

<input type="checkbox"/> Undergoes intake interview and provide accurate information	<p>4. Conducts Intake Interview</p> <p>4.1. Identifies other needs of the client</p> <p>4.2. Coordinates with concerned agencies when applicable</p> <p>4.3. Prepares Referral Letter</p> <p>4.4. For special cases endorsed by the barangay, facilitate admission to welfare institutions/ hospitals</p>		<p>1 hour for immediate referrals</p> <p>10 working days for special cases</p>	<p><i>Social Worker</i></p>
<p>5. Receives Referral Letter</p> <p>5.1. For special cases, submit self for immediate medical attention and/or institutionalization whichever is applicable</p>	<p>5. Extends Referral Letter</p> <p>5.1. Presence of <b>SWAB TEST / RAPID TEST</b> to every client in compliance with Health protocols and guidelines to contain the spread of the Coronavirus disease (COVID-19) as among the requirements also of the receiving LGU.</p> <p>5.2. Escort client to welfare institutions / hospitals (abandoned cases)</p>	<p>None</p>	<p>.....</p>	<p>Medical Officer</p>
	<p>6. Prepares and submits necessary documents for documentation purposes</p>			
		<p><b>TOTAL:</b></p>	<p><b>10 Days, and 45 minutes</b></p>	



## 5. VOLUNTEER & AUXILIARY PROGRAM

<b>Office or Division:</b>		Welfare and Relief Division		
<b>Classification:</b>		Complex		
<b>Type of Transaction:</b>		G2C - Government to Client		
<b>Who May Avail of the Service:</b>		Identified individuals (18 years and above) from the conducted Family Survey who are willing to render voluntary service in the community		
<b>CHECKLIST OF REQUIREMENTS:</b>		<b>WHERE TO SECURE:</b>		
<ul style="list-style-type: none"> <li>Filled-up Personal Data Sheet (PDS) with picture</li> </ul>		- Social Services Development Department under Welfare and Relief Division –District Social Worker		
Client Steps	Agency Actions	Fees to be paid	Processing Time	Person Responsible
	<input type="checkbox"/> Process the names of identified volunteers <input type="checkbox"/> Coordinates with Day Care Workers for evaluation <input type="checkbox"/> Prepare schedule of activities <input type="checkbox"/> Inform client on the schedule of home visit	None	7 working days	<i>Social Worker</i>
<input type="checkbox"/> Provide additional information	2. Conducts home visit 2.1. Assess capacity of volunteers		7 working days	
3. Attends orientation	<input type="checkbox"/> Inform client on the schedule of orientation <input type="checkbox"/> Conducts orientation <input type="checkbox"/> Prepares and submits masterlist of would be participants <input type="checkbox"/> Prepares Project Proposal, Training Design and resources needed for the training		7 working days	



<input type="checkbox"/> Attends and Participate in the training <input type="checkbox"/> Receives Certificate of Completion	4. Conducts training program 4.1. Monitors progress during training 4.2. Provides Certificate of Completion		22 days	
5. Submit Post-training Evaluation Form	5. Conducts post evaluation 5.1. Analyze data from the result of evaluation	None	1 day	<i>Social Worker</i>
6. Performs volunteer work in the community	6. Conducts monitoring 6.1. Conducts regular meetings (monthly, quarterly, annual) 6.2. Recommends additional trainings for volunteers			
		<b>TOTAL:</b>	<b>44 days</b>	

## 6. FINANCIAL ASSISTANCE

<b>Office or Division:</b>	Welfare and Relief Division
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C - Government to Client
<b>Who May Avail of the Service:</b>	Individuals in crisis situation
<b>CHECKLIST OF REQUIREMENTS:</b>	<b>WHERE TO SECURE:</b>
<input type="checkbox"/> <b>Medical Assistance</b> <ul style="list-style-type: none"> <li>Original / Certified True Copy of updated Medical Abstract / Medical Certificate (duly signed by the Attending Physician, reflecting full name and license number)</li> <li>Original copy of updated Prescription Slip (duly signed by the Attending Physician, reflecting full name and license number)</li> <li>Original copy of Barangay Certificate of Indigency</li> </ul>	<ul style="list-style-type: none"> <li>- Hospital / Health Center</li> <li>- Barangay Hall</li> </ul>





<input type="checkbox"/> <b>Burial Assistance</b> <input type="checkbox"/> Certified True Copy of duly registered Death Certificate <input type="checkbox"/> Original copy of duly notarized Funeral Contract <input type="checkbox"/> Original copy of Barangay Certificate of Indigency		- Local Civil Registry Office  - Funeral Service  Barangay Hall		
<b>Client Steps</b>	<b>Agency Actions</b>	<b>Fees to be paid</b>	<b>Processing Time</b>	<b>Person Responsible</b>
1. Precautionary measures to all visitors/clients	1. Accomplish the visitor's checklist (Health Checklist)	None	5 minutes	<i>Officer on duty</i>
2. Presents self to Information Desk	2. Accommodates client's query with complete PPE (Face Mask & Alcohol) with social distancing (at least 1 meter apart)  2.1 Conducts initial assessment of documentary requirements  2.2 Assists client for queuing		10 minutes	<i>Social Welfare Aide</i>
3. Presents documentary requirements	3. Checks the authenticity of the documents		30 minutes	<i>Social Worker</i>
4. Undergoes intake interview and provide accurate information	4. Conducts Intake Interview with complete PPE (Face Mask & Alcohol) with social distancing (at least 1 meter apart)  4.1 Identifies other needs of the client 4.2 Prepares Report on Findings 4.3 If applicable, prepare Referral Letter to other welfare agencies 4.4 Purchase medicines/ Prepare Guarantee Letter		1 hour	
5. Receives medicines/ Guarantee Letter	5. Extends of medicines/ Guarantee Letter		20 minutes	
		<b>TOTAL:</b>	<b>2 Hours and 5 minutes</b>	



<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send a feedback	Answer the client feedback form and drop it at the designated dropbox of the SSDD
How feedback are processed	<p>Every Friday, the Administrative Division opens the drop box and complies and records all feedback submitted</p> <p>Feedback requiring answers are forwarded to the concerned Division and required to answer within 7 working days</p> <p>Feedback is then forwarded to the proponent</p>
How to file a complaint	Answer the feedback form and drop the form in the designated dropbox
How complaints are processed	<p>The Administrative Division opens the drop box every Friday and evaluates the complaint</p> <p>Feedback requiring answers are forwarded to the concerned Division and required to answer within 7 working days</p>
<p>Contact Information</p> <p>Administrative Division</p> <p>Community Outreach Division</p> <p>Special Projects Division</p> <p>Vocational Development Division</p> <p>Welfare and Relief Division</p> <p>Molave Youth Home</p> <p>Reception and Action Center</p>	<p>8710-1294</p> <p>8703-2840</p> <p>8703-6803</p> <p>8703-3576</p> <p>8703-6823</p> <p>8703-1350</p> <p>8711-7607</p> <p>8711-8366</p> <p>8703-9006</p>