



<b>1. Assistance In Crisis Situation Operating Services</b>	
Identifying eligible clients in Crisis Situation and provision of on-the-day release of financial assistance with appropriate assessment for medical, hospital bill, burial, emergency shelter and special assistance to former rebels/insurgents.	
<b>Office or Division:</b>	Office of the Provincial Social Welfare and Development Officer / Crisis
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C - Government to Citizen
<b>Who may avail:</b>	Bataan residents who are indigent, vulnerable, disadvantaged and facing crisis situations
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
<p>A. For the Provision of Financial Assistance for Medical</p> <ol style="list-style-type: none"> <li>1. Medical Certificate with: (1 photocopy) <ul style="list-style-type: none"> <li>• Doctor's signature</li> <li>• PTR No. /License No.</li> <li>• Name &amp; Address of the Patient</li> </ul> </li> <li>2. Prescription/Laboratory request/diagnostic procedure/surgical procedure (1 photocopy)</li> <li>3. Personal letter to the Governor (1 original copy)</li> <li>4. Valid Identification Card (1 photocopy)</li> <li>5. Marriage Contract (if the client is the spouse) – (1 photocopy of the needed document)</li> <li>Marriage Contract (if the client is a daughter or sister who has been married and changed her surname)</li> <li>Birth Certificate (if the client has parent-child relationship)</li> <li>Birth Certificate (if the client is a sister/brother)</li> <li>6. Community Tax Certificate (1 photocopy)</li> </ol>	<p>A.</p> <ol style="list-style-type: none"> <li>1. Hospital/Clinic where consultation takes place</li> <li>2. Attending physician</li> <li>3-5. Client</li> <li>6. Barangay or city/municipality where the client resides</li> </ol>
<p>B. For The Provision of Financial Assistance for Hospital Bill</p> <p>Medical Certificate with: (1 photocopy)</p> <ul style="list-style-type: none"> <li>• Doctor's signature</li> <li>• PTR No. /License No.</li> <li>• Name &amp; Address of the Patient</li> </ul> <ol style="list-style-type: none"> <li>2. Hospital bill Updated/Final hospital bill duly signed by the billing clerk or person in authority (1 photocopy)</li> <li>3. Copy of notarized promissory note (if patient still have outstanding bill in the hospital) and Official Receipt (if already paid) - (1 photocopy)</li> <li>4. Personal letter to the Governor (1 original copy)</li> <li>5. Valid Identification Card (1 photocopy)</li> <li>6. Marriage Contract (if the client is the spouse) (1 photocopy of the needed document)</li> <li>Marriage Contract (if the client is a daughter or sister who has been married and changed her surname)</li> <li>Birth Certificate (if the client has parent-child relationship)</li> <li>Birth Certificate (if the client is a sister/brother)</li> <li>7. Community Tax Certificate (1 Photocopy)</li> </ol> <p>Note: Other supporting documents as the need arises will be required (Affidavit of Discrepancy, Barangay Certification, Social Case Study Report, etc.)</p>	<p>B.</p> <ol style="list-style-type: none"> <li>1. Hospital/Clinic where consultation takes place</li> <li>2. Attending physician</li> <li>3-5. Client</li> <li>6. Barangay or city/municipality where the client resides</li> </ol>



<p>C. For The Provision of Financial Assistance for Burial</p> <ol style="list-style-type: none"> <li>1. Death Certificate with: (1 Photocopy)</li> <li>2. Personal letter to the Governor (1 Original copy)</li> <li>3. Valid Identification Card (1 Photocopy)</li> <li>4. Marriage Contract (if the client is the spouse) (1 Photocopy of the needed document)</li> <li>Marriage Contract (if the client is a daughter or sister who has been married and changed her surname)</li> <li>Birth Certificate (if the client has parent-child relationship)</li> <li>Birth Certificate (if the client is a sister/brother)</li> <li>5. Community Tax Certificate (1 Photocopy)</li> </ol> <p>Note: Other supporting documents as the need arises will be required (Funeral Service Contract, Official Receipt if already paid, Affidavit of Discrepancy, Senior ID of the deceased, Barangay Certification, Social Case Study Report, etc.)</p>	<p>C.</p> <ol style="list-style-type: none"> <li>1. Local Civil Registry of City/Municipality where the place of death takes place</li> <li>2-4. Client</li> <li>5. Barangay or city/municipality where the client resides</li> </ol>
<p>D. For the Provision of Financial Assistance for Emergency Shelter (for the victims of disaster such as but not limited to typhoon and fire)</p> <ol style="list-style-type: none"> <li>1. Photo documentation of the damaged shelter together with the program recipient.</li> <li>2. Personal letter to the Governor (1 Photocopy)</li> <li>3. Valid Identification Card (1 Photocopy)</li> <li>4. Certification/Endorsement of the C/MSWDO Head for the eligibility of the client to the program (1 original copy)</li> <li>5. Certification from the Bureau of Fire (for the fire victims) to confirm the incident (1 original copy)</li> <li>6. Certification from the C/MDRRMO (for the typhoon victims) to confirm the incident (1 original copy)</li> <li>7. Certification from Barangay Captain to confirm the incident (1 original copy)</li> <li>8. Community Tax Certificate (1 Photocopy)</li> </ol>	<p>D.</p> <ol style="list-style-type: none"> <li>1-3 Client</li> <li>4. City/Municipal Social Welfare and Development Office</li> <li>5. Fire Station of the City/Municipality where the fire transpired</li> <li>6. City/Municipal Disaster Risk Reduction Management Office</li> <li>7. Barangay or city/municipality where the client resides</li> </ol>
<p>E. For the Provision of Special Assistance to Former Rebels/Insurgents</p> <ol style="list-style-type: none"> <li>1. JAPIC Certification (Joint AFP-PNP Intelligence Committee) (1 original copy)</li> <li>2. Valid ID (1 Photocopy)</li> <li>3. Community Tax Certificate will be required for Petty Cash Mode of Payment (1 Photocopy)</li> </ol>	<p>E.</p> <ol style="list-style-type: none"> <li>1. Joint AFP-PNP Intelligence Committee</li> <li>2. Client</li> <li>3. Barangay or city/municipality where the client resides</li> </ol>



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Registers on the Visitors Log.	1. Assists client in registration to Visitors' Logbook	None	1 minute	<i>CSIU-In-Charge</i>
2. States the purpose of visit or case category in the application for financial assistance and hand over the set of documents for verification on the eligibility based on the frequency of availment.	2.1. Asks the client on the purpose of his/her visit. If it is for application for Financial Assistance, gathers the documents and forwards to encoder/ verifier.	None	2 minutes	<i>Social Welfare Aide Social Welfare Assistant Crisis Intervention Section (Protective Services Division)</i>
	2.2. Verifies client's record in the PSWDO Data Base.	None	5 minutes	<i>Social Welfare Assistant Crisis Intervention Section (Protective Services Division)</i>
3. Completes the indicated checklist of requirements to the particular case category for financial assistance. Fills up the Pre-Intake Form and Obtains the queuing card as basis for interview	3.1. Checks the completeness and authenticity of all the documents as indicated in the checklist of requirements. Internal Routing Slip will be attached based on the assistance to be provided.	None	8 minutes	<i>Social Welfare Aide Social Welfare Assistant Crisis Intervention Section (Protective Services Division)</i>
	3.2. Logs on the Record Book the name of the client eligible for Interview	None	1 minute	<i>Social Welfare Aide Social Welfare Assistant Crisis Intervention Section (Protective Services Division)</i>
	3.3. Provides designated queuing cards using number (Regular Transaction)/ letters (Priority Transaction)	None	1 minute	<i>Social Welfare Aide Social Welfare Assistant Crisis Intervention Section (Protective Services Division)</i>
	3.4. Encodes client's basic info on the Google Monitoring Template for Interview	None	2 minutes	<i>Social Welfare Assistant Crisis Intervention Section (Protective Services Division)</i>
4. Answers personal questions during interview and receives the petty cash claim stub	4.1. Orients, receives and reviews the completion and authenticity of the set of documents	None	2 minutes	<i>Social Welfare Aide Social Welfare Assistant Crisis Intervention Section (Protective Services Division)</i>



	4.2 Conducts interview to client and fill-up the General Intake Sheet and Tools in Determining the Levels of Well-Being.	None	12 minutes	<i>Social Welfare Aide Social Welfare Assistant Crisis Intervention Section (Protective Services Division)</i>
	4.3 Issues the petty cash claim stub.	None	1 minute	
	4.4. Reviews, assesses the documents and recommends appropriate amount of assistance based on the client's presented problem by means of Social Welfare Development Indicators (SWDI)	None	2 minutes	<i>Social Welfare Officer II Social Welfare Officer III Crisis Intervention Section (Protective Services Division)</i>
	4.5. The Department Head provides final assessment and indicates the amount of assistance and signs to the General Intake Sheet	None	2 minutes	<i>Provincial Social Welfare &amp; Development Officer</i>
<b>TOTAL:</b>		<b>None</b>	<b>39 minutes</b>	