

1. RESCUE OPERATION

| Office or Division: | Community Outreach Division | | |
|-------------------------------|-----------------------------|--|--|
| Classification: | Complex | | |
| Type of Transaction: | G2C – Government to Client | | |
| Who May Avail of the Service: | - Walk-in; | | |
| | - Referred Abused; | | |
| | - Neglected; | | |
| | - Abandoned Children | | |
| | - Youth; | | |
| CHECKLIST OF DECLIDEMENT | S WHERE TO SECURE | | |

CHECKLIST OF REQUIREMENTS

Referral Letter (1 original, 1photocopy)

- Barangay, NBI, Police

| Referral Letter (1 original, 1photocopy) | | - Barangay | , NBI, Police | |
|---|---|-----------------|-----------------|-----------------------|
| Client Steps | Agency Actions | Fees to be paid | Processing Time | Person Responsible |
| 1. Request for assistance | 1. Coordinates with Police Officials who has jurisdiction over the case. 1.1 Prepares documentary requirements. 1.2 Conducts rescue operation following the health protocol of physical distancing, wearing facemask and disinfecting procedure | None | 2 Hours | Social Worker |
| 2. Undergoes intake interview and counselling / stress debriefing | 2. Assess and conduct intake interview/counselling / stress debriefing following the health protocol. | None | 3 Hours | Social Worker |
| 3. Submit self for medical examination, if needed | Assists client for medical examination, if needed and secure medico-legal certificate. Assist client in securing Brgy. and Police Blotter, if needed Prepares and submits initial findings. | None | 3 Hours | Social Worker |
| 4. Pursues legal case against perpetrator | 4. Assists client in the step by step process of online filing of the case, if needed, (from the Police level to the Office of the City Prosecutor up to Court level) | None | 3 Hours | Social Worker |
| 5. Submits self for institutionaliza tion, if necessary | 5. Refers and escorts client for transfer to institution for temporary shelter, if needed (following health protocol) | None | 4 Hours | Social Worker |



| 6. Attends Center's planned activities | 6. Conducts parenting capability assessment thru text messages, phone calls, video calls or home visits, if needed. 6.1 Prepares and submits social case study report and Supervisory Progress Report 6.2 Wait for the Notification of Scheduled court hearings/proceedings | None | 7 working days | Social Worker |
|--|---|--------|-------------------|------------------|
| 7. Attends scheduled court hearing | 7. Assist client during court hearing -thru video conferencing | None | 2 Hours | Social Worker |
| 8. Awaits referral to institution / Reintegration to family if found capable to take custody (if applicable) | 8. Facilitates reunification of client to family if found capable to take custody (following health protocol) 8.1 If no identified families or relatives, coordinates & prepares the following documents for institutionalization: 1. Updated Social Case Study Report 2. Referral Letter 3. Discharge Form 8.2 Conducts Aftercare/monitoring thru phone calls, text messages or video calls and submit feedback report | None | 132 Days | Social Worker |
| 9. Submits client for reintegration to family or institutionaliz ation for long term care | 9. Upon receipts of court order/ decision, facilitates termination of case or conducts after care service, if necessary -thru phone call and text messages | None | 2 Hours | Social Worker |
| | | TOTAL: | 141 Days, 3 Hours | |



2. REFERRAL (FACILITATION OF ISSUANCE OF CERTIFICATE DECLARING A CHILD AS LEGALLY AVAILABLE FOR ADOPTION)

| Office or Division: | Commun | ity Outreach Division | | |
|--|---|------------------------------|--|--|
| Classification: | Complex | | | |
| Type of Transaction: | G2C – G | overnment to Client | | |
| Who May Avail of the Service: | - Walk-in; | | | |
| | | red Abused; | | |
| | | - Neglected; | | |
| | | - Surrendered; | | |
| | | doned of Foundling Children | | |
| CHECKLIST OF DECLIDEMENT | - Youth | ; WHERE TO SECURE | | |
| CHECKLIST OF REQUIREMENT CHILD: | 3 | WHERE TO SECURE | | |
| Request letter (1original, 1photoc | (vao | Prospective Adoptive Parents | | |
| Certificate of Live Birth / Foundlin | | PSA | | |
| available (1original, 1photocopy) | <i>O</i> , | | | |
| Dental Age Verification, if foundling | ng child | Hospital | | |
| (1original, 1photocopy) | | | | |
| Psychological report (for 5 years of | old & | Hospital | | |
| above) (1original, 1photocopy) | nal | Hospital | | |
| Health and Medical Profile (1origi 1photocopy) | ııaı, | Hospital | | |
| Medical Certificates, if with diseas | ses | Hospital | | |
| (1original, 1photocopy) | | . respirati | | |
| Old and recent photos of the child | l (full | Prospective Adoptive Parents | | |
| body) (1original, 1photocopy) | | | | |
| 2x2 oldest photo (3 pieces) | | Prospective Adoptive Parents | | |
| Affidavit of circumstances of abar | idonment | Lawyer | | |
| (1original, 1photocopy) | | Media Networks | | |
| Tri-media certificate (1original, 1photocopy) | | iviedia Networks | | |
| трпогосору) | | | | |
| Returned registered mail to the la | | LBC, Philpost | | |
| address of parents/relatives (1orig | ginal, | | | |
| 1photocopy) | | | | |
| PROSPECTIVE ADOPTIVE P | ARENTS | | | |
| (PAP's): | | | | |
| Cortificate of attendence to pre- | dontion | DOWD NOD | | |
| Certificate of attendance to pre-ac seminars (1original, 1photocopy) | aoption | DSWD NCR | | |
| Seminars (Toriginal, Tphotocopy) | | | | |
| Birth Certificates (1original, 1phot | ocopy) | PSA | | |
| Marriage Contract or Annulment F | Paper / | PSA | | |
| Legal Separation, if applicable (10 | - | 1 0/1 | | |
| 1photocopy) | - · · · · · · · · · · · · · · · · · · · | | | |
| | | | | |
| Police or National Bureau of Inves | • | PNP, NBI | | |
| (NBI) Clearance (1original, 1photo | ocopy) | | | |
| Medical and Psychological Evalua | ation of | Hospital | | |
| PAP's (1original, 1photocopy) | | | | |
| Character References | | Community | | |
| Character Neierences | | Community | | |
| Proof of income / Employment or | | Work Place, Bank | | |
| Certificate (1original, 1photocopy) |) | | | |
| Affidavit of Temporary Custody (1 | original | Lawyer | | |
| 1photocopy) | onginal, | | | |
| 1 1 1 7 / | | | | |



| Client Steps | Agency Actions | Fees to be paid | Processing Time | Responsible Person |
|---|--|-----------------|--------------------|--------------------|
| 1. Prospective adoptive parents (PAP's) request for assistance thru email, telephone call and/or personal appearance to the office. | 1. Interviews PAPs and gather basic information thru telephone call, email and/ or personal appearance to the office following the health protocol of physical distancing, wearing facemask and disinfecting procedure | | | |
| 1.1 Responses to clarificatory questions | 1.2 Conducts assessment and provide orientation on legal adoption (following health protocol) | None | 2 Hours | Social Worker |
| | 1.3 Conducts intake interview (following health protocol) | | | |
| | 1.4 Advises to secure and submit the necessary requirements | | | |
| 2. Submits necessary | 2. Checks and validates the submitted documents (following health protocol) | None | 30 Minutes | Social Worker |
| requirements | 2.1 Informs clients about the schedule of interview thru text messages or telephone calls. | | | |
| A. ABANDONED / | FOUNDLING CHILD | | | |
| 1. Wait for the schedule of interview via email, video calls, telephone calls or homevisit (if necessary) | 1.Coordinates with concerned agency e.g. lying-in, hospitals, Local Civil Registrar to request & validate information about the child (following health protocol) 1.1 Sends registered mail to the parents last known address (following health protocol) 1.2 Facilitates trimedia appeals (following health protocol) | None | 22 Days | Social Worker |
| 2. Provides accurate information | 2. Conducts interview thru email, video calls, telephone calls or homevisit (if necessary) | None | 3 Hours | |

| B. SURRENDERED QUEZON CITY RESIDENTS: | O/ NEGLECTED CHILD | None | | / <u>*</u> |
|--|--|------|------------|---------------|
| 1. Birthparents attend several counselling sessions following health protocol. | 1. Conducts series of counselling session and assess parenting capability (following health protocol) | | 3 Hours | |
| 1.1 Birthparents sign Deed of Voluntary Commitment (DVC) | 1.1 Counsels and explains the content of DVC (following health protocol) | | 1 Hour | |
| NON-QUEZON CITY RESIDENTS: | | | | |
| 1. Wait for the schedule of interview by Social Worker of Municipal/ City Social Welfare and Developme nt Office (M/CSWD O) or DSWD, if birthparent s are non-Quezon City. | 1. Prepares referral letter to Municipal/ City Social Welfare and Development Office (M/CSWDO) to request for parenting capability assessment report (PCAR) and deed of voluntary commitment (DVC) 1.1 Receives parenting capability assessment report (PCAR) and deed of voluntary commitment (DVC). | | 30 Minutes | Social Worker |
| 3. Wait | 3. Prepares Social Case Study Report, Child Profile and Petition. 3.1 Submits Social Case Study Report & other requirements to Department of Social Welfare and Development. 3.2 Facilitates posting of notice of petition, if abandoned/ foundling | None | 44 Days | Social Worker |
| 4. Receives Certification Declaring a Child Legally Available for Adoption (CDCLAA) | 4.Receives copy of CDCLAA & inform Prospective Adoptive Parent's (PAP's) to pick the certificate (following health protocol) | | | |

| | | | | /_ * PI |
|--|---|--------|---------------------|--------------------|
| 5. Upon pick up of CDCLAA, PAP's gets the list of requirements to | 5.Informs and advises clients to secure requirements for Affidavit of Consent to | None | | 7.2.1 |
| process the issuance of Affidavit of Consent to Adoption (ACA) | Adoption (ACA) and Pre-Adoption Placement Authority (PAPA) *following health | | 30 Minutes | Social Worker |
| and Pre-Adoption Placement Authority (PAPA) | protocol | | | |
| 6. Submits necessary | 6.Reviews and validates submitted | None | 30 Minutes | Social Worker |
| requirements (following health protocol) | documents (following health protocol) | | | |
| 7. Answers | 7.Conducts | | 3 Hours | |
| questions | anotherinterview to PAPs & significant others e.g. character references thru telephone calls, video calls, email or | | | |
| 8. Wait | homevisit (if necessary) | | 22 Days | |
| 9. Wait | 8.Prepares update Social Case Study Report and other pertinent documents. | | 22 Days | |
| 10. Wait | 9. Submits reports to Department of Social Welfare and Development. | | 1 Hour | |
| 11. Accepts & signs ACA & PAPA | 10. Attends matching conference (thru video conferencing) | | 10 Minutes | |
| 12.Hires lawyer who will file petition for | 11. Receives copy of ACA & PAPA | | 5 Minutes | |
| adoption in court. | 12. Instructs and advises client to file the petition for | | | |
| 13. Submits copy of court decision, adoption decree | adoption in court. | | 10 Minutes | |
| and new birth certificate of the child (following health protocol) | 13. Receives court order/ decision, adoption decree and new birth certificate of the child | | | |
| | | TOTAL: | 111Days, 7Hours, | |
| | | | 20Minutes | I |

3. REACH OUT OPERATION

| Office or Division: | Community Outreach Division | | |
|-------------------------------|-----------------------------|--|--|
| Classification: | Complex | | |
| Type of Transaction: | G2C – Government to Client | | |
| Who May Avail of the Service: | - StreetChildren; | | |
| | - Street Families; | | |
| | - Street Dwellers; | | |
| | - Indigenous People (IPs) | | |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
|---|-----------------|
| Degree of Defermed their letter or whome call | Doronou I I all |

Request/Referral thru letter or phone call Barangay Hall Fees to be **Processing** Person **Client Steps Agency Actions** Responsible paid Time 1. Receives request 1. Undergoes for reach-out operation 3 Hours 1.1 Coordination with Interview, attends task force members to counseling convene in session and preparation for reach participate in out operation the orientation 1.2 Identification of on child **Processing Center** protection laws 1.3 Instructs the None (following concerned barangay health protocol) to prepare the processing center following the health Youth Devt. Officer protocol (YDO) 1.4 Attends team **Building following** health protocol 2. Conduct reach out operation following health protocol 2. Receives meal *vehicles must assistance accommodate reach 1Day, out clients half of its 2Hours total passengers capacity) 3. Assess and conduct intake interview and counseling orientation 3. Submits self for on child protection 2 Hours temporary laws (following health shelter protocol) 3.1 Prepare initial Social Worker 1 Hour findings/case summary report Social Welfare 3.2 Provides meal Aide assistance 3.3 Refer clients to 3 Days Youth institutions for Devt. temporary shelter with Asst. the vehicle to be used in transporting client must have only half of the vehicles passengers capacity

| A. QUEZON CITY | RESIDENTS | | | |
|---|---|--------|-----------|---|
| 4. Attends Center's activities | 4.Conduct coordination with the Barangay Council for the Protection of Children (BCPC) thru phone | | 2 Days | |
| 5. Submits self for reintegration to family | 5. Conducts case conference with the barangay and parents to discuss intervention following health protocol.5.1 Prepares discharge paper | None | 2 Hours | Social Worker Social Welfare Aide Youth |
| 6. Parents sign the Agreement Form (following health protocol) | 6. Facilitate signing of Agreement Form by the family following health protocol | | 1 Hour | Devt. Asst. |
| 7. Conforms in aftercare monitoring | 7. Conducts aftercare monitoring to the reached out clients thru phone calls, text messages or video calls | | 132 Days | |
| B. NON QUEZON | CITY BUT NCR RESIDE | NTS | | |
| 8. Awaits disposition | 8. Prepares referral letter 8.1 Facilitates turnover of client to other LGU's, GO's & NGO's following health protocol. *vehicles being used in transporting clients must only have half of the vehicle passengers capacity. | None | 3 Days | Social Worker Social Welfare Aide Youth Devt. Asst. |
| | | TOTAL: | 141 Days, | |
| | | | 11 Hours | |

4. EDUCATIONAL ASSISTANCE FOR CHILDREN/ YOUTH IN NEED OF SPECIAL PROTECTION AND CHILD AT RISK

| Office or Division: | Commun | ity Outreach Division | |
|---|--|-----------------------|--|
| Classification: | Complex | | |
| Type of Transaction: | G2C – G | overnment to Client | |
| Who May Avail of the Service: | - Walk-in clients; | | |
| | Indigent Children/Youth in Need of Special Protection; Child at Risk; | | |
| | - Presently enrolled in public school; | | |
| | - Quezon City residents | | |
| CHECKLIST OF REQUIREMENT | ΓS | WHERE TO SECURE | |
| Certificate of Enrollment (1origina 1photocopy) | l, | School | |
| Barangay Certificate of Indigency (1original, 1photocopy) | | Barangay Hall | |

| Client Steps | Agency Actions | Fees to be paid | Processing Time | Person Responsible |
|--|---|-----------------|-----------------------------------|-----------------------|
| 1. Parent or Guardian of the client request for assistance 1.1 Submits basic requirements | 1. Conducts assessment 1.1Conducts intake interview following health protocol 1.2 After completion of interview, advice parent or guardian to wait for further instruction. | None | 30 Minutes | Social Worker |
| 2. Wait | 2. Conducts validation with the school authorities thru phone calls 2.1 Prepares Case Summary Report | | 1 Day | |
| 3. Wait | 3. Collates all Case Summary Report of qualified beneficiaries and prepares masterlist together with the project proposal for approval | | 22 Days | |
| 4. Wait | 4. Upon approval of the project proposal, submit all the requirements for payroll preparation and processing of the educational assistance | None | 1 Hour | Social Worker |
| 5. Wait | 5. Upon receipt of the financial assistance, informs client for the schedule of extension of the assistance | None | 1 day | Social Worker |
| 6. Signs and accepts assistance | 6. Release assistance by schedule/ batch to avoid mass gathering & following the health protocol. | | 1 day | |
| | | TOTAL: | 25 Days, 1 Hour, 30 Minutes | |



5. INTERVENTION/DIVERSION PROGRAM (IN ACCORDANCE WITH RA 9344/JUVENILE JUSTICE WELFARE ACT)

| Office or Division: | Community Outreach Division | | | |
|--|-----------------------------|--|--|--|
| Classification: | Complex | | | |
| Type of Transaction: | G2C – G | overnment to Client | | |
| Who May Avail of the Service: | - Childr | ren-in-Conflict with the Law (CICL) | | |
| | | | | |
| CHECKLIST OF REQUIREMENTS | 6 | WHERE TO SECURE | | |
| Referral Letter/ Indorsement (1orig | ina l , | Police Operatives, Barangay Officials, Other Local | | |
| 1photocopy) | | Government Units | | |
| Police Report/Barangay Blotter (1original, | | Police, Barangay | | |
| 1photocopy) | | | | |
| Medico-legal (Medical Certificate) (1original, 1photocopy) | | Hospital, PNP | | |
| (1original, 1photocopy) | | | | |

| Client Steps | Agency Actions | Fees to be paid | Processing Time | Person Responsible |
|---|--|--------------------|--------------------|-----------------------|
| 1.Requests for assistance and responses to clarificatory question | 1.Reviews documentary requirements | None | 15 Minutes | Social Worker |
| 2.Undergoes interview 2.1Parents provides information 2.2Children who are 12 years old and below attends Center's activities, awaiting assessment 2.3Children who are below the criminal age of responsibility and accused of offenses with above 6 years imposable penalty | 2.Conducts assessment for case disposition. 2.1Conducts intake interview following health protocol. 2.1Gathers information from family thru phone calls, text messages or homevisit, if necessary following health protocol 2.3Submits and prepares plan of action (service plan) 2.4Coordinates and refers Children-in- Conflict with the Law (CICL) to Barangay Council for the Protection of Children (BCPC) for intervention program and facilitates turn- over of CICL to his/her family *coordination thru phone calls and text messages | None | 1 Hour | Social Worker |



| 3.Children-in-Conflict with the Law (CICL) ages 15y/o & below FOR INTERVENTION PROGRAM 4.Wait | 3.Prepares feedback report 3.1Submits feedback report to Fiscal Office 4.Facilitates intervention program following health protocol | None | 1 Hour | |
|---|---|------|----------|---------------|
| For QC residents, 1. Attends center's activities, if admitted to Reception and Action Center or Molave Youth Home. Parents of Children-in-Conflict with the Law (CICL) 2. Submits documentary requirements 2.1If parents are found capable, Children-in-Conflict with the Law (CICL) with parents sign agreement on the intervention activities and signs intervention contract. 2.2 If applicable, awaits further disposition | 1.Locates parents and makes assessment. thru phone call and text messages to BCPC 1.1Conducts case conference with parents and Children-in-Conflict with the Law (CICL) -thru phone call and text messages 2.Coordinates with barangay, BCPC, NGOs or faith-based organizations relative to formulation of intervention program for CICL -thru phone and text messages *Facilitates signing of intervention contract, in coordination with concern BCPC 3.Identifies institution for CICL whose parents are found not capable of custody or unlocated thru phone calls or text messages | None | 110 Days | Social Worker |
| | 4.Coordinates and refers minor to their respective LGU's for intervention program. | None | 44 Days | |



| For NON-QC residents: 1. Attends Center activities 1.1If Children-in-Conflict with the Law (CICL)'s family is living in the province (Outside NCR) 1.2Awaits for parental capability assessment for parents & attends to Center's activities. | 5.Coordinates with the LSWDO thru formal letter requesting Parenting Capability Assessment Report prior reintegration to family. 6.Facilitates reintegration of CICL to family *coordinate thru phone call and text messages | | | |
|---|--|------|---------|---------------|
| Children-in-Conflict with the Law (CICL) ages 15y/o & above <u>CICL is</u> | text messages | None | | |
| INQUESTED 1.Attends Center activities For parents 1. Submits CICL's BC/Baptismal 1.1 Submits CICL's cert. of enrolment/ALS cert (if available) 1.2If case is filed in Court, Children-in-Conflict with the Law (CICL) stays at Molave Youth Home awaiting court disposition & attends to Center's activities | 1.Coordinates with the Office of the City Prosecutor to secure Final Resolution 1.1Require the parents to submit necessary documents to help facilitate case disposition *disinfect the documents 1.2Facilitates case disposition | | 66 Days | Social Worker |
| Children-in-Conflict with the Law (CICL) ages 15y/o & above For Diversion Program 1. Children-in-Conflict with the Law (CICL) and parents enter into agreement with Social Worker on the diversion contract. 1.1. Children-in-Conflict with the Law (CICL) and parents sign agreement form and diversion contract at Social Services Development Department main office/concern barangay (thru Barangay Council for the Protection of Children) | 1.Conducts family assessment 1.1Coordinate BCPC thru phone calls and text messages 1.2Coordinates with Barangay Council for the Protection of Children (BCPC) and Non-Government Organization/ Faith based org (if available) for the activities under the Diversion program 1.3Facilitates in signing of diversion contract | None | 22 Days | |



| 2. Children-in-Conflict with the Law (CICL) and parents attend and comply with the agreed Diversion program | 2.Social Worker monitors the progress of the program 2.1Coordinate BCPC thru phone calls and text messages | None | 132 Days | Social Worker |
|---|---|--------|-----------------------------------|---------------|
| 3. Children-in-Conflict with the Law (CICL) and parents attend final case conference to determine if program is successful or not | 3.Upon assessment, if the goal of the Diversion is attained, Social Worker recommends: Termination (completed) Extension (incomplete) or Filling of formal case (non- compliance) | None | | Social Worker |
| | | TOTAL: | 374 Days, 1 Hour, 15Minutes | |

6. PROVISION OF CERTIFICATE OF INDIGENCY (COI)

| Office or Division: | Commun | ity Outreach Division | |
|--|-----------|--|--|
| Classification: | Complex | | |
| Type of Transaction: | G2C – G | overnment to Client | |
| Who May Avail of the Service: | - 18 yrs. | old and above who are residents of Quezon City | |
| CHECKLIST OF REQUIREMENT | S | WHERE TO SECURE | |
| Request letter from concerned ag | ency | PAO, PSA, School and other stakeholder | |
| (1original) | | | |
| Barangay Certificate (1original) | | Barangay | |
| Personal letter stating reason for a | availing | | |
| Certificate of Indigency (1original |) | Client | |
| Certificate of No Property (1original) | | Quezon City Assessor's Office | |
| Certificate of None Existing Business | | Quezon City Business Permit and Licensin | |
| (1original) | | Office | |
| | | | |
| | | | |

| Client Steps | Agency Actions | Fees to be paid | Processing Time | Person Responsible |
|---|---|-----------------|--------------------|--|
| 1.Request for assistance and submits requirements (following heatlh protocol) | 1.Reviews the submitted documents (following health protocol) | None | 10 minutes | Social Welfare Aide/ Community Outreach Division staff |



| 2.Undergoes interview | 2.Conducts assessment & intake interview following health protocol 2.1Advises client as to the schedule for further engagement. | None | 1Hour, 30 Minutes | Social Welfare Aide |
|--|---|--------|----------------------|--|
| 3.Wait | 3.Conducts further interview thru phone calls or video call 3.1Prepares and submits report (Case Summary Report | | 7 Days | Youth Development Assistant Youth Development Officer |
| 4.Receives the Certificate of Indigency (following health protocol) | 4.Prepares and release Certificate of Indigency (following health protocol) | | 10 minutes | |
| | | TOTAL: | 7 Days, 2 Hours | |

7. PROVISION OF PHILHEALTH COVERAGE FOR INDIGENT FAMILIES

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|-------------------------------------|---|--|--|--|
| Office or Division: | Community Outreach Division | | | |
| Classification: | Complex | | | |
| Type of Transaction: | G2C – Government to Client | | | |
| Who May Avail of the - | - Qualified Indigent Head of families who are bonafide | | | |
| Service: | residents of Quezon City | | | |
| CHECKLIST OF REQUIREMENT | TS WHERE TO SECURE | | | |
| Barangay Indigency (1original, | Barangay | | | |
| 1photocopy) | | | | |
| Referral letter/medical certificate | erral letter/medical certificate QC Health Department or other government | | | |
| (1original, 1photocopy) | hospitals | | | |

| Client | Agency Actions | Fees to be paid | Processing Time | Person Responsible |
|---|---|-----------------|--------------------|---|
| For walk-in clients: 1. Requests for assistance and submits requirements (following health protocol) | 1.Receives and assess submitted documentary requirements (following health protocol) | None | 10 minutes | Community Outreach Division Staff |



| · | | | | |
|--|--|------|------------------|---|
| Undergoes interview following health protocol | 2.Conducts interviews following health protocol | None | 15 minutes | |
| 3. Fills-up application form | 3.Guides client how to properly fill up form 3.1Reviews filled-up form. | None | | |
| 4. Submits referral letter and application form to Philhealth. | 3.2Prepares referral letter. 4.Advises client to submit referral letter and application form to Philhealth Office. | | 10 minutes 1 day | |
| 5. Wait6. Gets Philhealth ID. | 5.Receives Philhealth ID or Certificate of Membership. 6. Informs client to get Philhealth ID. | | 66 Days | |
| For clients referred by: 1.Barangay's., Non- Government Organizations, Associations and Organizations submit referral and Philhealth Member Registration Form (PMRF) | 1.Receives and assess filled-up forms | None | 30 minutes | Community Outreach Division Staff |



| 7.Wait | 7.Prepares masterlist& submit forms to PhilHealth 7.1Informs the Barangays, Non- Government Organizations, Associations, and organizations on the availability of Philhealth IDs/Member Data Record 7.2Receives IDs/ Member Data Record from Philhealth | None | 66 Days |
|--|---|--------|----------------------------------|
| 8.Receives the ID/ Member Data Record | 8.Distributes Philhealth ID/ Member Data Record to beneficiaries thru Barangays | None | 30 minutes |
| | | TOTAL: | 133 Days, 1Hour, 35Minutes |

8. DAY CARE SERVICE

| Office or Division: | Community Outreach Division | | | | | |
|-------------------------------|--|--|--|--|--|--|
| Classification: | Complex | | | | | |
| Type of Transaction: | G2C – Government to Client | | | | | |
| Who May Avail of the Service: | 3-4 years old children who belongs to indigent families, large families, working mother, solo parents; Children who are nutritionally at risk | | | | | |
| CHECKLIST OF REQUIREMENT | S WHERE TO SECURE | | | | | |
| Certificate of Live Birth | PSA | | | | | |

| Client Steps | Agency Actions | Fees to be paid | Processing Time | Person Responsible |
|--|---|-----------------|--------------------|-----------------------|
| 1.Parents/ Guardians participate and answer question thru telephone call/ text messaging | 1.Review 2019 family survey to identify 3-4 y/o children | None | 5 Days | Day Care Worker |

| | | | | Á |
|--|--|------|----------|--|
| | 1.1Interviews family of identified beneficiaries thru telephone call/ text messaging or home visit, if necessary | None | | æ ★ PILII |
| 2.Awaits notification for qualification | 2.Consolidates list of 80 identified day care children including profiling of their families | None | 10 Days | |
| 3.Parents/ Guardians attend ECCD orientation re: Home-based schooling | 3.Conduct orientation to parents of qualified beneficiaries. (following health protocol) | None | | Day Care Worker |
| 4.Parent leader orientation | 4.Identify potential parent leader to assist in monitoring of home-based activities | None | | Nutritionist- dietician Day Care Worker |
| 5.Awaits notification for assessment | 5.Assess children using ECCD checklist thru parents interview/home visitation in coordination with parent leader (following health protocol) | None | 220 Days | Day Care Worker |
| 6.Awaits notification thru parent leaders | 6.Distribute hygiene kit/ learning materials and family food pack | None | | Day Care Worker |