study.
- e. Close coordination should be maintained between the Social Worker and the Production Supervisor in matters where social problems are affecting production, performance, relationship and work adjustment of project clients.
- f. The Social Worker should assist the individual workers to resolve social problems such as personal and family problems, overcoming loneliness, fear and insecurity. She helps provide support and encouragement, develop positive work attitudes and provide opportunities for social interaction among the workers, through positive group experience.
- g. Methods of payment on wages should be thoroughly explained to the project workers by the social worker.
- h. The Psychologist administers the Psychological Testing for evaluation purposes.

2. Rehabilitation Phase

Rehabilitation Planning

a. Social and Auxiliary Service

- After one week in the Observation Phase, the Case Coordinator shall call the Rehabilitation Team to meet and discuss the reports of the different services as basis in basis setting rehabilitation goals.
- The Social Worker shall present the comprehensive Social Case Study Report. Likewise, the Psychologist, the Medical and Dental Officers will present evaluation reports
- The team will validate client's issues, concerns, resources to be utilized and potential solutions to problems are identified. The team together with the project worker will formulate the rehabilitation Plan based on objectives arranged in their priority. A time frame for each input with the corresponding expected output is set.

For those clients who decided to work in sheltered workshop, they will now be given further work orientation and finally shall have Contract Signing.

For those who show readiness for outside placement should be encouraged and assisted through proper referrals. Supportive follow up continuous until the client is adequately adjusted.

For those who are not yet ready for any type of livelihood opportunity, will be referred for skills training at the National Vocational Rehabilitation Center or other government training facilities that will respond to the needs of clients.

- All services will prepare their intervention plans together with the clients for a period of 6 months to 1 year.

3. Discharge Phase

Base on assessment of Rehabilitation Team, the client shall be terminated from rehabilitation workshop based on the following reasons:

- a. Client is qualified and ready for open or self-employment;
- b. Client went home to the province;
- c. Gross violation of existing rules and regulations;
- d. Client shall be terminated upon reaching the age of 60;
- e. Cannot perform the expected functions due to sickness and old age.

At the end of their livelihood opportunity, all project clients are assessed by the Rehabilitation Team for termination and eventual job placement and/or self-employment.

For the period of six (6) months to one (1) year, clients in the Sheltered Workshop are trained on self-reliance and other desirable attitudes which hopefully will make them better individuals, hence could be ready for other types of employment.

Open Employment

Clients who express readiness to be engaged for employment shall be helped in securing suitable job in an open employment.

Self-Employment

Clients who desire to engage in income generating projects shall be assisted in securing livelihood assistance to facilitate employment.

Cooperative Formation and Organizations

Clients of the sheltered workshop can voluntarily join in the legitimate cooperative organization which can give them the following benefits.

1. Share from the net-surplus of the cooperative
2. Patronage refund
3. Interest on capital
4. Opportunities in productive endeavor utilizing their potentials and capabilities.

Expanded Social Protection Program

Clients who are reaching the age of 59 and be scheduled to be discharged shall be assisted through expanded social protection program of the center when there are no other options available. Likewise, other clients who are not yet 59 years of age with special medical conditions and skills in handling business may qualify in this program.

The expanded social protection program shall be based on the judicious assessment of the social worker and subject to availability of fund.

CHAPTER V

Case Management Process

Case Management System is a mechanism that organizes, coordinates and sustains a network designed to optimize the functioning ability and well-being of persons with disability. As a practice it refers to the solving process between client and worker involving implementation of rehabilitation plan of client in relation to his or her vocational rehabilitation goal.

The following approaches shall be adopted in the case management of client:

○ **Holistic** - ensures that the rights of client are upheld throughout stages of growth and development and ensure participation of client in the decision-making processes.

○ **Human Rights-Based** - ensures that the rights of client are upheld throughout stages of growth and development and ensure participation of client in the decision-making processes.

○ **Gender Sensitive** - the girls and women's perceptions, experiences and interest may be different arising from an understanding of their social positions and gender roles. The provision of gender-sensitive programs and services for client shall include the gender-based approach responding to their peculiar needs at all times and stages, respecting the inherent rights and dignity.

○ **Multi-disciplinary** - recognizes that client especially those with special needs has to access a variety of services due to the nature of needs. All agencies & professionals need to work together with mutual responsibilities and accountabilities to manage the client's problems within the context of family, community and society.

○ **Multi-agencies** - involving participation of the national government agencies, local government units, non-government and faith-based organizations, civic and private sectors in the rehabilitation of persons with disabilities.

○ **Multi-disciplinary Team** - involving expertise of the head social worker, social worker, medical doctor, psychologist, nurse, local government officials and employees, among others, working together as a team to provide appropriate programs and services for persons with disability.

Roles of Social Worker as Case Manager

1. Establishes helping relationships assesses problems, select problem-solving interventions and helps client to function effectively.
2. Both a provider of services and a coordinator of services needed by client.

3. Develop the skills of client in accessing and utilizing formal and informal supports and services.
4. Develop the capacity of social networks and human service providers in promoting social functioning ability and well-being of client.
5. Promote the effectiveness of services to be delivered.

Social Functioning Roles of a Social Worker

1. Capacity to interact and socialize with individuals and environment.
2. Capacity to perform roles and tasks as expected. Client is capable of making own decision to resolve difficult situation.
3. Ability to live (function) independently with satisfying and meaningful life.

a. Admission of client

Upon admission, the client shall be oriented on the rules and regulations of the center introduce to the center staff and sign the Contract of Agreement or the *kasunduan* (involving client, family member and local government unit, if possible). Thereafter, the client shall undergo the medical and psychological evaluation to determine the physical and mental abilities of client. The medical and psychological evaluation report of client shall be included in preparing the initial social case study report.

b. Preparation of Social Case Study Report

The social worker shall prepare the initial case study report of client. The social case study report shall be updated by the social worker within a month after the intake interview. Then, after six (6) months. The Social Worker shall prepare the complete social case study report. Social Case study report shall contain the concrete statement of facts and circumstances as validated by the social worker and rehabilitation team. Avoid putting any assumption statement or information in the social case study report. The information to be written in the social study report of client shall be supported by verified instruments as a proof or evidence.

Contents of the Social Case Study Report:

- I. Identifying information of client (name of client-alias, if there is any, address, gender, age, date of birth, place of birth, highest educational attainment, religion, employment, source of income, average monthly (if applicable), source of referral, etc.)
- II. Family composition of client (name of other family members, family relationship to client, age, address).

- III. Problem presented of client (include description of the immediate and underlying problem to be worked out.
- IV. Include socio-economic condition of family members (such as employment status or source of income, health and status, hygiene, housing and living condition, socio-cultural activities, etc.)
- V. Assessment – it shall include assessment of client's roles performance and functions based on age, problem-solving capacity, internal and external support system (family and relatives of client). It is always done with sufficient data collection to support program designs and strategies. It is formulated based on specific program scope, time frame, resources needed and priorities. It uses assessment results of the physician, psychologist and other specialist to determine the client's biological characteristics, cognitive and functional abilities, strengths, weaknesses, attitudes, values, interests, aspirations, emotions and motivations, among others.

In the assessment problem, it shall always analyze of the following information

- a. Pinpoint the nature and specific problem (immediate, underlying and working problem) of client;
- b. Identify the social functioning (strengths, hobbies, skills, weaknesses, limitations, motivation to resolve problems) abilities of client; and
- c. Identify the factors contributing to client's problem and the available resources of the family and community.

Considerations in the assessment of problems

- a. Avoid opinion and impression when it comes to an assessment. It should be supported by verified information.
- b. Capture the significant factors or reasons of client's presenting problems, limitations, strengths, determination, knowledge and skills, motivation to work, level of coping mechanisms and self-confidence, feelings, attitudes behaviors, emotional stress, coping with stress, available resources inside or outside of the center.
- c. Client who needs special attention shall be assessed by specialist/expert to gather reliable information to know the nature of disability, physical and emotional needs, social functional ability, strengths and weaknesses.
- d. Client who needs special attention shall be assessed by specialist/expert to gather reliable information to know the nature of disability, physical and emotional needs, social functional ability, strengths and weaknesses.
- e. Assess client on social functioning ability using social adjustment indicator. The checklist can determine if a client can fully accept disability, physical needs, solving capacity, expression of feelings,

relate with others, handle responsibilities, willing to use assistive devices, etc.

- VI. Recommendation – cite in the specific summary statement the specific reasons why client needs to undergo the vocational rehabilitation program.
- VII. Intervention Plan – It includes problem presented, rehabilitation objective, programs and activities, person responsible, time frame, resources needed and expected output. The intervention plan shall be discussed, agreed and signed by client, family member and LGU (if applicable). In formulating intervention plan, it is ideal to respect the client's right to self-determination and participate in the decision-making processes. Avoid making false promises or prepare any unrealistic intervention plan. Make it simple, manageable, attainable, realistic and time bounded.

Validation and analysis of facts gathered.

In validating and analyzing facts, the client's problem and its contributory factors shall be assessed deeply by social workers and rehabilitation team. The physical and mental abilities, strengths, limitations, interests, hobbies and talents of client shall be included in analyzing and validating information. In analyzing data, always avoid putting personal opinion or unverified information of client. Opinion is one's views or beliefs of the person which does not have empirical evidence. On the other hand, facts are truthfully exist, can be proven and measured at all times.

A. Conduct of interview

Conduct of interview with client, family member and LGU shall be done to verify facts and information. In the interview, the client should feel that he and she is safe, accepted and respected.

In the conduct of interview, the following strategies shall be considered:

- a. Involve self (as professional)
- b. Establish communication system
- c. Clarify presenting problem
- d. Get personal information of client
- e. Focus on building professional relationship
 - ♦ clear purpose
 - ♦ commitment in meeting needs
 - ♦ show ethical standards
 - ♦ demonstrate warmth, genuineness and empathy
- f. Elicit expectations of helping process
- g. Clarify nature of helping relationship
- h. Clarify role expectations

- i. Clarify eligibility criteria on center's programs and services
- j. Document baseline data

Assessment of client's presenting problem

This shall be done collectively by the social worker and rehabilitation team to provide factual information. The assessment shall answer on specific details of problem presented, on what needs to be prioritized and how it can be addressed with the help of client, family member and LGU.

B. Individual and Group counseling

1. The social worker shall provide space for client in the problem-solving process which aims to restore or enhance social functioning abilities. See to it that the objective of counseling shall be established first before doing it to client.
2. As part of strategy, the social worker shall provide structured learning exercises and group work activities to inspire, energize and facilitate responses of client in conducting individual and group counseling sessions.

C. Formulation of Intervention Plan

1. The social worker shall always consult the rehabilitation team (Superintendent, Psychologist, Manpower Development officer, etc.) in the formulation of the intervention plan of client.
2. In preparing intervention plan, exercise flexibility and encourage participation of client, family member and LGU. Always indicate the actual date when the intervention plan was accomplished and signed.
3. The intervention Plan of client shall contain the following information:
 - a. Identified problems, issues and concerns
 - b. Rehabilitation objectives per identified problem
 - c. Activities citing specific actions to be undertaken per problem to achieve the set objectives.
 - d. Time frame indicating specific period activities to be carried out.
 - e. Responsible person indicating who among the Rehabilitation Team will do the tasks and responsibilities.
 - f. Expected results (desired outcome of intervention/services delivered).

D. Rehabilitation Team Meeting

1. The tasks and functions of the rehabilitation team as a helping team are very significant to achieve the vocational rehabilitation goal of client. To be more effective, the

rehabilitation team shall share a common vision with client including members of the family, create an environment for learning and critical thinking, encourage participation and self-expression and faster continuous development. Rehabilitation Team shall conduct a regular meeting (either monthly or quarterly) to discuss the identified gaps, issues and challenges encountered in the vocational rehabilitation program. Copy of minutes of the Rehabilitation Team Meeting shall always be kept and filed at the case folder of client as future reference.

E. Implementation of the Intervention Plan

The Rehabilitation Team shall assist in the implementation of client's intervention plan with participation of family members, local government unit, non-governmental organization and business establishment from six up to twelve (12) months period. To formalize working with them, it is best to forge a Memorandum of Agreement or Memorandum of Understanding) specifying tasks and functions to be performed.

F. Provision of Family Care

This is geared towards assisting the client to accomplish the intervention plan who is not adequately cared due to rejection or inadequate knowledge and skills of family to care/manage.

To achieve this goal, the following activities shall be undertaken:

- (1) The social worker shall assist client and family members to use their strengths and capabilities to cope with their needs; and
- (2) The social worker shall work with client and family to accomplish the intervention plan.

G. Provision of specialized training

Client who needs the specialized training shall be referred to the appropriate training school. Should there be no available specialized training school near at the City or Municipality; the social worker may strategize to invite resource persons who can provide special training.

H. Case Conference

1. The regular conduct of a case conference is a must to settle issues or gaps that affect performance of client while attending vocational rehabilitation program. The resource persons needed such as psychologist, psychiatrist, therapist

- or other specialist shall be invited to share more significant information on the physical and cognitive abilities of client.
- 2. The detailed verified information from client shall be shared with the rehabilitation team so as to get a wider understanding on the personal characteristics of client.
- 3. The realignment of client's intervention plan shall also be discussed/agreed upon during the case conference involving other parties concerned. In the realignment of plan, it shall always consider which needs to be responded first or order of importance as part of prioritization.

I. Termination of the Case

Termination – it is done when a client committed grave violations of the center's policy and guidelines. In the termination of the case, the social worker and rehabilitation team shall document all processes undergone by client in the vocational rehabilitation program as basis of recommendation of the Rehabilitation Team for termination. If this is the case, the social worker shall prepare a summary report of client highlighting the reasons for the termination.

Other considerations in the termination of the case

- ♦ Termination plan shall be formulated together with client, family and LGU, if applicable
- ♦ Transition phase shall be processed together with client, family & LGU, if applicable;
- ♦ Sustainability of resources outside of the center shall be arranged prior to the termination of the case.

J. Closure of the case – it is done when the client met or achieved the vocational rehabilitation goal. If that is the case, the social worker shall prepare the closing summary report containing the following information:

- ♦ Identified problem which brought client to the center;
- ♦ Goal and intervention plan arrived by client, social worker & rehabilitation team members;
- ♦ Progress in achieving the goal and interventions plan
- ♦ Lessons learned: what worked and what did not
- ♦ Reason for closure and follow-up actions to be done after.

The following tasks and responsibilities of the rehabilitation team embodied in the closure of the case:

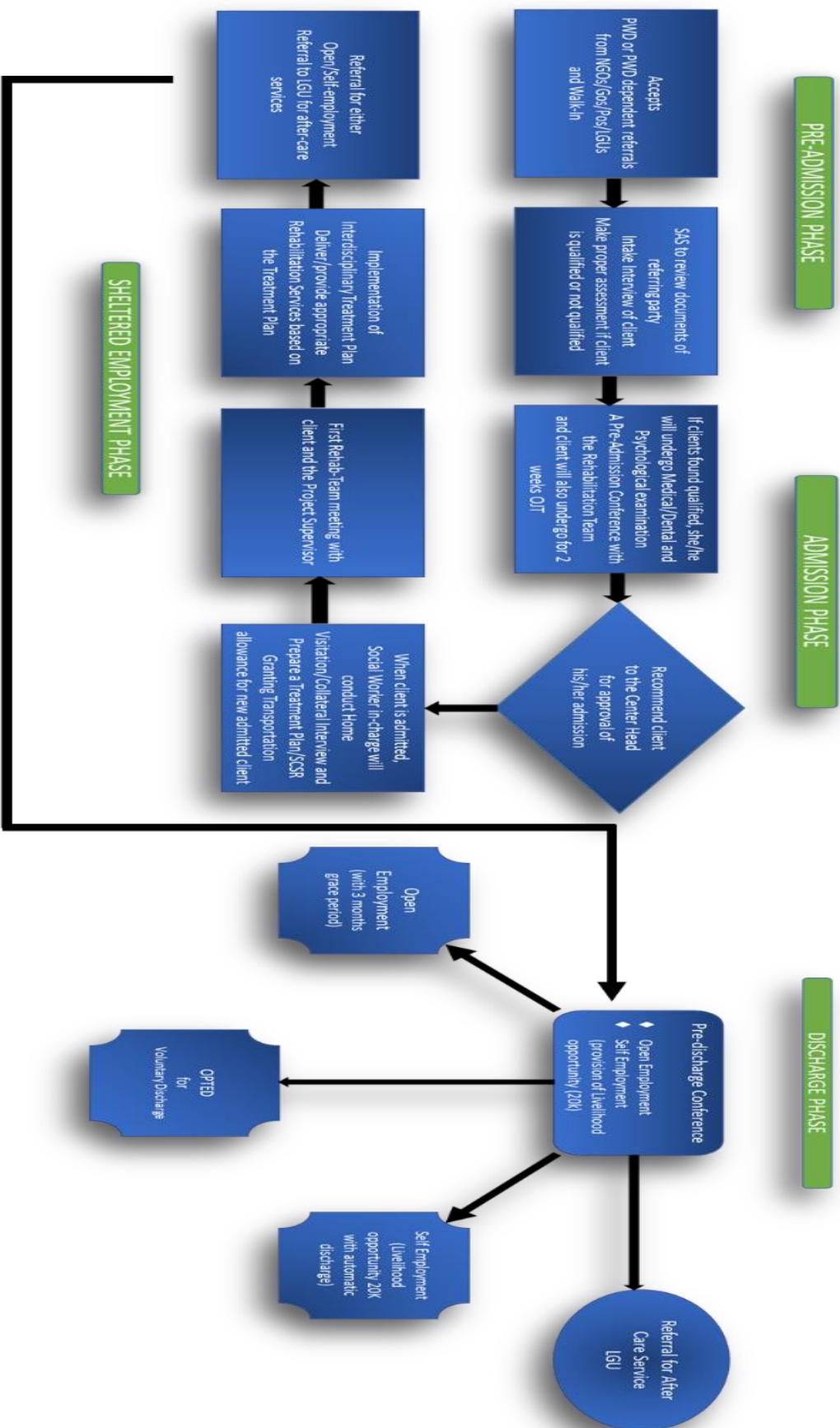
- a. Determine when to implement the closure of the case;
- b. Mutually resolve the emotional reactions commonly experienced during the process of separation;

- c. Evaluate the programs/services provided and the extent to which goals were accomplished;
- d. Prepare plan to maintain the gains achieved and to achieve the continued growth of client; and
- e. Conduct a monitoring visit within three up to six months upon closure of the case to check progress of client;
- f. Review the checklist of social adjustment indicators.

Post Discharge

A follow-up letter shall be sent to the Local Government Unit through the City/Municipal Social Welfare and Development Office (C/MSWDO) to confirm the agreements reached during the discharge conference at the center. The LGU shall be requested to submit any update report on the progress of client.

CASE MANAGEMENT PROCESS



Eligibility Requirements for Admission

- Working age ranges from 18-59 with occupational skills but lacking motivation, self-confidence, poor working habits, dependency syndrome and apathetic attitude which may impede from obtaining employment or income generating activities.
- Have limited or without occupational skills
- With practical skills but have no access to job opportunities.
- One, who, due to the nature and severity of their disability are totally unable to carry out a job under ordinary competitive working condition or competitive work.
- Dependents or dependents-persons or persons who are relying on financial and other support from persons with disability.

Coverage

This sheltered workshop facility prioritizes regions National Capital Region, IV, V and other nearest regions.

Staff Meeting

This provides a setting for group thinking where each of the worker actively think within the group, examine and confirm old ideas, and apply these to practice to attain the objectives of the center and consequently fostering professional growth of the worker.

This is a method utilized as medium of staff development for all levels. Its purpose is to clarify the agency/center policies and procedures to promote the best performance of the staff and the growth of its competence and to induce in the staff loyalty to the agency. Problems, issues and concerns can be discussed realistically and limitations are seen in its perspectives as well as alternatives or solutions.

CHAPTER VI

Financial Management

The financial management shall implement a policy in the proper budgeting, bookkeeping and accounting activities in the center subject to the existing DBM, COA and DOF policies and guidelines. Heads of services shall assist them in the preparation of the annual budget and activities related to financial matters. Basic accounting records of receipts and disbursements of the center to insure maximum control of expenses likewise control of sales of the centers product and disbursement of cash advance for emergency purchases shall also be maintained by Administrative Service Section.

The Workshop shall establish its own adequate system of financial management in order to achieve a plan in relation to resources investment. The center shall handle its revolving fund under the Field Office's supervision subject to the existing DBM, COA & DOF policies and guidelines. An annual budget per work and financial plan must be prepared based on financial statements (vouchers, collection reports, remittances, collectible amounts, etc.)

In order to effectively control operation, the HSW/Manager shall take into consideration the following management tools:

- a. Interim operating statement (a statement of actual and average figures for a given working month)
- b. Sales analysis (a record showing details for goods sold and cost of sales of products)
- c. Order report (to show at a glance the position regarding orders)

Budgeting

A system of annual budgeting should be synchronized with timeframe of Field Office. The forecast of budgeting should be done with corresponding specific details of information which are as follows:

- Types of products it is proposed to produce and sell:
- Volume of production in which are expected to be achieved:
- Levels of workers, which will be required to achieved the budgeted level of production;
- Wages policy to be followed:
- Tools and facilities, which will be required:
- Nature and the source of materials, which will be required:

- Levels of overhead, which are acceptable, intended for future development.

The following financial records and reports shall be maintained:

- a) Annual Budget
- b) Financial records of collection and Expenditures
- c) Customers records of good ordered and delivered
- d) Production of each project worker
- e) Payroll of Project Worker
- f) Financial statement of the project
- g) Weekly Production report
- h) Monthly, Quarterly and Annual Financial Report

Bookkeeping and Accounting

The center shall keep and maintain adequate book of accounts in accordance with generally accepted bookkeeping and accounting principles and practices by the government applied consistently from year to year. It shall maintain basic accounting records to reflect accurately and correctly the financial condition of the project.

An accounting of the following should be periodically reported:

- a) Records of money received and money spent, with direct costs (labor and materials)
- b) Customer's records of good ordered and delivered.

It shall maintain the following books of account:

- a) General Ledger
- b) General Journal
- c) Columnar Book
- d) Cash Book

Collection

Payment of finished products can be in cash or in checks with the issuances of the corresponding receipts. If partial payment has been given upon initial order, then it should be deducted on contract or purchase order.

A statement of accounts is issued on all accounts receivable and a corresponding receipt upon collection of payment. The request cash system should be followed. Whatever collection received during the day should be deposited the week.

Operation of Cash Advance

Disbursement must be through a cash advance amount of which will be dependent on the number of the projects for the maintenance and other operational expenses of the authorized special disbursing officer subject to the existing and auditing rules and regulations.

Payroll

Preparation of project workers payroll and indexing of both shall be the responsibility of the Production Supervisor. Production report of each project worker shall serve as the basis for computation and preparation of their payroll. Payment of wages of project workers shall be the last working day of the week for the outputs produced during the last week.

Records Management

It shall maintain accurate and complete records and paper report necessary for the evaluation and achievement of its goals. It shall also keep a complete record of its clients/staff, and submit regular reports on their activities relevant to its goal and objectives.

Property Management

This section will provide a guideline on the property control, systematic procurement and allotment of supplies to ensure economy and safeguarding the centers property.

This section shall also assume custody of the centers equipment, supplies, materials, and finished products of trainees turned over by different instructors. Annual inventory records of centers equipment shall be conducted by this unit.

Storage

Adequate storage facilities for raw materials, supplies, and finished products must be provided with suitable clerical procedures to record the receipt and dispatch of all goods in the storeroom. There should be a stock card for each item held on which stock taken out is recorded.

Preparation, Submission, Approval of Requisitions

The Property Section may canvass to procure requisition, materials, supplies, equipment or tools requires for operation of the sheltered workshop. It follows the policies and procedures including the forms as set by the Field Office in the procurement, issuance, storage, condemnation of all supplies, tools and equipment and other properties. However, policies and procedures and guidelines as well forms are developed and modified to fit the specific requirements of the center

General Services

It shall maintain safety and protection of clients and properties, cleanliness and improvement of the facilities and transportation of clients and staff to official points of destinations. This section shall provide a policy on the general services of the Administrative Services.

CHAPTER VII

MONITORING AND EVALUATION

IMPLEMENTATION

After the client passed the qualification criteria, the case is endorsed to the Supervising Social Worker. The Supervising Social Worker studies the case and assigns it to a social worker. The Social Worker's role should focus on the social functioning ability and changing of negative attitude and behavior with other clients and staff. This acts as the coordinator of the various services – psychological, vocational, guidance, group work to bring about an integrated approach toward the attainment of proficiency and adjustment in his employment. The Social Worker's role should be on the project worker as a productive member of society.

Observation & Evaluation

1. Upon admission of client at the center, the social worker makes a social case study report for a better understanding of his or her personality, coping capacities, interests, likes, dislikes, skills, etc. The case study will capture personal information, educational attainment, work experience, family background and available services inside and outside of the center.
2. Based on gathered information, the social worker evaluates and analyzes facts to determine type of assistance and resources required by client to meet his or her needs.
3. Home visits are conducted to verify facts in an initial interview to get a full understanding of client's situation/condition. The social worker involves members of the family to help client to adjust in the new working environment. Close coordination should be maintained between social worker and production supervisor on matters affecting production, performance, relationship and work adjustment of client.
4. When necessary, collateral visits are conducted to provide substantial materials/information for a Social Case Study.
5. Close coordination should be maintained between the Social Worker and the Production Supervisor in matters where social problems are affecting production, performance, relationship and work adjustment of project worker.
6. The Social Worker should assist client on problems which are not yet resolved such as personal and family, overcoming disability issues, fear or insecurity. The Social Worker will also provide support and encouragement, develop positive work attitudes and

opportunities for social interaction among clients through positive work habits.

7. Methods of payment on client's output shall be clearly explained with client by the social worker.
8. The Psychologist administers the Psychological Tests to determine client's behavior, attitude, interest, like, dislike, limitation, mental capacity, etc.

Rehabilitation Planning

Social and Auxiliary Service

- After one week in the Observation Phase, the Case Coordinator shall call the Rehabilitation Team to meet and discuss the reports of the different services as basis in setting rehabilitation goals.
- The Social Worker shall present the comprehensive Social Case Study Report. Likewise, the Psychologist, the Medical and Dental Officers will present evaluation reports.
- The rehabilitation team will assist client to discuss and clarify strengths, weaknesses, resources available, presenting problem and potential solution to the problem. The team and client will work together to formulate intervention plan based on list of priorities with expected input, output and time frame.

For those clients who decided to work in sheltered workshop, then they will be engaged in a work orientation and contract signing.

For those clients who show readiness to work in an open employment shall be properly assisted by the team through referrals. Further, there will be a continuous support with client while reporting to work within prescribed period as agreed upon.

For those clients who are not yet ready to engage in any form of work/job, they will be referred with other suitable services & interventions.

- Intervention or treatment plans may include therapy sessions, individual, family and group counseling activities, referral systems, among others to address low level of self-esteem, fears and anxieties due to disability. Needed interventions are done in support to clients in dealing with

their psycho-social problems. Psychosocial problems are conditions that indicate existence of dysfunctions seen on behaviors, thoughts and feelings of persons brought about by sudden, extreme, prolonged and cumulative stressors from physical or social environment.

Case Recording

It is the policy of the agency to maintain a case record for each worker that will contain pertinent information about him and the services extended to him.

a. Active Cases

In the case of an active case, the case record shall include at least the following information:

1. Data supporting determination of eligibility and pertinent information secured in the case study.
2. Data supporting the worker's need for sheltered employment.
3. A plan for the nature of work set forth with the worker, the services needed to effectively carry his work as determined through a case study and ways by which the services were provided.
4. Progress Notes on the developments/changes focusing on client's attitudes, work habits, inter-personal relationship, and other relevant and pertinent data.

b. Closed Cases

Case records shall include reason for closing the case, including the employment status of the worker. If the case is closed as employed, the basis in which the employment was determined to be suitable should be stated.

c. For Cases Not Accepted

For those cases not accepted for services, the case record will include data supporting the non-eligibility findings.

Supervisory Conferences and Group Meetings

Individual and regular supervisory conferences shall be held between the Supervising Worker and the Social Worker to discuss caseload management and other problems. Group

meetings may be held among Social Workers to discuss common problems.

Preparation and Maintenance of Reports

The Social Auxiliary Services staff shall maintain adequate case records and be prompt in preparing required reports.

Community Resources

The Social Worker should make an effort to update her knowledge of community resources in providing services directed towards the attainment of the client's employment goal

Participation in Policy Formulation

It is the responsibility of the Social Worker, keep her supervisor informed of the effects of agency policies and procedures on clients and on the community, agencies, and make suggestions for necessary revisions. The Supervising Social Worker shall in turn be responsible to transmit these to the Head Social Worker/Manager and to the program staff and may recommend modifications, changes if necessary. In the case of a Supervising Social Worker, the Rehab Team members are responsible on this aspect.

Medical and Dental Service

Continuous medical and dental assistance is afforded to the project workers for the duration for his stay in the center. Interpretation to clients of rehabilitation means the nature, diagnosis, management, prognosis and limitations of disability.

Psychological Services

Counseling sessions will be provided by Psychologist as necessary to deal with presenting problems of clients who had lived experiences of extreme and prolonged fear, crisis and pressure in life. Counseling activities will help clients to participate in the rational planning, problem solving and decision-making in everyday life.

Vocational Counseling aims to assist the individuals in developing a career or vocational plan. It involves helping the individual in clarifying his values, establishing vocational goals, identifying alternatives, formulating and implementing a career plan and periodically reviewing and revising such plan on the basis of new information, goals and progress made.

Family Counseling is an important component in the total guidance program. In coordination with the Social Worker. It is provided with other members of the family, relatives and friends of client to gain support from them.

This aims to achieve the following goals:

1. Assess family background to determine economic status as well as relationship of client with other members of family;
2. Evaluate on how client performs his or her roles and functions in the family; and
3. Provide realistic and accurate interventions & programs to address or minimize spotted problem areas of client.

a. Project visit

The psychologist conducts regular psychological assessment to address behavioral and attitudinal concerns of client with others;

b. Case recording

As part of case management process, the psychologist maintains in an individual record of clients.

Psychologist tests and written results are utilized in the formulation of intervention plans;

c. Operation and Production Services

Upon admission of client at the center, an orientation on vision, mission goal, policy, program, work schedule, work assignment, etc. will be thoroughly discussed for job supervision purposes.

d. Project Visit

In coordination with the production, Guidance Psychologist conducts regular working area visits to gather information about the client's (production and relation with) behavior from the client co-worker.

e. Case Recording

As part of case management, Guidance Psychologist maintains individual record of clients. Included in the

recordings is the client's Psychological evaluation apart from counseling sessions extended to him, and plan of action.

f. Operation and Production Services

After having certified for sheltered workshop by the Admission Team, the client is required to present his admission slip to the Production Supervisor for orientation and assignment to a particular Production Aide for job supervision.

Training/Re-training

1. If necessary, refresher training or re-training on work operations are provided for the admitted clients which requires the upgrading of skills and talents based on the latest trends and technologies.
2. On-the-job training is also provided for active clients referred by other entities.
3. A work-related test is given to a client who will undergo for OJT in order to assess client's capacity to do assigned work while at the center.

Purchase of Materials

Materials and supplies to be purchased by the center shall be economical with best quality and quantity, sorted safely and readily accessible.

Upon availability of stock, the requisitioning officer shall submit a duly approved requisition to the property in charge to secure the needed items.

Arrangement of Workshop

1. Conducive working condition should be provided with adequate facilities
2. Definite and fixed stations are properly provided per set of tools.
3. Materials and tools should be arranged accordingly to follow sequence of motion.
4. Tools and materials should be pre-positioned to reduce searching

Productivity of Workers

If a high standard of production is desired to be achieved, workers must be well motivated towards their tasks. Various procedures have been developed to encourage workers to attain high work performance standards.

One common method is the payment of incentives, which takes three main forms.

1. Piece-work, whereby a sum is paid for each unit for piece produced
2. Recognitions and commendations is extended to project clients who exhibited good working habits, attitudes, and others.

Work Habits

The Supervisor has the responsibility to the project clients to develop work habits. As many clients have not worked before or unable to work for some time, it will be necessary to guide them in developing their attitudes and inter-personal relationships with other clients, such as the acceptance of authority and supervision, and the necessity to cooperate with others.

Supervisor encourages clients to become self-reliant by aiming them to engage in open or self-employment.

Production Control

A simple form of production control should be implemented in a workshop. For this, the following information will be required.

- Number or quantity of materials received
- Period during which work was performed
- Work completed
- Delivery/pick-up
- Work awaiting delivery
- Work in progress
- Raw materials in stock

- Wastage and breakages

Once or twice a week a spot check/inventory should be made by the RSW staff to find out if what is recorded tallied with the actual stock and production output.

An efficient production control system will make it possible for the Supervisor to meet work schedules and plans to undertake new work on an organized basis.

Quality Control

A workshop should aim to achieve the highest quality results based on current standards. In order to do so, adequate efforts will have to be made to evaluate the quality standard of goods produced, by introducing a quality control system. Supervision is important to maintain high quality of work. Work allocation should be given to those who could do the job easily with required quality.

A record shall always be maintained showing coverage of work checked, viz-a-viz percentage of unacceptable sample work output done to represent whole order.

Stock Control

Stock Control is essential in the operation of the workshop, to ensure the availability of raw materials to meet the needs of the production line. It seeks to establish the following:

1. **Re-order Level** –the quantity required to last during the normal delivery period plus a buffer stock to cover possible delays delivery.
2. **Re-order Quantity** a standard quantity to be ordered whenever the stock falls to the re- order level. This stock should be a reasonable quantity, which can be purchased at an economical price, and takes into account, the cost of holding stock and the clerical cost of ordering.

Adequate storage facilities should be provided and must be properly recorded for effective control.

Records

The following records shall be maintained:

1. Stocks (raw materials, goods in process, finished products)
2. Tools and equipment

3. Incoming and outgoing goods
4. Project worker output performance

Reports

The following reports shall be submitted

2. Weekly production reports of each project
3. Monthly narrative and statistical reports on the activities of operation and production services.

Regular Meetings

Regular meetings shall be held with project workers Social Auxiliary Services, Psychological Services and Operation and Production staff in order to facilitate communication with one another, develop system, resolved possible problems and come up with suggestions for improvement.

Reporting

Marketing staff are required to submit a monthly narrative and statistical report. The monthly accomplishment report should be precise, informative and an accurate record of the activities of the month. All communication shall be properly channeled to the center head.

Statistical Forms

Standard basis statistical forms used in the operation of sub-contract jobs are as follows, contract forms and sub-contract analysis. These basic forms were formulated though subject for improvement to suit out changing conditions and approved by proper authority concerned

Records

The following records shall be maintained:

- a. Contract with business prospects.
- b. Competitor's prices.

- c. Finished goods inventory.
- d. Sales records for cash sales and credit sales.

Reports

The following reports shall be submitted:

- a. Weekly sales report.
- b. Monthly Narrative and Statistical Report on activities of Marketing Services.
- c. An industry profile of the work being undertaken.

Evaluation

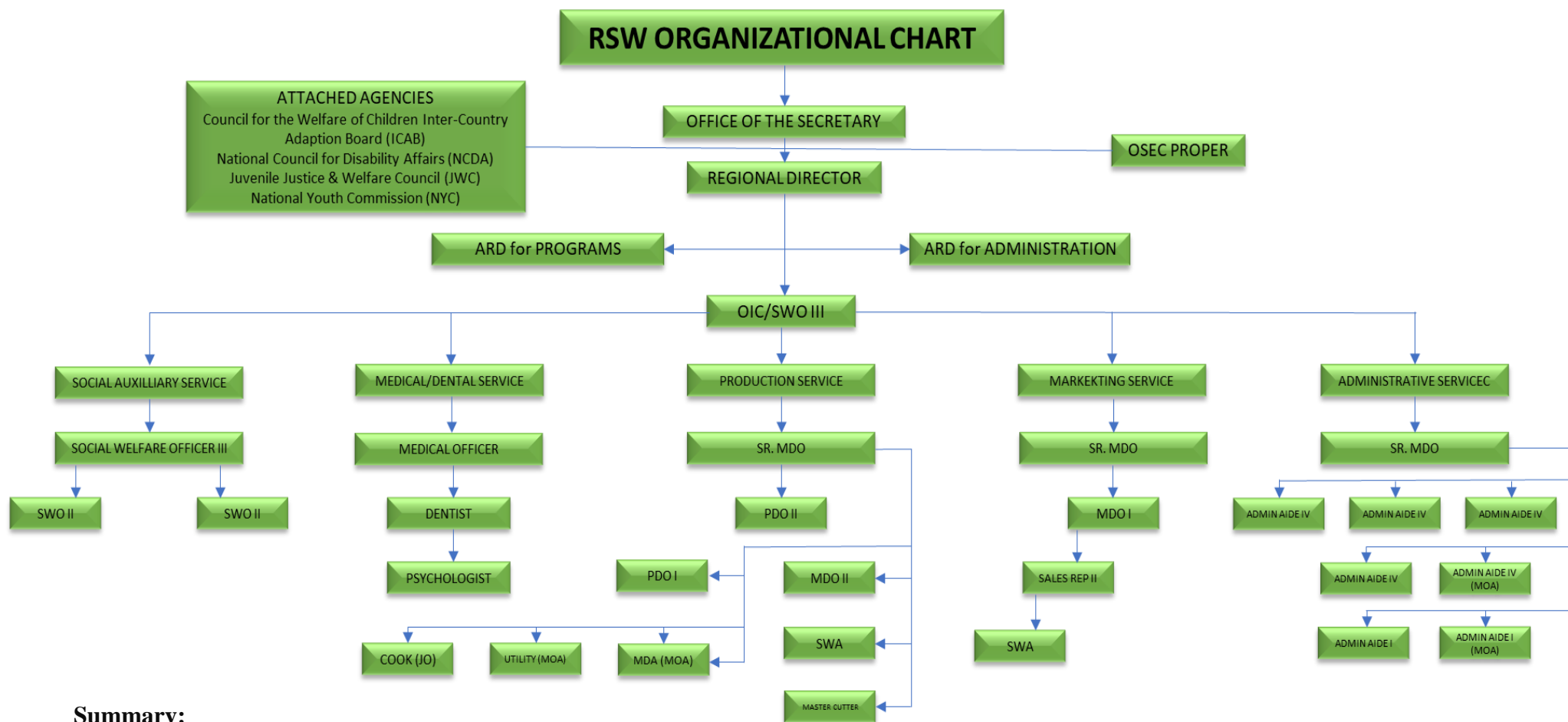
1. Rehabilitation Team Meeting

The Rehabilitation Team Members meet and evaluate the progress and affectivity of client's rehabilitation plan. Guidance Psychologist should see to it that her planned activities for the client have been carried through.

2. Performance Evaluation of the client in order to determine the affectivity of the rehab, services extended to him every three (3) months

CHAPTER VIII

ORGANIZATIONAL STRUCTURES/STAFFING REQUIREMENTS



Summary:

Regular positions	-----	18
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APPENDIX

A. FORMS FOR IMPLEMENTATION

Social Auxiliary Service

- 1.1 General Intake Sheet
- 1.2 Admission Slip
- 1.3 Kasunduan
- 1.4 Rehabilitation Planning Matrix
- 1.5 Social Case Study Report
- 1.6 Referral for Service/ Assistance
- 1.7 Inter- disciplinary Slip

Medical/Dental Services

- 1. Pre/Post Medical Assessment Summary
- 2. Medical Profile
- 3. Medical Prescription
- 4. Medical Certificate
- 5. Dental Assessment Summary
- 6. Dental Profile
- 7. Authorization for Dental Assistance
- 8. Authorization for Operation with Health Questionnaire
- 9. Dental Certificate

Psychological Service

Initial Interview and Assessment
Psychological Assessment Summary
Counseling Notes

Production Service

Marketing Service

Delivery Receipt

A. Flow of Programs and Services

B. Admission Flow Chart

C. Job Acceptance Procedure

Department of Social Welfare and Development
REHABILITATION SHELTERED WORKSHOP
Rehab. Complex, JP Burgos St, Project 4, Quezon City

GENERAL INTAKE SHEET
(RSW USE ONLY)

Case No. : _____ Date : _____
New : _____ Region : _____
Center : _____

I IDENTIFYING INFORMATION:

- 1) Name of Client: _____
- 2) Type of Disability: _____
- 3) Source of Referral: _____
- 4) Immediate need/Problem Presented by client: _____

ii. Initial assessment of the Social Worker (based from the immediate Need/ Problem of the client as observed and verbalized)

iii. Present Address: _____

iv. Birth Place: _____ Age: _____

v. Place of Birth: _____

9) Educational Attainment: _____ Skills: _____

10) Occupation: _____ Income per day: _____

11) Type of employment: Open () Self () Employed, if employed
() Sheltered or () Merchandising

12) Name of latest employer: _____

13) Nature of employment:

() Casual () Permanent () Temporary

14) Insurance membership: () SSS () GSIS () other

15) If in case of emergency contact: _____

Relationship: _____

16) Previous Assistance received (DSWD and other resources) _____

Type of Assistance received: _____ Date: _____

Reason of Discharge: _____

17) Nature of Residency (refer to housing/present living condition):

() House Owner () Renter () Sharer

FAMILY INFORMATION: (All family members living in one roof)

- 1) To work on time
- 2) To develop positive work attitude
- 3) To take orders
- 4) To participate in working team
- 5) To learn to get along with others
- 6) To become self-reliant/economic productive

V. RECOMMENDATION

VI. PLAN OF ACTION

Prepared by:

Social Worker

Position

Signature/Thumb mark of Client

ACTION TAKEN/DATE

NOTED BY:

Immediate Supervisor

Department of Social Welfare and Development
REHABILITATION SHELTERED WORKSHOP
Rehab. Complex, JP Burgos St, Project 4, Quezon City
Tel. No. 913-9782 437-6001

ADMISSION SLIP

Name: _____ Age: _____ C.S. _____
Address: _____ Date of Birth: _____
Place of Birth: _____ Religion: _____
Disability: _____ Cause: _____
Work Experience: _____

Employer: _____

Skills: _____

Hobbies: _____

Distinguishing
Marks: _____

Organizations
Affiliated: _____

Referred by: _____

Interviewed by: _____

Social Worker

Psychologist: _____

Date

Production: _____

Social Welfare Officer III

Approved:

Head Social Worker

Department of Social Welfare and Development
National Capital Region
REHABILITATION SHELTERED WORKSHOP
Rehab. Complex, JP Burgos St, Project 4, Quezon City
Tel. No. 913-9782 437-6001

Date

KASUNDUAN

Sa Kinuukulan:

Ako si _____, _____ taong gulang nakatira sa _____
_____ ay kusang loob na susundin at tutuparin ang mga sumusunod:

Na sa panahon ng aking trabaho sa Sheltered Workshop ay taos puso kong susundin ang lahat ng mga alituntunin at patakaran;

Na ako ay tutupad sa mga tungkulin o trabahong nakatalaga sa akin at sa ganitong paraan, aasikasuhin ang aking trabaho nang maayos sa loob ng mga oras na nakatakda kahit na sa pagbabago o paghahalili ng takdang oras ng paggawa;

Na, aking tinatanggap magtrabaho sa oras na itinalaga ng Sheltered Workshop bilang pagsubok sa loob ng isang (1) buwan. Kung makitang maayos ang aking pagtrabaho at ako ay tinatanggap na maging isang kliyente ng RSW sa loob ng anim (6) na buwang job placement;

Na, sa pagitan ng panahong nakasaad ako ay magiging maayos at mapagkakatiwallan ng opisina at ng aking mga panauhing tagapamahala o pananagutan na ipagkakatiwala sa akin;

Na, ako'y magbibigay ng huling Medical Certificate na may kasamang huling X-ray result

Na, ako'y sasailalim sa "Psychological-assessment" at "job testing" bago ako tanggapin sa RSW;

Na, ako ay makikiisa sa mga gawain dito sa RSW para sa pagbabago ng aking kasalukuyang buhay;

Bilang katunayan ng aking pagtanggap sa pangakong ito, ako ay lumalagda sa ibaba nito sa Brgy. Escopa III Lungsod Quezon ngayong ika - _____ ng _____, 200_____

Lagda

Testigo:

SOCIAL CASE STUDY REPORT

Date _____

I. IDENTIFYING INFORMATION

Name	:	_____
Age	:	_____
Sex	:	_____
Civil Status	:	_____
Date of Birth	:	_____
Place of Birth	:	_____
Religion	:	_____
Educ. Attainment	:	_____
Clientele of Admission	:	_____
Date of Admission	:	_____
Length of Admission	:	_____
Placement	:	_____

FAMILY COMPOSITION

[illegible]

II. PROBLEM PRESENTED

III. FINDINGS

- a. Personal History
- b. Family History
- c. Economic Plan

IV. (Social Worker Observation & Psychologist assessment if necessary)

V. Rehabilitation Plan (reference- Rehabilitation Plan from for RSW client)

VI. Recommendation

Noted by:

Immediate Supervisor

Prepared by:

Social Worker

Department of Social Welfare and Development
National Capital Region
REHABILITATION SHELTERED WORKSHOP
Rehab. Complex, JP Burgos St, Project 4, Quezon City
Tel. No. 913-9782 437-6001

REFERRAL FORM

The Rehabilitation Sheltered Workshop would like to refer:

Name _____

Address _____

Age _____ Category _____ Sex _____ Civil Status _____

Purpose of Referral _____

Findings:

Noted:

Head Social Worker

Social Worker

Department of Social Welfare and Development
National Capital Region
REHABILITATION SHELTERED WORKSHOP
Rehab. Complex, JP Burgos St, Project 4, Quezon City
Tel. No. 913-9782 437-6001

TO BE ACCOMPLISHED IN DUPLICATE
(Duplicate copy to be returned to referring staff)

RSW FORM NO. _____
CASE NO. _____

INTER-DISCIPLINARY
REFERRAL SLIP

DATE; _____

TO; _____

RE: _____ AGE: _____ STATUS _____

The above-named client is being referred to you for _____

Receiving Staff

Referring Staff

Date: _____

Department of Social Welfare and Development
National Capital Region
REHABILITATION SHELTERED WORKSHOP
Rehab. Complex, JP Burgos St, Project 4, Quezon City
Tel. No. 913-9782 437-6001

Date

MEDICAL SUMMARY

Name: _____ Age: _____
Category: _____

PERTINENT PHYSICAL FINDINGS:

LABORATORY FINDINGS:

ASSESSMENT AND RECOMMENDATION:

Department of Social Welfare and Development
National Capital Region
REHABILITATION SHELTERED WORKSHOP
Rehab. Complex, JP Burgos St, Project 4, Quezon City
Tel. No. 913-9782 437-6001

Date

MEDICAL PROFILE

(Last Name) (First Name) (M.I.) (Date of Birth)

(Home Address)

Educational Attainment: _____ Sex _____ Marital Status _____

NATURE OF MAJOR DISABILITY

SIGNIFICANT MEDICAL HISTORY

PERSONAL AND SOCIAL HISTORY

FAMILY HISTORY

PHYSICAL EXAMINATION

A. General Appearance and Mental Attitude: _____

Weight _____ *Height* _____ *BP* _____ *Temp* _____

B. In what manner and what extent is the client's physical disability handicapping in regard to daily functioning:

C. Laboratory Examination:

D. Treatment Plans:

E. Assessment and Recommendations:

Examining Physician: _____

Department of Social Welfare and Development
National Capital Region
REHABILITATION SHELTERED WORKSHOP
Rehab. Complex, JP Burgos St, Project 4, Quezon City
Tel. No. 913-9782 437-6001

MEDICAL CERTIFICATE

This is to certify that _____, _____, _____,
residing at _____ was
seen at the office this day (date) _____ and was found to
have _____
He/she is advised to _____

This certification is issued upon the bearer's request for whatever purpose it may serve him/her
best except for medico-legal purposes.

Issued on _____,

Department of Social Welfare and Development
REHABILITATION SHELTERED WORKSHOP
Rehab. Complex, JP Burgos St, Project 4, Quezon City
Tel. No. 913-9782 437-6001

DENTAL ASSESSMENT SUMMARY

NAME: _____ CATEGORY: _____
AGE: _____ SEX: _____ CIVIL STATUS _____ EDUC'L ATTAINMENT: _____

CLINICAL FINDINGS

A. FACIAL:

B. ORAL:

C. DENTAL:

D. OTHER FINDINGS:

RECOMMENDATION:

- ☐ The client is fit to train.
- ☐ The client is unfit to train due to dental reasons.
- ☐ The client is fit to train provided medication is given concomitantly and taken religiously during training.

Dentist

Date Examined: _____

Case No.: _____

PREScription FORM

<p>Department of Social Welfare and Development National Capital Region REHABILITATION SHELTERED WORKSHOP Rehab. Complex, JP Burgos St, Project 4, Quezon City Tel. No. 913-9782 437-6001</p> <p>_____</p> <p>Date</p> <p>Name: _____ Age: _____ Sex: _____</p> <p>R</p> <p>MD/DMD No. _____ License</p>	<p>Department of Social Welfare and Development National Capital Region REHABILITATION SHELTERED WORKSHOP Rehab. Complex, JP Burgos St, Project 4, Quezon City Tel. No. 913-9782 437-6001</p> <p>_____</p> <p>Date</p> <p>Name: _____ Age: _____ Sex: _____</p> <p>R</p> <p>MD/DMD License No. _____</p>
---	---

Department of Social Welfare and Development
National Capital Region
REHABILITATION SHELTERED WORKSHOP
Rehab. Complex, JP Burgos St, Project 4, Quezon City
Tel. No. 913-9782 437-6001

DENTAL CLINIC

Case No. _____
Date: _____
Category: _____
Social Worker: _____

DENTAL PROFILE

Name: _____ Age: _____ Sex: _____ Civil Status: _____
Address: _____ Religion: _____
Date and Place of Birth: _____
Occupation: _____ Educational Attainment: _____
Family Physician: _____ Tel. No. : _____
Referred by: _____ Tel. No.: _____
Last Visit to the Dentist: _____ Tel. No.: _____

A. CHIEF COMPLAINTS

☐ Pains ☐ Caries ☐ Routine
☐ Swelling ☐ Esthetic ☐ Others

B. PAST HISTORY

Medical ☐ Allergies ☐ Blood Dyspraxia
☐ Cardiac Diseases ☐ Common Childhood Diseases
☐ Kidney Diseases ☐ Tuberculosis
☐ Diabetes ☐ Jaundice, Hepatitis or Liver Problem
☐ Familial Diseases ☐ Medication
☐ Rheumatic Fever ☐ Hospitalization
☐ Asthma ☐ Others
☐ Goiter

Remarks: _____

Dental: ☐ Extraction ☐ Peri Dental Therapy
☐ Drug Sensitivity ☐ Fluoride Therapy
☐ Pulp Therapy ☐ Others

Remarks: _____

C. CLINICAL EXAMINATION OF THE TEETH

LEGEND:

II	Indicated for Extraction	IM	Impacted	NR	Non Restorable
AM	Amalgam	DT	Deciduous	RCT	Root canal Therapy
X	Extracted	O	Indicated for filling	M	Missing
R	Restorable	P	Pontic	PE	Partial Erupted
UN	Unerupted	RF	Root Fragment	Sil	Silicate
CR	Composite Resin	JC	Jacket crown		

Parents / Guardian Signature
(For Minors)

(If Relevant to CC and/or Clinical

Findings)

PEERSONAL AND SOCIAL HABITS

Smoking _____ Drinking _____ Others _____

Clinical manifestation or neurological disturbances or systematic diseases (if present)

Regional Examination:

D. Facial

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Asymmetry | <input type="checkbox"/> Tic |
| <input type="checkbox"/> Pallor | <input type="checkbox"/> Cyanosis |
| <input type="checkbox"/> Paralysis | <input type="checkbox"/> others |
| <input type="checkbox"/> Adenitis | <input type="checkbox"/> |

E. Oral Hygiene Calculus

- | | | |
|---------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| <input type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Marked | | |

Mucosal Lesion

- | | | |
|---|---|---------------------------------|
| <input type="checkbox"/> Lips | <input type="checkbox"/> Cheeks | <input type="checkbox"/> Palate |
| <input type="checkbox"/> Tongue | <input type="checkbox"/> Floor of the mouth | |
| <input type="checkbox"/> Gingival | <input type="checkbox"/> Gingival recession | |
| <input type="checkbox"/> Gingival cleft | <input type="checkbox"/> others | |

F. Dental Carries Activity:

- | | | |
|-----------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Immune | <input type="checkbox"/> Minimal | <input type="checkbox"/> Mesio |
| <input type="checkbox"/> Moderate | <input type="checkbox"/> Marked | |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Neutro | |
| <input type="checkbox"/> Distro | <input type="checkbox"/> others | |
-

Abnormalities and Pathological Findings:

- () Mottled Enamel () Anodontia
() Peg-shaped () Macrodontic
() Diasthena () Fusion
() Hyper plastic () others

Laboratory Test and/or Diagnostic Aid: Skin Test: _____ Bleeding Time: _____
_____ Blood Pressure: _____ CBC: _____
_____ Urinalysis: _____

TREATMENT RECORD

DATE	TOOTH NUMBER	SERVICES RENDERED	REMARKS & OBSERVATION

DENTIST

Department of Social Welfare and Development
National Capital Region
REHABILITATION SHELTERED WORKSHOP
Rehab. Complex, JP Burgos St, Project 4, Quezon City
Tel. No. 913-9782 437-6001

AUTHORIZATION FOR DENTAL ASSISTANCE

(Date)

Dear Sir:

This is to authorize the clinician to be assigned to perform the treatment stated herein to the bearer, (Name of the client) . The said client is one of the (Category of the client) Trainees of the center.

After initial oral assessment, the client was found to be in need of the following dental assistance.

Anticipating for your favorable action in this request.

Thank you for being one with us.

Very truly yours,

Dentist II

Noted:

Superintendent II

Attending Clinical Instructor:

Attending Clinical/Intern:

Attending Rendered:

Date Started:

Date Finished:

Department of Social Welfare and Development
REHABILITATION SHELTERED WORKSHOP
Rehab. Complex, JP Burgos St, Project 4, Quezon City
Tel. No. 913-9782 437-6001

Case No.: _____

**AUTHORIZATION FOR ADMINISTRATION OF ANESTHESIA AND PERFORMANCE OF
OPERATION AND OTHER PROCEDURES**

TO WHOM IT MAY CONCERN:

I, _____, _____,
years of age,
Married/single/widowed, hereby consent to the performance upon myself (or)
_____(name), my (relation) of any all procedures, operation and/or treatments that
may be considered necessary or desirable by the dentist. Be it known that this consent was voluntarily
and freely given without influence or intimidation by anybody after fully understanding the necessity
for and risks of such procedure, operations and/or treatment.

I, further consent to the administration of such anesthesia as maybe considered necessary or
desirable in the judgment of the dentist of this dental office.

I also consent to the disposal by authorities of the above-named Dental Office of whatever
tissues or parts as maybe deemed necessary to remove.

I also consent to the taking of photographs in the course of this treatment or operation for the
purpose of advancing medical knowledge.

Be it known, further, that whatever the result of the intervention or treatment may be, NONE
will be liable or responsible to ANY CHARGE that my family, guardian or relative may claim.

IN WITNESS THEREOF, I have hereunto set my hand this
_____ day of _____, 20 ____ at
_____.

Signature of patient or person giving
Free consent or his thumb mark

IN THE PRESENCE OF:

Witness Address

Interpreter Address

Department of Social Welfare and Development
National Capital Region
REHABILITATION SHELTERED WORKSHOP

Date _____, 20 ____

DENTAL HEALTH QUESTIONNAIRE

Patient's Name Age Sex School/ College/ Year/
Sec

Your family physician _____

Your family Dentist _____

DIRECTION – for minors we require parental consent and this is to be accomplished by parent/guardian. This questionnaire requires a Yes or No answer, place a circle on your answer.

- | | | |
|--|-----|----|
| 1. Have you had a physician examination lately? (w/in 6months) | Yes | No |
| 2. Any findings? | Yes | No |
| 3. Are you under medical at present? | Yes | No |
| 4. Are you taking any medication? | Yes | No |
| 5. Have you have a tooth extracted before? | Yes | No |
| 6. Have you received anesthetic injection before? | Yes | No |
| 7. This is related to Nos. 5 & 6: Was there any unpleasant effect like bleeding, dizziness, etc. | Yes | No |
| 8. Any known ailment as like anemia, diabetes, heart condition, asthma, etc. | Yes | No |
| 9. Any attack of chest pain after a brief exercise? | Yes | No |
| 10. Any unusual blue spots in your body? | Yes | No |
| 11. Any known allergy to foods, drugs, or other substances? | Yes | No |

NOTE: Report any past medical history not covered by the above questions.

Signature of Patient/Parent/Guardian

.....
.....

INSTRUCTION AND HOME CARE AFTER EXTRACTION OR SURGERY

- ☞ Remove gauze pack 30 minutes after extraction: if still bleeding, get fresh, clean gauze or rolled cotton and bite with pressure for 30 minutes
 - ☞ No mouth rinsing within 12 hours after extraction
 - ☞ Take medication as prescribed. Notify dentist of any known allergy
 - ☞ Apply cold compress 10 to 20 minutes after extraction
 - ☞ Refrain from unnecessary physical exertion
 - ☞ Soft or regular diet, as tolerated
 - ☞ Report back on the fourth day for check-up
 - ☞ Things to be expected:
 - a. slight pain and moderate swelling
 - b. all pieces of bone may work out of the gums (often mistaken by patient as fractured tooth) report to the clinic for removal
 - ☞ Others
-

Department of Social Welfare and Development
National Capital Region
REHABILITATION SHELTERED WORKSHOP
Rehab. Complex, JP Burgos St, Project 4, Quezon City
Tel. No. 913-9782 437-6001

DENTAL CERTIFICATE

This is to certify that _____, _____,

_____,
Residing at

_____ was
Seen at the office this day (date) _____ and was found
to have

_____,
He/She is advised to

This certification is issued upon the bearer's request for whatever purpose it may serve him/her
best except for medico-legal purposes.

Issued on _____,

DENTIST

Department of Social Welfare and Development
National Capital Region
REHABILITATION SHELTERED WORKSHOP
Rehab. Complex, JP Burgos St, Project 4, Quezon City
Tel. No. 913-9782 437-6001

DENTAL CERTIFICATE

This is to certify that _____, _____,

_____,

Residing at _____

was seen at the office this day (date) _____ and was
found to have _____,

He / She is advised to _____.

This certification is issued upon the bearer's request for whatever purpose it may serve him/her best
except for medico-legal purposes.

Issued on _____,

DENTIST

Department of Social Welfare and Development
National Capital Region
REHABILITATION SHELTERED WORKSHOP
Rehab. Complex, JP Burgos St, Project 4, Quezon City
Tel. No. 913-9782 437-6001

Initial Psychological Assessment

I. Identifying Data

Name : _____
Address : _____
Age/Sex : _____
Civil Status : _____
Category : _____
Referred by : _____
Date of Referral : _____

1. Vocational Interest : _____
2. Previous Skills : _____

Type of trng. Skills : _____
Where : _____
When : _____
3. Hobbies : _____
4. Educational Background: _____
Academic Records : _____
Type of school : _____
Grade : _____
Subject Interest : _____
Honors : _____

II. Psychological Assessment

<u>Personal Problem</u>	High		Ave
Low			
1) Low Self Confidence	_____	_____	_____
2) Lack of Maturity and Emotional Stability	_____	_____	_____
3) Feeling of Inferiority/Inadequacy	_____	_____	_____
4) Low level and self-esteem	_____	_____	_____
5) Feeling depression/hopeless	_____	_____	_____
6) Feeling of anxiety	_____	_____	_____

7) Lack of emotional control	_____	_____	_____
8) Unable to set personal goals or devise ways of achieving them	_____	_____	_____

- | | | | |
|---|-------|-------|-------|
| 9) Poor problem-solving habits skills | _____ | _____ | _____ |
| 10) Lack of initiative/independent behavior | _____ | _____ | _____ |
| 11) Unable to cope with everyday problems of life | _____ | _____ | _____ |
| 12) Unable to cope with work stress | _____ | _____ | _____ |

Adjustment to Disability

- | | | | |
|---|-------|-------|-------|
| 1) Lack of adjustment to disability | _____ | _____ | _____ |
| 2) Inappropriate disability related behavior | _____ | _____ | _____ |
| 3) Unrealistic appreciation of Mental and Physical Capabilities | _____ | _____ | _____ |
| 4) Limiting effects of disability | _____ | _____ | _____ |

Social Problems

- | | | | |
|--|-------|-------|-------|
| 1) Low self confidence in social situations | _____ | _____ | _____ |
| 2) Inability to settle down, mix with others | _____ | _____ | _____ |
| 3) Unable to get on with other people | _____ | _____ | _____ |
| 4) Occurrence of Social and Interpersonal conflict | _____ | _____ | _____ |
| 5) Anxious or fearful in Social situations | _____ | _____ | _____ |

Department of Social Welfare and Development
National Capital Region
REHABILITATION SHELTERED WORKSHOP
Rehab. Complex, JP Burgos St, Project 4, Quezon City
Tel. No. 913-9782 437-6001

PSYCHOLOGICAL ASSESSMENT SUMMARY

I. IDENTIFYING DATA

Name : _____
Sex/Age : _____
Present Address : _____
Civil Status : _____
Date of Birth : _____
Place of Birth : _____
Category : _____
Ordinal Position : _____
Educational Attainment : _____
Contract Person : _____
Relation : _____
Address : _____
Date of Source of Referral : _____

II. REASON FOR REFERRAL

To assess the client's mental and personality functioning prior to his/her total rehabilitation and employment.

III. TEST ADMINISTERED

DATE

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

IV TEST RESULT:

A. Intelligence:

IQ

IQ Standard

B. Interest

Field of interest

Vocational Inclination:

Score/Responses

V. PROGNOSIS

$$\vdots$$

Department of Social Welfare and Development
National Capital Region
REHABILITATION SHELTERED WORKSHOP
Rehab. Complex, JP Burgos St, Project 4, Quezon City
Tel. No. 913-9782 437-6001

COUNSELING NOTES

☐ Initial
☐ Individual

☐ Progress
☐ Group

Name : _____
Age : _____
Civil Status : _____
Educational Attainment : _____
Category : _____
Vocational Goal : _____
Date : _____

A. BEHAVIORAL OBSERVATION

B. CONTENTS OF COUNSELING:

☐ Vocational ☐ Social ☐ Emotional ☐ Family ☐ Other

C. PLAN OF ACTION

Counselor

Psychological/Voc'l Guidance

Department of Social Welfare and Development
National Capital Region
REHABILITATION SHELTERED WORKSHOP
Rehab. Complex, JP Burgos St, Project 4, Quezon City
Tel. No. 913-9782 437-6001

DELIVERY RECEIPT

No: _____

Date: _____

Delivery to: _____

Address: _____

QTY	UNIT	ARTICLES	UNIT COST	AMOUNT

Approved: _____

Delivered: _____

Head of Office

Received

Department of Social Welfare and Development
National Capital Region
REHABILITATION SHELTERED WORKSHOP
Rehab. Complex, JP Burgos St, Project 4, Quezon City
Tel. No. 913-9782 437-6001

DELIVERY RECEIPT

No: _____

Date: _____

Delivery to: _____

Address: _____

QTY	UNIT	ARTICLES	UNIT COST	AMOUNT

Approved: _____

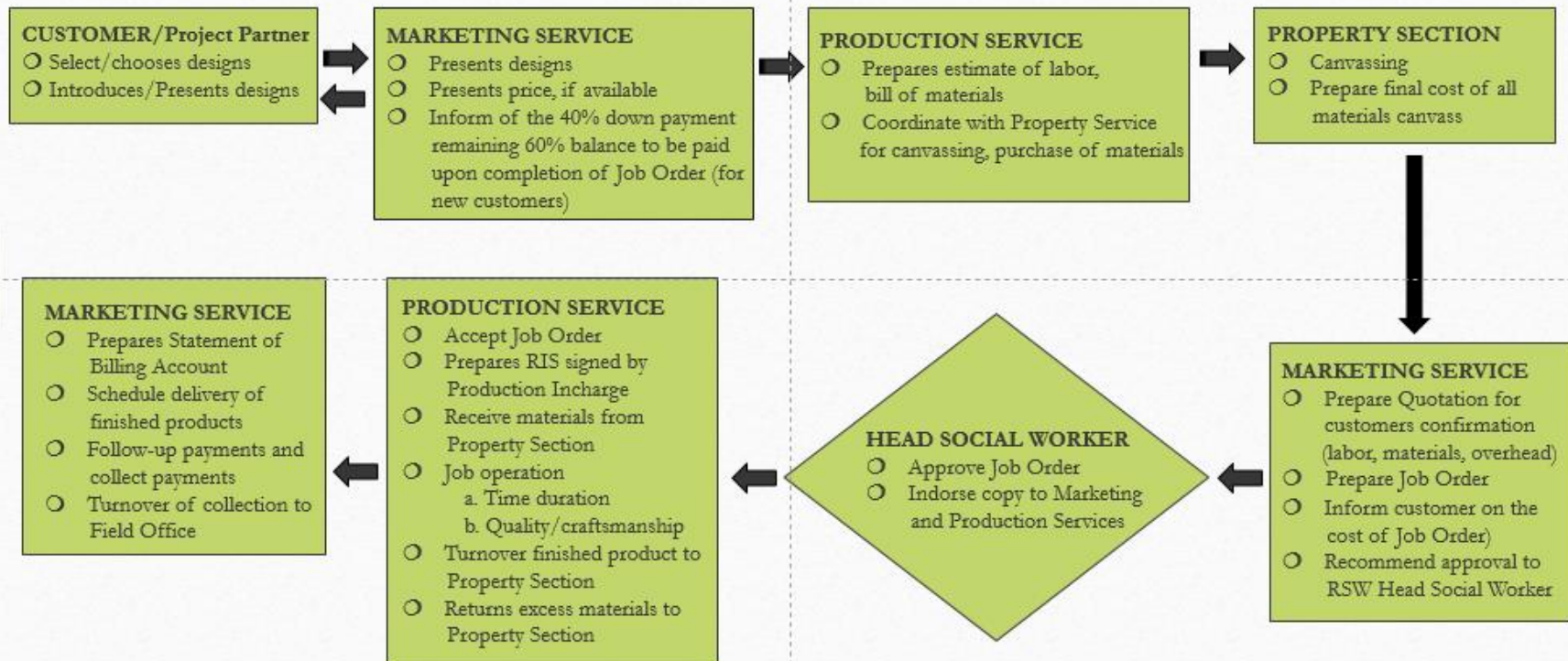
Delivered: _____

Head of Office

Received

JOB ACCEPTANCE PROCEDURE

Job Acceptance Procedure



Department of Social Welfare and Development
National Capital Region

REHABILITATION SHELTERED WORKSHOP

BUSINESS PROCESS AND REQUIREMENT ANALYSIS

Minimum

Deliverable: Production Service

(A) PROCESSES					(B) REQUIREMENTS				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
No.	Task	Responsible Person	Time Frame	Output	Policy	Application	Material/Infra	Competency	Remarks
1.	Received of approved Job Order from Marketing Services	Marketing Supervisor /Production Supervisor/Project Supervisor	5 minutes						
2.	Job Order review and costing and approval of RIS	Project Supervisor/Production Head/OIC of the Center	30 minutes	Approved Job Order, Costing and approved RIS	MOO	Calculator	Paper and Pen	Analysis on the preparation of Job Order and costing	
3.	Preparation of RIS	Project Supervisor		Complete required RIS	MOO	Calculator	Paper and Pen	Analysis of the correct quantity and standard raw materials for the Job order	
4.	Approval of RIS	Production Head/OIC of the Center	1 week	Approved RIS	OIC of the Center		Paper and pen	-do-	
5.	Request for	Project						Basic in	

	Budget	Supervisor						computation and pricing analysis	
6.	Approval of Budget	Center Head/OIC							
7.	Release of Budget	RSW Revolving Fund SDO							
8.	Canvass of Materials/Equipment	Assigned Canvasser of the Center/Project Supervisor	1 day	Filled out RFQ Forms	MOO	none	Paper and Pen Canvass/RFQ Forms/Vehicle	Knowledge in searching/locating good and quality materials for the project	
9.	Purchase of Materials/Equipment	Assigned purchaser of the Center/Project Supervisor	1 day	Materials/Equipment	MOO	none	Money/Paper and Pen/Vehicle	Knowledge to purchase good and quality materials and equipment in a lesser price.	
10.	Inspection of Materials/Equipment	Assigned Inspector of the Center	30 minutes	Approved Inspected materials based on the approved purchase materials	MOO	none	Paper and pen/Inspection of materials form	Knowledge in inspecting materials based on the approved project	
11.	Release of Materials/Equipment to respective Project	Property Custodian/Project Supervisor	30 minutes per transaction	Received all the materials needed	MOO		Correct standard materials and equipment	Knowledge of the standard quality of materials and equipment	
12.	Production/Fabrication/Service	Production Supervisor	It depends upon the	Good quality	MOO		Specific and Standard quality	Application of knowledge	

			volume of Job Orders	complete product output			output	and skills of the specific production /fabrication of the outputs	
13.	Quality Control	Production Supervisor	It depends upon the quantity of the Job Order	Passed quality standard	MOO		-	Checking/cou nting of outputs in a standard quality/quantit y of the output	
14.	Turnover of produced goods to Property	Project Supervisor of every Project	30 minutes	Approved/ Signed Forms for the delivered goods	MOO	none	Paper and Pen/Trolley, Crates etc.	Knowledge on basic computation	

Department of Social Welfare and Development
National Capital Region
REHABILITATION SHELTERED WORKSHOP

BUSINESS PROCESS AND REQUIREMENT ANALYSIS

Minimum

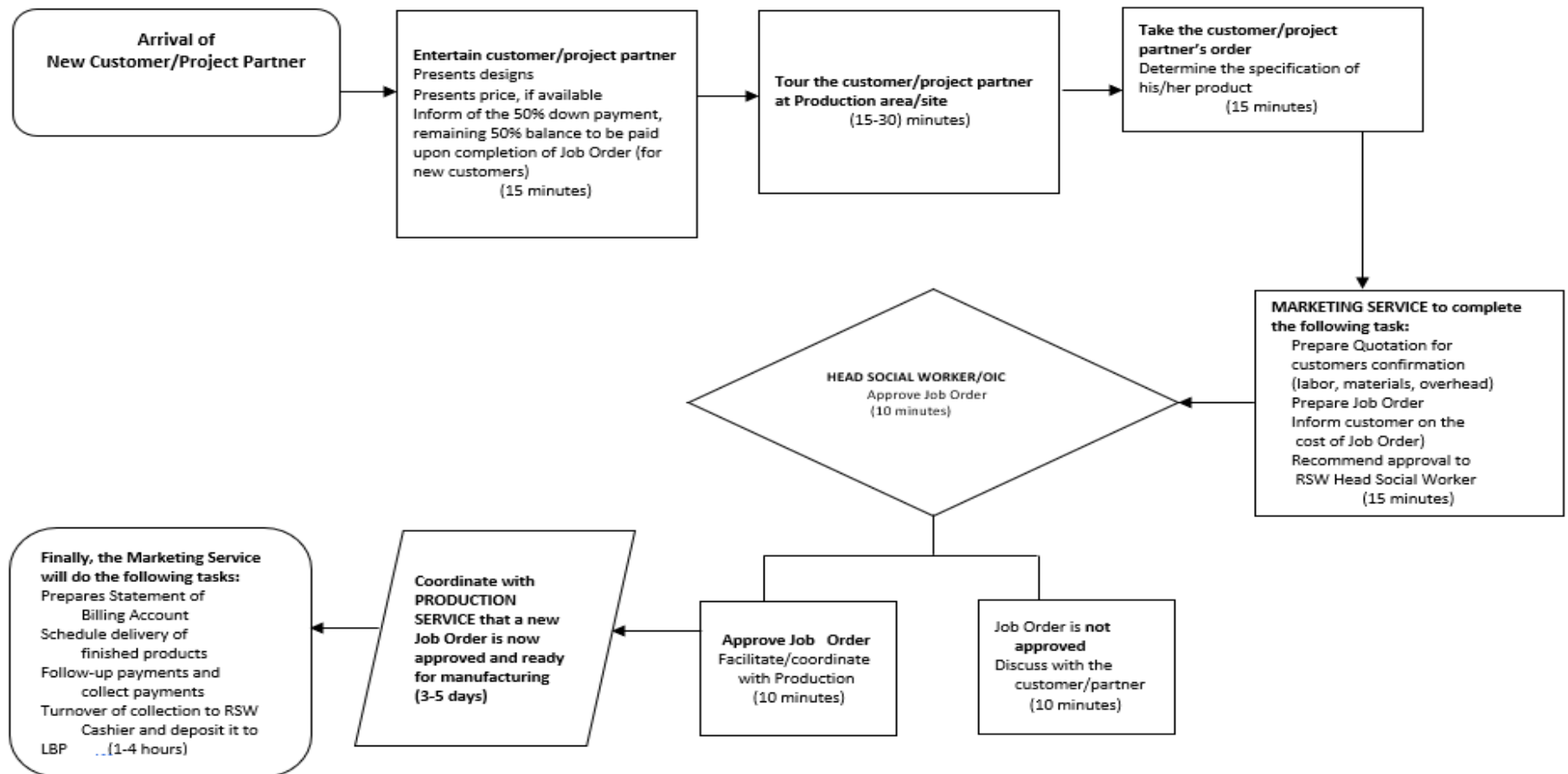
Deliverable: **MARKETING SERVICE**

(C) PROCESSES					(D) REQUIREMENTS				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
No.	Task	Responsible Person	Time Frame	Output	Policy	Application	Material/Infra	Competency	Remarks
1.	Arrival of new customer/project partner	Any marketing staffer	5 minutes		MOO		RSW Product Catalogue	Salesmanship	
2.	Entertain customer/project partner	Supervisor and Marketing staffer	15 minutes	Presentation of designs and other information needed by the customer/project partner	MOO	Sketch of product design	RSW Product Catalogue Paper and Pen	Salesmanship Drawing	
3.	Tour the customer/project partner at Production area/site	Supervisor and Marketing staff	30 minutes	Provided knowledge to customer/project partner how/who	MOO	Touring	Paper and Pen	Salesmanship	It aims to provide satisfaction to the targeted customers

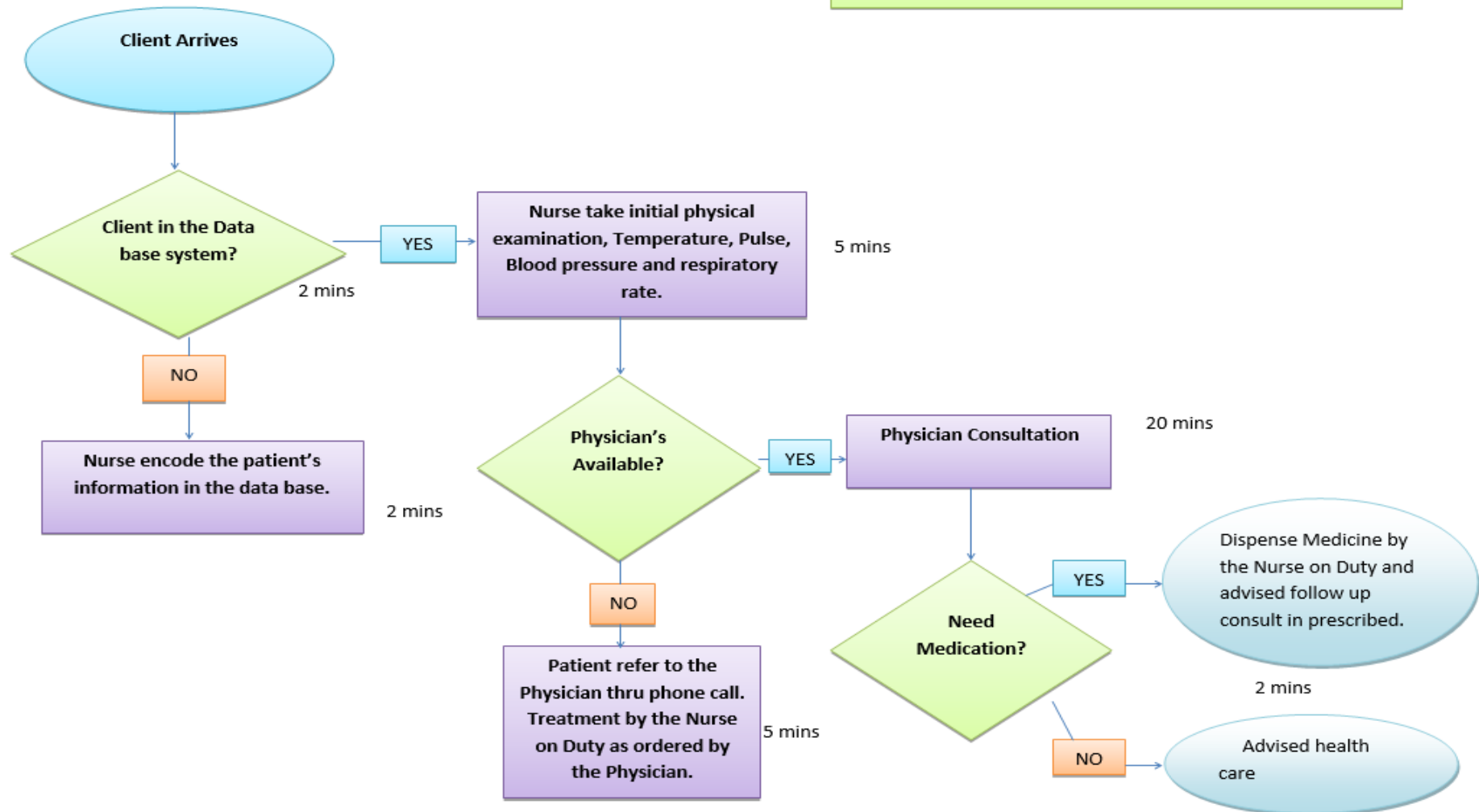
				products are produce					
4.	Take the customer/project partner product order	Marketing staff	15 minutes	Determined the right specification of customer	MOO	Computer	Paper and pen	Closing deal with customer/project partner	
5.	Prepare Quotation	Marketing staff	10 minutes	Prepared Quotation Letter	MOO	MS Word/Excel/Calculator	Paper and pen	Preparation of business letter	
6.	Prepare Job Order	Marketing staff and Head/OIC of Center	10 minutes	Approved Job Order	MOO	MS Word/Excel	Paper and pen		
7.	Facilitate/coordinate with Production Service for the manufacture of the product ordered	Marketing staff	10 minutes	Provided copy of approved Job Order to Production Service	MOO		Paper and pen		See to it that an approved copy of Job Order was transferred to Production service
8.	Delivery of product	Marketing staff with the Production staff	1-4 hours	Delivered product in good condition	MOO	Delivery receipt and billing statement	Delivery vehicle	Basic skill in handling products	
9.	Collection of Payment	Marketing staff	30 minutes	Prepared Official Receipt	MOO	O. R	Pen		
10.	Turnover of collection to RSW Cashier for deposit to LBP	Marketing staff	10 minutes	Collection received by RSW cashier	MOO		Pen and logbook	Proper handling of cash collection	

FLOW CHART ON JOB ORDER PROCEDURE

by Marketing Service



MEDICAL SERVICE PROCESS FLOW CHART



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
NATIONAL CAPITAL REGION
REHABILITATION SHELTERED WORKSHOP

BUSINESS PROCESS AND REGULATION ANALYSIS

Minimum
Deliverable

(A) PROCESSES					(B) REQUIREMENTS				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
No.	Task	Responsible Person	Time Frame	Output	Policy	Application	Material/Infr a	Competency	Remarks
1	Received PWD dependents from NGO, GO, LGU and walk-in clients	Social worker	5 minutes	Client subject for interview	MOO		Paper and pen	Customer service	
2	Received documents of referring party, initial intervention and GIS of the client if qualified or not qualified	Social worker	10-15 minutes	Reviewed and validated documents of clients	MOO		Client's Documents	Assessment and interviewing skills, data gathering skills	
3	Conduct of Pre- Admission conference /initial RTM	Rehab team meeting	2-3 hours	Psychological/ medical/dental records of the client endorsed to SAS, minutes of the meeting	MOO		Paper and pen		
4	If client found qualified they will undergo, medical, dental, and psychological exam	Social worker	2 hours	Minutes of the meeting	MOO		Paper and pen	Medical and dental service	
5	If client not qualified they will be referred respective LGU for other /intervention	Social worker	5 minutes	Referral /endorsement to respective	MOO		Paper and pen, referral	Coordination skills, networking	

				LGU				skills	
6	Referral to Medical Officer for physical examination	Medical Officer	20 minutes	Medical records of the client	MOO		Paper and pen	Medical service	
7	Referral to dental officer for dental assessment	Dental Officer	20 minutes	Dental record of the client	MOO		Paper and pen	Dental service	
8	Referral to Psychologist for psychological evaluation	Psychologist	1 hour	Psychological evaluation	MOO		Paper and pen	Psychological service	
9	Preparation of Initial Social case study report	Social worker	2 hours	Completed initial social case study	MOO		Paper and pen	Technical writing skill, interviewing skills	
10	Recommendation of client to center head for approval of admission	Center Head	5 minutes	Client is admitted in the center officially	MOO		Paper and pen	Customer service	
11	Endorsement to project supervisor and recommend for granting of allowance for OJT	Project supervisor	5 minutes	Client was endorsed in the respective project areas	MOO		Paper and pen, endorsement documents	Coordination skills	
12	Home visitation/ Preparation of Rehabilitation Plan and initial case management plan	Social worker	1 day	Home visitation feedback report	MOO		Paper and pen	Interviewing skills, technical writing skills	
13	RTM with client and project supervisors	Unit head / social workers	1-2 hours	Minutes of the meeting	MOO		Paper and pen	Decision making skills, facilitation skills	
14	Preparation of Comprehensive Social Case Study Report	Social workers	3 hours	Comprehensive social case study report	MOO		Computer, paper	Technical writing skills	
15	Conduct of RTM every after 2 months	Rehab team members	1-2 hours	Minutes of the meeting, treatment plan of each	MOO		Paper and pen	Decision making skills, facilitation skills	

				services					
16	Updating of Case Study Report after 6 months	Social workers	1 hour	Updated case study report	MOO		Paper and pen, computer	Technical writing skills	
17	Pre-discharge conference /RTM	Rehab team members	1-2 hours	Minutes of the meeting	MOO		Paper and pen	Decision making skills, facilitation skills	
18	If client is not qualified for open and self-employment recommend for continuous sheltered employment	Rehab team members	5 minutes	Process recording, minutes of the meeting	MOO		Paper and pen	Customer service	
19	Open employment recommendation	Rehab team members	5 minutes	Minutes of the meeting	MOO		Paper and pen	Customer service	
20	Referral to employers	Social workers	5 minutes	Referral letter, social case study report of the client	MOO		Paper and pen	Networking skill and coordination skills	
21	Referral for after care	Social workers	5 minutes	Referral letter, social case study report of the client	MOO		Paper and pen	Networking skill and coordination skills	
22	Voluntary discharge	Social workers	5 minutes	Discharge summary report	MOO		Paper and pen	Technical writing skill	
23	Self-employment	Social worker	1 day	Project proposal of the client; social case study report	MOO		Paper and pen	Coordination skills; networking skills and technical writing skills.	
24	Recommend client to center head for expanded livelihood program	10 minutes	Social worker	Referral letter, social case study report	MOO		Paper and pen	Technical writing skill, coordination skills	

25	Referral for after care	5 minutes	Social worker	Referral letter, social case study report	MOO		Paper and pen	Networking and coordination skills	