

Provision of Assistance to Person Living with HIV

As part of the DSWD's psychosocial care and support services for persons living with HIV (PLHIV) and their affected families and in accordance with Section 36 of RA 11166, the Department, through its Field Offices (FOs) provides economic assistance for education, livelihood, burial/funeral, transportation, medical, and food. These forms of assistance are meant for individuals and families of PLHIV in need of social welfare and development interventions.

The direct provision of this assistance aims to mitigate the impact of HIV and AIDS on affected individuals and their families, assuring their well-being and; contributing to the overall response of the national government to HIV and AIDS.

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| Office or Division: | Community Based Services Section – Protective Services Division | |
| Classification: | Simple | |
| Type of Transaction: | G2C - Government to Citizens | |
| Who may avail: | People Living with HIV (PLHIV) and their affected families | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE |
| One (1) valid identification card of the client/ person to be interviewed; <ul style="list-style-type: none"> • PhilSys ID • UMID ID, SSS/GSIS ID • Phil health ID • Driver's License • PRC ID • OWWA ID • DOLE • PAG-IBIG ID • Voter's ID or Voter's Certification • Postal ID • Philippine Passport • NBI Clearance • 4PsID • PWD ID • Solo Parent ID • City/Municipal ID • Barangay ID • Police Clearance • (OSCA ID) • Or any ID preferably with validity date and picture and signature of the client in extreme justifiable circumstances, a Barangay Certification certifying the identity of the client may be presented in lieu of an ID card | | Preferably issued by any government agencies such as but not limited to: <ul style="list-style-type: none"> • Philippine Statistics Authority • Social Security System/Government Service Insurance System • 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 • Police Station • Office of Senior Citizen Affairs • Barangay Hall |

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| Signed Authorization Letter (if applicable) | Beneficiary of Assistance except for those who do not have the capacity to act or below 18 years old |
| Medical Abstract or referral Letter or Accomplished DSWD Form Three (3) | Designated Treatment Hub/ HIV Primary Care Facility Local Government Unit |
| TRANSPORTATION ASSISTANCE | |
| 1. Original and one (1) photocopy of supporting document/s such as, but are not limited to, Medical Certificate, Death Certificate, and/or Court Order or Subpoena | Police Station – Police Blotter; Hospitals or Clinis – Medical Abstract; Court – Court Order or Subpoena; and Civil Registry – Death Certificate |
| MEDICAL ASSISTANCE FOR HOSPITAL BILL | |
| 1. One (1) Original and/ or Certified True Copy of Medical Certificate or Clinical Abstract or Discharge Summary or Alagang issued within three (3) months and with the following information: (i) final diagnosis; and (ii) complete name, license number and signature of Physician | Medical records of the Hospital or Clinis or the Attending Physician |
| 2. One (1) original and one (1) photocopy of Hospital Bill or Statement of Account (outstanding balance) with the complete name and signature of the Billing Clerk; or Certificate of Balance and Promissory Note signed either by the Credit and Collection Officer or Billing Clerk | Statement of Account – Billing Office of the hospital Certificate of Balance and Promissory Note – Credit and Collection Office |
| 3. One (1) original copy of Social Case Study Report or Case Summary | Registered Social Worker, whether from public or private practice, from any of the following: DSWD LSWDO NGO Medical Social Service |
| MEDICAL ASSISTANCE FOR MEDICINE OR ASSISTIVE DEVICE | |
| 1. One (1) Original and/ or Certified True Copy of Medical Certificate or Clinical Abstract or Discharge Summary or Alagang issued within three (3) months and with the following information: (i) final diagnosis; and (ii) complete name, license number and signature of Physician | Medical records of the Hospital or Clinic or the Attending Physician |
| 2. One (1) original and one (1) photocopy of prescription issued within three (3) months and with the following information: (i) date of issuance; and (ii) complete name, license number and signature of the Physician | Attending Physician from a hospital or clinic |
| If the amount of assistance being requested exceeds Php10,000, the following shall be required as additional documentary requirements. | |
| 1. One (1) original and one (1) photocopy of the Quotation of Medicine or Assistive Device | Service Provider |
| 2. One (1) original copy of Social Case Study Report or Case Summary | Registered Social Worker, whether from public or private practice, from any of the following: |

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| | DSWD LSWDO NGO Medical Social Service |
| MEDICAL ASSISTANCE FOR LABORATORY | |
| 1. One (1) Original and/ or Certified True Copy of Medical Certificate or Clinical Abstract or Discharge Summary or Alagang issued within three (3) months and with the following information: (i) final diagnosis; and (ii) complete name, license number and signature of Physician | Medical records of the Hospital or Clinic or the Attending Physician |
| 2. One (1) original copy of Social Case Study Report or Case Summary | Registered Social Worker, whether from public or private practice, from any of the following: DSWD LSWDO NGO Medical Social Service |
| If the amount of assistance being requested exceeds Php10,000, the following shall be required as additional documentary requirements. | |
| 1. One (1) original and one (1) photocopy of the Quotation of Medicine or Assistive Device | Service Provider |
| 2. One (1) original copy of Social Case Study Report or Case Summary | Registered Social Worker, whether from public or private practice, from any of the following: DSWD LSWDO NGO Medical Social Service |
| FUNERAL ASSISTANCE FOR FUNERAL BILL | |
| 1. One (1) original and/or one (1) Certified True Copy of Death Certificate or Certification from Tribal Chieftain | City or Municipal Hall (Civil Registry Office), Hospital |
| 2. One (1) original copy of Promissory Note or Certificate of Balance or Statement of Account | Authorized staff of the Funeral Parlor or Memorial Chapel |
| 2. One (1) original and/ or Photocopy of Funeral Contract | City or Municipal Hall |
| EDUCATIONAL ASSISTANCE | |
| 1. One (1) original and/ or photocopy or Validated School ID and Valid ID | School Registrar where the beneficiary is enrolled |
| 1. One (1) original and/ or photocopy of any of the following: a. Enrollment Assessment Form; or b. Certificate of Enrollment; or c. Registration; or d. Statement of Account | School Registrar or concerned office where the beneficiary is enrolled |
| FOOD ASSISTANCE | |
| 1. One (1) original and/ or photocopy of Barangay Certificate or Residency or Certificate of Indigency or Certificate that the client is in need of assistance may be required or medical document as proof that the beneficiary is admitted | Barangay Hall where the client is presently residing Hospital where the beneficiary is currently admitted |

| CASH RELIEF ASSISTANCE <i>(depending on the circumstances)</i> | | | | |
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| <u>For Fire Victims</u> One (1) original and/ or photocopy of Police Report or Bureau of Fire Protection Report | | Bureau of Fire / Philippine National Police | | |
| <u>For Distressed OFs</u> One (1) original and/ or photocopy of Passport, Travel Document/s, certification from OWWA or the Barangay | | Overseas Workers Welfare Administration or Department of Migrant Workers | | |
| <u>For rescued Client</u> One (1) original and/ or photocopy of Certification from a Social Worker or Case manager from rescued clients | | Local Social Welfare and Development Office or other social welfare agencies | | |
| <u>For victims of Online Sexual Exploitation</u> One (1) original and/ or photocopy of Police Blotter and Social Worker's certification for the victims of online sexual exploitation of children | | Hospital or clinic – medical certificate signed by the Registered Physician Police Station – Police Blotter | | |
| <u>For Locally stranded individuals (LSI)</u> LSI without valid IDs – One (1) original and/ or photocopy of the Medical Certificate or the Travel Authority that will suffice and be accepted to prove his or her identity | | Police Station – Police Blotter | | |
| For all other incidents: 1. One (1) original and/ or photocopy of any of the following: - 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 or regulating agencies, as may be applicable such as but not limited to: - Police Report or Blotter, Spot report - Joint AFP-PNP Intelligence Committee (JAPIC) certificate - Certification of Death - Disaster Assistance Family Access Card (DAFAC); - Medical Legal Certification | | Barangay Hall where the client is presently residing Police Station Armed Forces of the Philippines of Philippine National Police Office of the Civil Registry Local Disaster Risk Management Office of Local Government Unit Hospital or Clinic signed by the Licensed Physician | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Secure a queuing number | 1.1 Provide client with queuing number | None | 5 minutes | <i>Ms. Lael B. Gasco SWO II – OIC, Community Based Services Section</i> |

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| <p>2. Present self and documents for assessment</p> | <p>2.1 Conduct initial interview for assessment</p> | <p>None</p> | <p>40 minutes</p> | <p><i>Ms. Lael B. Gasco SWO II – OIC, Community Based Services Section</i></p> |
| | <p>2.1.1 Check the client's record to the existing database – e.g., Crisis Intervention Monitoring System, to check whether the client had sought assistance within the last three (3) months.</p> <p>If a client is eligible (based on frequency and. Or type of assistance last provided), the staff shall further assess documents presented.</p> <p>If a client is not eligible, the staff shall provide the reasons for non-eligibility and shall further provide further instruction/ information.</p> | | | |
| | <p>2.1.2 Check the documents presented by the client</p> <p>If documents are complete and valid, the client will be advised to fill-out necessary forms and submit documents pertinent to their request.</p> <p>If supporting documents are incomplete and non-compliant provide a checklist.</p> | | | |

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| | 2.1.3 If necessary, coordinate with the client's designated treatment hub or LGU to further verify validity of documents presented | | | |
| 3. Fill-out necessary fields in the prescribed forms | 3.1 Handout copies of prescribed forms to client | None | 20 minutes | <i>Ms. Lael B. Gasco SWO II – OIC, Community Based Services Section</i> |
| | 3.1.1 Ask client to fill-out the necessary fields in the prescribed forms | | | |
| 4. Submit accomplished forms and required documents. If necessary, attend interview for further clarification | 4.1 Collect the accomplished forms and documentary requirements from client | None | 80 minutes | <i>Ms. Lael B. Gasco SWO II – OIC, Community Based Services Section</i> |
| | 4.1.1 Verify the submitted documents for veracity consistency, and authenticity | | | |
| | 4.1.2 If necessary, conduct interviews with the client and; or additional coordination with treatment hubs, LGUs and or the referring agency | | | |
| | 4.1.3 The DSWD Social Welfare Officer (SWO) shall determine the amount that is appropriate and responsive to the needs of the client | | | |
| | 4.1.4 Preparation of vouchers and financial documents. | | | |
| | 4.1.5 Forward the client's document to the Authorized Approving Officer | | | |

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| | 4.1.6 Compile the approved documents of the client | | | |
| 5. Receive Assistance | 5.1 Confirmation of Client's identify | None | 15 minutes | <i>Ms. Lael B. Gasco SWO II – OIC, Community Based Services Section</i> |
| | 5.1.1 Releasing of actual assistance to client | | | |
| | 5.1.2 Releasing of actual assistance to client; | | | |
| | <p>If through outright cash, ask client to check the actual amount received</p> <p>If through Guarantee Letter, advise client to review the correctness of the personal information reflected in the document</p> | | | |
| 6. Accomplish Client Satisfaction Measurement Survey | 6.1 Provide a copy of the Client Satisfaction Measurement Survey; | None | 20 minutes | <i>Ms. Lael B. Gasco SWO II – OIC, Community Based Services Section</i> |
| | 6.2 Collect accomplished Client Satisfaction Measurement Survey | | | |
| TOTAL | Cash Outright | NONE | 3 days | |
| | Guarantee Letter | | 1 day | |