

Onsite Implementation or Assessment of Individuals in Crisis Situation Program for Individual Clients transacting within the DSWD Offices (CIU/CIS/SWAD Offices)

AICS serves as a social safety net or stop-gap measure to support the recovery of individuals and families identified to be suffering from any adversity or crisis through the provision of financial assistance, psychosocial intervention, and referral services that will enable the clients to meet their basic needs in the form of food, transportation, medical, educational, material, funeral, and cash assistance for other support services, among others.

The provision of psychosocial support, including psychological first aid, and counseling, as well as financial assistance to disadvantaged and marginalized sectors, are part of the social protection services of the Department. These protective services aim to help individuals and families to cope with the present difficult situation they are experiencing, such as illness, death, loss of job, or source of income. In order to effectively and efficiently respond to existing and emerging crisis situations among vulnerable sectors, a Citizens Charter was crafted to provide a comprehensive guide on the provision of the aforementioned assistance.

Office or Division:	Crisis Intervention Section – Onsite			
Classification:	Simple			
Type of Transaction:	G2C- Government	to Citizen		
Who may avail:	O .	zed, and vulnerable/disadvantaged nilies or are otherwise in crisis situationbased on the Social Worker		
CHECKLIST OF RE	QUIREMENTS	WHERE TO SECURE		
One (1) valid identificat client/ personto be inte		Preferably issued by any government agencies such as but notlimited to:		
 PhilSys ID UMID ID, SSS/G Phil health ID Driver's License PRC ID OWWA ID DOLE PAG-IBIG ID Voter's ID Certification Postal ID Philippine Passp NBI Clearance 4PsID PWD ID Solo Parent ID City/Municipal ID Barangay ID 	or Voter's oort	 Philippine Statistics Authority Social Security System/Government Service InsuranceSystem Phil health Land Transportation Office Professional Regulation Commission Overseas Workers Welfare Administration Department of Labor and Employment Pag-IBIG Fund Commission on Election Post Office Department of Foreign Affairs National Bureau of Investigation Department of Social Welfare and Development Local Government Unit 		
• (OSCAID)		Office of Senior Citizen Affairs		



	or any ID preferably with validity date, and picture and signature of the client			
Signed AuthorizationLetter (if applicable)	Beneficiary of Assistance except for those who do not have thecapacity to act or below 18 years old			
TRANSPORTATION ASSISTANCE	The state of the s			
Other supportingdocument/s such asbut	Police Station - Police Blotter			
are not limitedto, justification of the social	Hospitals/clinic – medical abstract			
worker, medical certificate, death	Court- court order /subpoena			
certificate, and/or courtorder/subpoena	Social worker-justification			
MEDICAL ASSISTANCE FOR HOSPITAL	•			
Medical Certificate / Clinical Abstract /	Medical records of the Hospital / Clinic or the			
Discharge Summary / Alagang Pinoy	Attending Physician			
Tagubilin Form with Diagnosis with	Attending Friysician			
complete name, license number and				
signature of the Physician issued within				
three months (Original / Certified copy)				
2. Hospital bill / Statement of Account	Billing Office of the hospital			
(outstanding balance) with name and	Billing Office of the nospital			
signature of billing clerk				
3. Social case Study Report / Case	Registered Social Worker in public or private			
Summary	practice			
Guilliary	·			
	• LSWDO			
	• NGO			
MEDICAL ACCIOTANCE FOR MEDICINE	Medical Social Service			
MEDICAL ASSISTANCE FOR MEDICINE				
1. Medical Certificate / Clinical Abstract /	Medical records of the Hospital / Clinic or the			
Discharge Summary / Alagang Pinoy	Attending Physician			
Tagubilin Form with Diagnosis with				
complete name, license number and				
signature of the Physician issued within				
three months (Original / Certified true				
copy)	Attending Dhysisian frames has nited / slinis			
2. Prescription with date of issuance,	Attending Physician from a hospital / clinic			
complete name, license number and				
signature of the Physician issued within				
three months	Pagistared Coolel Worker in muhlic or private			
3. Social Case Study Report / Case	Registered Social Worker in public or private			
Summary	practice			
	DSWD			
	• LSWDO			
	• NGO			
	Medical Social Service			
MEDICAL ASSISTANCE FOR LABORATORY				
1. Medical Certificate / Clinical Abstract /	Medical records of the Hospital / Clinic or the			
Discharge Summary / Alagang Pinoy	Attending Physician			
Tagubilin Form with Diagnosis with				
complete name, license number and				
signature of the Physician issued within				
three months (Original / Cortified true				
three months (Original / Certified true				
copy)				
	Attending Physician from a hospital / clinic			



signature of the Physician issued within			
three months	Building I Outlet W. I		
3. Social Case Study Report / Case	Registered Social Worker in public or private		
Summary	practice		
	DSWD		
	• LSWDO		
	NGO		
	Medical Social Service		
FUNERAL ASSISTANCE FOR FUNERAL			
REGISTERED Death Certificate /	City / Municipal Hall (Civil Registry Office),		
Certification from the Tribal Chieftain	Hospital, Funeral Parlor, Tribal Chieftain or Imam		
(Original / certified true copy)			
2. Promissory Note / Certificate of	Authorized staff of the Funeral Parlor / Memorial		
Balance	Chapel		
3. Funeral Contract	Authorized staff of the Funeral parlor / Memorial		
	Chapel		
FUNERAL ASSISTANCE FOR TRANSFE			
Registered Death Certificate /	City / Municipal Hall (Civil Registry Office),		
Certification from the Tribal Chieftain	hospital, funeral parlor, tribal chieftain or Imam.		
(Original / certified true copy)			
2. Transfer Permit	City / Municipal Hall		
EDUCATIONAL ASSISTANCE	<u> </u>		
1. Validated School ID and Valid ID	School		
Enrolment Assessment Form or	School Registrar or Concerned Office		
Certificate of Enrolment of Registration;	Concorregional of Conserned Cinice		
or Statement of Account			
FOOD ASSISTANCE FOR INDIVIDUAL A	ND FAMILIES ENDORSED IN GROUPS		
1. Project Proposal	Local Government Unit		
Barangay Certificate of Residency or	Barangay hall where the client is presently		
Certificate of Indigency or Certificate that	residing		
the client is in need of assistance may be			
required			
CASH ASSISTANCE FOR OTHER SUPP	ODT SEDVICES		
	OKT SERVICES		
Depending on the Circumstances:			
o For Fire Vietime: Delice Deport /	Bureau of Fire / PNP		
a. For Fire Victims: Police Report /	buleau of File / PNP		
Bureau of Fire Protection Report from the			
Bureau of Fire			
h For Distressed OFs: Decement Travel	Overse as Markers Malfors Administration /		
b. For Distressed OFs: Passport, Travel	Overseas Workers Welfare Administration /		
Document/s, Certification from OWWA or	Department of Migrant Workers / barangay		
the Barangay			
5 5 10 10 10 17 17 17 17	10 :100 :100 :100 :100 :100 :100 :100 :		
c. For Rescued Client: Certification from	Local Social Welfare and Development Office or		
a social worker or case manager from	other social welfare agencies		
rescued clients.			
d. For victims of Online Sexual	Local Social Welfare and Development Office or		
Exploitation : Police blotter and social	other social welfare agencies		
worker's certification for the victims of			
online sexual exploitation of children			
e. For Locally stranded individuals (LSI):	Police Station – Police Blotter		
LSI without valid IDs, the medical			



1		•	Clinic – medical C d Physician	ertificate signed by the
For all other incidents: Barangay Certificate of Residency or Certificate of Indigency or Certificate of the Client is in need of Assistance as well as other documents from legal authorities / regulating agencies, as may be applicable such as but not limited to Police Report / Blotter, Spot report from the AFP or PNP, Joint AFP/PNP Intelligence Committee (JAPIC) Certificate, Certification of death, Disaster Assistance Family Access cvard (DAFAC), Medico Legal certification		Brgy. Hall where the client is presently residing Police Station AFP or PNP Office of Civil Registry Certificate from the LDRMO or Local Government Unit Hospital or Clinic signed by Licensed Physician		
1. General Intake Shee		DSWD CI	U / CIS / SWAD	
2. Material Assistance			SIU / CIS / SWAD	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Pertinent Document	1.1Check the completeness of documents submitted by clients. 1.2. Verify client's records if within the frequency of availing assistance to Crisis Monitoring System (CrIMS) If it is determined that the client has received assistance beyond the allowed frequency, notify the client regarding the provisions stipulated in the guidelines. If eligible, provide the client a queuing	None	1 hour	Mr. Anthony L. Alcantara SWO III – Crisis Intervention Section Onsite



				National Capital Region
2. Submit pertinent documents for interview and assessment	number and instruct them to proceed with Step 2- Interview and Assessment. 2.1 The SWO shall Interview and assess the client to determine the actual need and to check the accuracy and authenticity of the documentary requirements presented. Additionally, the SWO shall fill out the assessment area in the GIS. If determined to be eligible to receive assistance, the SWO shall recommend the appropriate assistance and	None	3 hours	Mr. Anthony L. Alcantara SWO III – Crisis
	assistance amounting to P10,000.00 and below, the SWO shall advise the client to proceed to Step 4 (releasing of assistance) while the GIS, CE, or justification will be subjected to approval. For assistance through a guarantee letter, the DSWD			
	personnel shall prepare the GL. The DSWD			



	Department of So	cial Welfare and Development
	Field Office -	National Capital Region
personnel shall forward it to Step 3: Review and Approval along with the GIS, CE, and justification of the social worker.		
If for material assistance, depending on the availability, the SWO shall advise the client to proceed to Step 4 Releasing of Assistance.		
If documents are found to be incomplete to support the request, the SWO shall advise the client to comply with the documentary requirements needed as listed in the compliance slip per type of assistance.		
If the client is found to be ineligible to avail the assistance, the SWO shall issue a letter of disapproval to the client.		
If found that services needed are outside the scope of the program, the SWO shall refer the client to the corresponding program		

concerned.



			Ticia Office	National Capital Region
3. Receiving Assistance	3.1 The DSWD personnel Shall Forward the documents to the authorized official/s. If the authorized official/s finds the request valid and complete, the authorized personnel shall approve the request. If the approving officer determines that the client's submitted documents are insufficient to support the social worker's assessment, the approving officer shall return the documents to the attending SWO for justification or for further appropriate instruction deemed necessary.	None	50 minutes	Mr. Anthony L. Alcantara SWO III – Crisis Intervention Section Onsite
4. Fill-out client satisfaction measurement survey	4.1 The DSWD personnel shall Forward all the approved requests for assistance to the SDO/RDO/DSW D personnel for release, depending on the mode of assistance. For Cash Outright	None	50 minutes	Mr. Anthony L. Alcantara SWO III – Crisis Intervention Section Onsite



(Php10,000 and	
I TETIDIO.000 AND I	
below):	
4.1.1.1 The	
Regular/Special	
Disbursing Office of the	
Officer/s of the	
FMS/U or the	
designated	
disbursing officer	
for cash shall	
release the	
assistance.	
For Guarantee	
Letter addressed	
to the Service	
Provider:	
4.1.2.1. The	
DSWD personnel	
shall prepare the	
GL.	
4.1.2.2. CIU/S	
Admin staff shall	
encode the GL to	
the existing	
document	
tracking system.	
4.1.2.3.	
Designated	
Approving Officer	
shall Review and	
Approve the GL.	
For clients	
recommended to	
avail material	
assistance:	
4.1.3.1. The	
CIU/S staff shall	
assist the client	
in filling out the	
Material	
Assistance	
Distribution	
Sheet.	
4.1.3.2. The	
CIU/S Staff shall	
provide the	
assistance.	
4.1.4The DSWD	
personnel shall	
update client's	
records into	
CrIMS or to the	
existing	
monitoring	



tool/system once	
the assistance is	
released.	
4.2. The DSWD	
personnel shall	
ensure scan the	
client's	
documents or	
secure a copy of	
documents for	
filing and	
references.	
4.2.1. The	
client/beneficiary	
shall accomplish	
the Client	
Satisfaction	
Measurement	
Survey Form	
(CSMF) and drop	
it to the allocated	
suggestion box	
	of clients, technical, and other circumstances outside
the control of the Department	

TOTAL	Cash Outright	NONE	5 hours, 40 minutes
IOIAL	Guarantee Letter	NONE	2 days