

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office MiMaRoPa Region 1680 F.T. Benitez corner Malvar Sts., Malate, Manila

REQUEST FOR QUOTATION

| | | RFQ No. 2023-08-1074 NP-SVP |
|--|--|--|
| | | Date: August 14, 2023 |
| Company Name | | |
| Company Address | <u>2</u> | |
| Contact Person | ###################################### | |
| Contact No. | - | |
| Email Address | | |
| | | |
| Company TIN | 3 | |
| PhilGEPS Reg. No. | 9 | |
| Sir/Madam: | | |
| expenses for the goo | | harges, VAT or other applicable taxes, and other incidental icate information could be basis for non -compliance. Also, es and/or samples, if applicable. |
| and the second s | nanufacturer, distributor, or agent in t arized certification to this effect. | the Philippines for goods listed in Annex A, please attach in your |
| PhilGEPS Certificat in accordance with Omnibus Sworn Stat | e, latest Income/Business Tax Ret the attached format marked as An | siness Permit, Mayor's Permit , PCAB License (if applicable), urn and a notarized or unnotarized Omnibus Sworn Statement nex B. If awarded , please submit immediately the duly notarized otarized. The Certificate of Platinum Membership maybe LGEPS Registration Number. |
| 1680 F.T. Benitez co maediones@dswd. address(es) as state | rner Malvar Sts., Malate, Manila <u>or e</u> gov.ph not later than <u>5:00 PM on A</u> | nex A to DSWD MIMAROPA Region -BAC Secretariat at 2nd Floor mail to: procurement.fomimaropa@dswd.gov.ph and ugust 21, 2023 (Monday). Quotations submitted to different email valuation. Please indicate in the subject of your email the title of of Submission]. Very truly yours, |
| | | |
| | | HARVY B. CALABIO Administrative Officer V Procurement Section Head |
| Terms and Condition | ons: | |
| Award shall be Price Validity s Services shall | made on per:item basis shall be valid until: <u>One Hundred Tw</u> be delivered on: 15 CD after receip | X total quoted price lot basis yenty (120) Calendar days of of approved Purchase Order |
| Place of Delive | ery. DSWD MIMAROPA (1680 F.) | f. Benitez cor. Malvar St., Malate, Manila) |
| 5. Terms of Payr | nent: within 30 days upon final ins | spection and acceptance emandable Accounts Payable- Advice to Debit Account) |
| Account Nam | | Account Number : |
| Bank Name:_ | I D. J. Cat. Dilling | Branch: |
| 6. Liquidated Dar | and Bank of the Philippines accourt mades/Penalty: In case of failu | re to make full delivery within the time specified above, |
| the amount o | f the liquidated damages shall be a | at least equal to one-tenth of one percent (0.001) of the cost of |
| | | shall be imposed. Once the cumulative amount of liquidated unt of contract, the Procuring Entity may rescind or terminate |
| | | of action and remedies available under the circumstances. |
| | ase indicate brand, model and countr prepancy between unit cost and total of | |
| 9. Please indicat | e warranty: | |
| 10. NOTE: "Pro (Phi | espective supplier must be register IGEPS You may visit the PhilGEP | red at the Philippine Government Electronic Procurement Syste S website at www. philgeps.gov.ph to register " |
| At, | AGO WILLIAM | |
| The second second second second | NTHONY E DIONES | Signature Over Printed Name |
| Telefax: 5336-81 Contact Number | | (Supplier) |



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Note: Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PHILGEPS), You may visit RFQ 2023-08-1074 NP-SVP the PHILGEPS website at www.philgeps.gov.ph to register (should be filled up by suppoter) MOP: NP-SVP Company Name Company Address Contact Person Contact No. **Email Address** Company TIN

| Item | | | | Bidder's Specifications (Please fill out the specifications in the | | |
|------|------|-------|---|---|-----------|------------|
| No. | Qty. | Unit | PARTICULARS | space provided) NOTE: Supplier must state here either the statement of compliance either "COMPLY or "NOT COMPLY", "Failure to indicate information could be basis for non-compliance." | Unit Cost | Total Cost |
| 1 | 48 | piece | PRINTING IEC MATERIALS | | | |
| | | | Assistance to Individual in Crisis Situation (AICS) | | | |
| | | | Citizen's Charter (8 Copies x 6 pages) | | | |
| | | | | | | |
| | | | Specifications: | | | |
| | | | Size: 2x5. ft (60cm x 150cm) | | | |
| - 1 | | | Color: Full Color, One-side printing | | | |
| | | | Stock/Materials: Foldcote Cal.20 (Tarpaulin) | | | |
| | | | | | | |
| 2 | 4 | piece | Minors Travelling Abroad | | | |
| | | | Citizen's Charter (1 Copy x 4 pages) | | | |
| | | | Specifications; | | | |
| | | | Size: 2x5, ft (60cm x 150cm) | | | |
| | | | Color: Full Color, One-side printing | | | |
| 5 | | | Stock/Materials: Foldcote Cal.20 (Tarpaulin) | | | |
| 3 | 28 | 24022 | Poster for Minors Travelling Abroad (7 Copies x 4 pages) | | | |
| 3 | 28 | piece | Specifications: | | | |
| - | | - | Size: 2x3 ft | | | |
| - | | _ | Color: Full Color, One-side printing | | | |
| / | | | Stock/Materials: C2S 220 Glossy | | | |
| | | | Stock Indiana. Ozo zao Giossy | | | |
| 4 | 6 | piece | Roll-Up Banner Stand | | | |
| | | | Specifications: | | | |
| | | | Size: 2x5, ft (60cm x 150cm) | | | |
| | | | Color: White | | | |
| | | | | | | |
| | | 1 | Nothing Follows | | | |
| | | - | | 4 | | |
| | | - | TOTAL APPROVED BUDGET FOR THE CONTRACT: | | | |
| | | / | Fifty-One Thousand Six Hundred Pesos Only (Php 51,600.00) | | | |
| | | - | | | | |
| | | - | | | | |
| | | - | | | | |
| | | | | Note: Please specify brand model/origin . | | |

PURPOSE:

For the use of Crisis Intervention Section Regional and SWADT Office and Minors Travelling Abroad for FY 2023

PR No.: 2023-08-1074 NP-SVP

| | VAT |
|-------------------------------|--------|
| (Signature over Printed name) | Non-VA |
| Supplier | |

IMPORTANT: The winning bidder MUST SIGN the original copy of Purchase Order (P.O.) at DSWD FO MIMAROPA Region, Procurement Section within three (3) days from the date advance copy was served thru email. F AILURE to show up and sign the original P.O. means the bidder is not interested and will be ground for suspension or blacklisting in DSWD's future biddings.

Title of Service/Process: PROVISION OF FINANCIAL ASSISTANCE

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.

| Office or Division: | Crisis Intervention Section |
|----------------------|---|
| Classification: | Simple |
| Type of Transaction: | G2C - Government to Citizen |
| Who may Avail: | Indigent, marginalized, and vulnerable/disadvantaged individuals and families or are otherwise in crisis situation based on the assessment of the Social Worker |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
|---|--|
| One (1) valid identification card of the client/ person to be interviewed; | Preferably issued by any government agencies such as but not limited to: Philippine Statistics Authority (PhilSys ID) Social Security System/Government Service Insurance System (UMID ID, SSS/GSIS ID) Philhealth (Philhealth ID) Land Transportation Office (Driver's License) Professional Regulation Commission (PRC ID) Overseas Workers Welfare Administration (OWWA ID) Department of Labor and Employment (iDOLE) Pag-IBIG Fund (PAG-IBIG ID) Commission on Election (Voter's ID or Voter's Certification) Post Office (Postal ID) Department of Foreign Affairs (Philippine Passport) National Bureau of Investigation (NBI Clearance) Department of Social Welfare and Development (4Ps ID) Local Government Unit PWD ID Solo Parent ID City/Municipal ID Barangay ID Office of Senior Citizen Affairs (OSCA ID) Police Clearance or any ID preferably with validity date, and picture and signature of the client. |
| Signed Authorization Letter (if applicable) | The beneficiary of Assistance except for those representing for immediate their family members will be extempted in requiring authorization letter. Based on the MC 6 series of 2023, Immediate family members refers to: Spouse of the beneficiary; Son or daughter of legal age; Either parent of the beneficiary; Brother or sister of legal age of the beneficiary |
| TRANSPORTATION ASSISTANCE | |
| Other supporting document/s such as but are not limited to, justification of the social worker, medical certificate, death certificate, and/or court order/subpoena | |
| MEDICAL ASSISTANCE FOR HOS | PITALBILL |
| Medical Certificate/Clinical Abstract/Discharge Summary/Alagang Pinoy Tagubilin Form with Diagnosis with complete name, license number and signature of the Physician issued within three months (Original / Certified true copy) | Medical records of the Hospital/Clinic or the Attending Physician |
| Hospital bill / Statement of Account (outstanding balance) | |



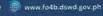






| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
|--|---|
| 3. Social Case Study Report/ Case Summary. | Registered Social Worker in public or private practice. • DSWD • LSWDO • NGO • Medical Social Service |
| MEDICAL ASSISTANCEFOR MEDIC | INE/ASSISTIVE DEVICE |
| 1.Medical Certificate/Clinical Abstract/Discharge Summary/Alagang Pinoy Tagubilin Form with Diagnosis with complete name, license number and signature of the Physician issued within three months (Original / Certified true copy) | Medical records of the Hospital/Clinic or the Attending Physician |
| Prescription with date of issuance, complete name, license number and signature of the Physician issued within three months | Attending Physician from a hospital/clinic. |
| 3. Social Case Study Report/ Case Summary. | Registered Social Worker in public or private practice. • DSWD • LSWDO • NGO • Medical Social Service |
| MEDICALASSISTANCE FOR LABO | RATORY |
| 1. Medical Certificate/Clinical Abstract/Discharge Summary/Alagang Pinoy Tagubilin Form with Diagnosis with complete name, license number and signature of the Physician issued within three months (Original / Certified true copy) | Attending Physician or from Medical Records of the hospital/clinic. |
| Laboratory Requests with name, license number, and signature of the Physician | Attending Physician from a hospital/clinic |
| Social Case Study Report/ Case Summary. | Registered Social Worker in public or private practice. • DSWD • LSWDO • NGO • Medical Social Service |
| FUNERAL ASSISTANCE FOR FUN | ERAL BILL |
| 1.Death Certificate/ Certification from the Tribal Chieftain (Original / certified true copy | City/Municipal Hall (Civil Registry Office), Hospital, Funeral Parlor, Tribal Chieftain or Imam |
| 2. Promissory Note/Certificate of Balance | Authorized staff of the Funeral Parlor/ Memorial Chapel |
| 3. Funeral Contract | Authorized staff of the Funeral Parlor/ Memorial Chapel |
| FUNERAL ASSISTANCE FOR TR | ANSFER OF CADAVER |
| 1.Death Certificate/ Certification from the Tribal Chieftain (Original/certified true copy) | City/Municipal Hall (Civil Registry Office), hospital, funeral parlor, tribal chieftain or Imam. |
| 2. Transfer Permit | City/Municipal Hall |
| EDUCATIONAL ASSISTANCE | |
| 1.Validated School ID and Valid I.D | School |
| a. Enrolment Assessment Form or Certificate of Enrolment or Registration; or Statement of Account | Barangay Hall where the client is presently residing |



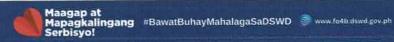






| FOOD ASSISTANCE FOR INDIVIDUAL AN | D FAMILIES ENDORSED IN GROUPS |
|---|---|
| 1.Project proposal | Local Government Unit |
| Barangay Certificate or Residency or Certificate of Indigency or Certificate that the client is in need of assistance may be required | Barangay Hall where the client is presently residing |
| CASH RELIEF ASSISTANCE | |
| Per Protection Report Fire Victims: Police Report Bureau of Fire Protection Report from the Bureau of Fire For Distressed OFs: Passport, Travel Document/s, certification from OWWA or the Barangay For Rescued Client: Certification from a social worker or Case manager from rescued clients. For victims of Online Sexual Exploitation: Police Blotter and | Bureau of Fire/PNP Overseas Workers Welfare Administration/Department of Migrant Workers/ Barangay Local Social Welfare and Development Office or other social welfare agencies Local Social Welfare and Development Office or other social welfare agencies |
| For Vicinis of Online Sexual Exploitation. Police Blotter and social worker's certification for the victims of online sexual exploitation of children For Locally stranded individuals (LSI): LSI without valid IDs, the Medical Certificate or the Travel Authority issued by the Philippine National Police will suffice and be accepted to prove his/her identity. | Police Station -Police Blotter Hospital/Clinic - Medical Certificate signed by the Register |
| 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 Card (DAFAC); Medico-legal certification | Barangay 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 |
| MATERIAL ASSISTANCE | |
| 1. General Intake Sheet | DSWD CIU/CIS/SWAD |
| 2. Material Assistance Distribution Sheet | DSWD CIU/CIS/SWAD |

| How to send feedback | The client or referring party could express their feedback through a Satisfaction Survey Form that would be given at the end of the client's transaction in the Crisis Intervention Unit/Section (CIU/S) or through https://tinyurl.com/553zm6ka which will be given after they were assessed by the social worker where or not they receive assistance under Assistance to Individual in Crisis Situation (AICS) Program. |
|----------------------------|--|
| How feedback is processed? | The duly accomplished Satisfaction Survey Form shall be consolidated together with the generated online customer feedback form once a month, identifying issues and concerns of the clients which shall be discussed for appropriate action. Status on the identified issues and concerns shall be monitored on a monthly basis |









| FEEDBACK AND COMPLAINT MEC | HANISMS |
|---------------------------------|--|
| How to file a complaint | CIU/CIS and SWAD Offices shall implement two mechanisms for handling grievances and complaints which are (1) Written Communication and Email which is handled by the Grievance Focal Person (GFP), and (2) Personal or Onsite Complaints thru the establishment of the Public Assistance Complaint Desk (PACD). A complaint may be filed through any of the established modalities: • personal appearance (walk-in clients) through the Public Assistance and Complaints Desk- electronic email where concerns can be send to ciu_fomimaropa@dswd.gov.ph; • Letters addressed to the Regional Director Leonardo C. Reynoso, CESO III through our Head Crisis Intervention Section, Ms. Iris M. Eyas; • Through 8888 Citizen's Complaint Center |
| How complaints are processed | |
| Written Communication and Email | Step 1: Recording and Tagging of Grievances |
| | Grievances forwarded to the CID/CIS shall be received by the assigned incoming document administrative staff of CID/S. The said officer shall log the document in the Electronic Document Tracking Management System (EDTMS) of the Department signifying that the document was received by the office. They will then forward it to the Grievance Focal Person. The DRN, Subject of the document, and other pertinent details shall be listed in the monitoring tool for action of the Grievance Focal Person. |
| | Step 2: Action and Response |
| | Upon receiving the document, the Grievance Focal Person shall assess and inform the concerned staff/s, team, or section on their involvement in the received grievance case. The concerned staff of team shall be given three (3) days to respond to the complaint through a feedback letter. The said document shall be sent to the concerned parties copy furnished to the PMB-CID Grievance Focal Person. |
| | Step 3: Monitoring |
| | A designated Grievance Focal Person per CID/CIS and SWAD offices shall be responsible for responding to and monitoring grievances concerning their respective office. All grievances will be recorded and monitored through a centralized system to ensure all grievances are provided with appropriate action in compliance with RA. 11032. |
| | Step 4: Termination |
| | Grievances provided with an action shall be marked as resolved if no further follow-through from the complainant is received after three (3) days from the date the feedback letter was sent. |
| Personal or onsite complaints | A PACD shall be stationed within the CIU/CIS/SWAD Satellite Office operating area where it will be visible and accessible to clients. The management of the said offices shall designate a personnel to matthe said desk to immediately respond to complaints of client onsite. Below is the process of handling received cases. |
| | Step 1: Recording of PACD Concern |
| | The PACD Officer shall be in charge of addressing the concern raised through the PACD and shall account all transactions throug a PACD Monitoring Tool which will contain the basic information an contact details of the client, and their concern. |







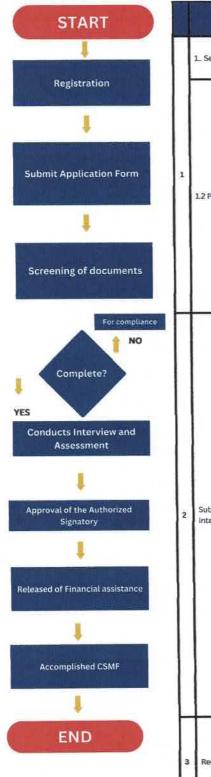
| FEEDBACK AND COMPLAINT | MECHANISMS |
|--|--|
| | Step 2: Assessment and Intervention The PACD Officer shall be responsible to assess the concern of the client and shall intervene based on the presented concern. They shall observe maximum tolerance and calmly handle clients expressing their concerns or plea, whatever the case may be. For brevity, the PACD Officer shall provide a brief description of the actions taken to resolve the concern of the client on the PACD Monitoring Tool. In cases that the client persisted to be unresolved with the intervention despite the diligent effort of the PACD Officer to assist them with their case, the PACD Officer shall be required to prepare an incident report and escalate the concern with the management |
| Contact Information of ARTA, PCC and CCB | Anti-Red Tape Authority (ARTA) complaints@arta.gov.ph 8-478-5093 Presidential Complaint Center (PCC) pcc@malacanang.gov.ph 8888 Contact Center ng Bayan (CCB) email@contactcenterngbayan.gov.ph 0908-881-6565 |







Title of Service/Process: PROVISION OF FINANCIAL ASSISTANCE



| | PROCEDURE DETAILS | AGENCY ACTIONS | TURN AROUND TIME | RESPONSIBLE PERSON |
|---|--|--|---|--------------------------------|
| I | | 1.Provide Client with queuing number | 10 Minutes (Excluding Queuing Time) | PACD Officer |
| | | 1.2.1 DSWD personnel will check the validity, and completeness of required documents presented by the client. | 20 Minutes (Excluding Queuing Time) | |
| | | 1.2.2 Check the client's record to the Crisis Intervention Monitoring System (CrIMS) | 20 Minutes (Excluding Queuing Time) | |
| | 1.2 Present pertinent Document | 1.2.3 if documents are complete and valid, and right frequency of availment, the client will be advised to proceed to step 2 and submit documents pertinent to their request. If not, the client will be advise to comply with the needed documents or be rescheduled to the date wherein the proper frequency of availment will be met | 10 Minutes (Excluding Queuing Time) | DSWD Personnel |
| | | 2.1 The DSWD Social Welfare Officer (SWO) shall interview, assess the documentary requirements presented, and Fill out the information in the General Intake Sheet (GIS) and the Certificate of Eligibility (CE). | 40 Minutes (Excluding Queuing Time) | swo |
| 2 | Submit pertinent documents for Interview and Assessment | 2.2 The DSWD Social Welfare Officer (SWO) shall determine the eligibility of the client to receive assistance, and recommend the appropriate assistance. If found to be ineligible for the services under the program, the client will be formally informed of the reason of ineligibility and henceforth be declined and provided with a letter of disqualification to receive assistance. | 40 Minutes (Excluding Queuing Time) | swo |
| | | Advise the client to Proceed to Step 3 and wait to be called for the release of assistance. | 40 Minutes (Excluding Queuing Time) | swo |
| | | Forward the Client's Document to the Authorized Approving Officer. | 40 Minutes (Excluding Queuing Time) | Authorized official/s |
| | | Scan the client's approved documents for filing, and forward to Step 3 for releasing of assistance. | 30 Minutes (Excluding Queuing Time) | DSWD Personnel |
| | | Check the Client's Identity | 15 Minutes (Excluding Queuing Time) | SDO/RDO/DS WD personne |
| 3 | Receive Assistance | Release the Assistance. | 15 Minutes (Excluding Queuing Time) | SDO/RDO/DS WD personne |
| 4 | Fill out client satisfaction measurement survey | Receive the client satisfaction survey form | 20 Minutes (Excluding Queuing Time) | Administrativ e personnelle |

TOTAL TURNAROUND TIME:

5 Hour, 40 Minutes for Cash Out Right (1)

1 Day or 24 Hours for Guarantee Letter (2)

Time may vary depending on the influx of clients, technical, and other circumstances outside the control of the Department. (1) Time may vary depending on the influx of clients, technical, and other circumstances outside the control of the Department. (2)











SECURING TRAVEL CLEARANCE FOR Title of Service/Process: MINORS TRAVELING ABROAD

Travel Clearance is a document issued by the Department of Social Welfare and Development for a minor who is below 18 years old, who wants to travel abroad alone, without any of his or her parent or legal guardian.

| Office or Division: | Travel Clearance Unit | |
|---|----------------------------------|--|
| Classification: | Simple | |
| Type of Transaction: | G2C- Government to Citizen | |
| Who may Avail: Filipino Minors Traveling Abroad | | |
| CHECKLIST OF REQUIREM | ENTS WHERE TO SECURE | |
| A. For Minors Traveling Alone to a Fo | reign Country for the First Time | |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE | | | |
|---|--|--|--|--|
| A. For Minors Traveling Alone to a Foreign Country fo | r the First Time | | | |
| 1. Duly accomplished Application Form | DSWD Field Offices or at download form at www.dswd.gov.ph | | | |
| 2. LSWDO/SWAD Social Worker's assessment, when necessary | Local Social Welfare and Development Office where the minor resides | | | |
| 3. PSA issued Birth Certificate of Minor | Philippine Statistics Authority (PSA) | | | |
| 4.1 One (1) Photocopy of PSA issued Marriage Contract of minor's parents/ Copy of Court issued Legal Guardianship/ Tallaq or Fasakh Certification from the Shariah Court or any Muslim Bgy or religious leader. 4.2 PSA issued CENOMAR for illegitimate minors on SECPA; | Philippine Statistics Authority (PSA); Court who handled the Legal Guardianship petition; Shariah Court or Religious Leader | | | |
| 5.1 Notarized Affidavit of Consent or Written Consent of both parents/ legal guardian/solo parent, whichever is applicable. 5.2 Photocopy of valid passport and valid visa or valid ID issued abroad, if parents are working abroad. | Law Office and Notarized at the place where the minor resides/ Philippine Embassy (if minors parent/s are abroad) | | | |
| Two (2) original colored passport size photos of the minor (in White, Red or Blue Background) taken within the last 6 months. No scanned picture is allowed. | Applicant | | | |
| 7. Affidavit of Support and Certified copy of evidence to show financial capability of sponsor e.g Certificate of Employment, Latest Income Tax Return, Bank Statement, etc) | Applicant | | | |
| Certified True Copy of the Death Certificate (for deceased parent/s) on SECPA; | Applicant | | | |
| Unaccompanied Minor Certificate from the Airlines | Airline Company where ticket is obtained | | | |
| Waiver from the parents releasing DSWD from any liability/responsibility in case of untoward incident during the travel of the child. | Applicant | | | |
| B. For Succeeding Travel of Unaccompanied minor or | Traveling Alone | | | |
| 1. Duly accomplished Application Form | DSWD Field Office/ DSWD website: www.dswd.gov.ph | | | |
| Notarized Affidavit or Written Consent of both parents, the Solo parent and the legal guardian, whichever is applicable, with copy of valid ID with signature | Law Office and Notarized at the applicants place of residence | | | |
| 3. Original copy of the previous Travel Clearance issued | Applicant | | | |
| 4. Two (2) colored passport size pictures of the minor (in white, red or blue background) taken within the last 6 months. No scanned pictures will be accepted. | | | | |
| 5. Unaccompanied Minor Certificate from the Airline | Airline Company | | | |
| Waiver from the parents releasing DSWD from any liability in case of untoward incident during the travel of the child. | Applicant | | | |









SECURING TRAVEL CLEARANCE FOR Title of Service/Process: MINORS TRAVELING ABROAD

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE | | | | |
|--|--|--|--|--|--|
| C. Minor Traveling for the First time with persons other than the Parents or Legal Guardian | | | | | |
| Duly accomplished Application Form | DSWD Field Office/ DSWD website: www.dswd.gov.ph | | | | |
| 2. Copy of the PSA issued birth certificate of the minor | Philippine Statistics Authority (PSA) | | | | |
| S. Notarized affidavit or written consent of both parents or solo parent or legal guardian, attached with valid identification card with specimen signature. | Applicant | | | | |
| 4. Copy of Marriage Certificate of minors parents (SECPA), Solo Parent ID, for Solo Parents, Court Decree of Separation, Annulment or Divorce, for illegitimate minors, CENOMAR from PSA; in case of deceased parent/s, copy of the Death Certificate. | PSA, Local Social Welfare and Development Office (for the Solo Parents ID); Family Court. | | | | |
| 5. Two (2) colored passport size pictures of the minor (in white, red or blue background) taken within the last 6 months. No scanned pictures will be accepted. | Applicant | | | | |
| 6. Photocopy of the passport of the traveling companion. | Minor's traveling companion | | | | |
| D. Minors Traveling subsequently with a Person Other th | an the Parents of Legal Guardian | | | | |
| I. Duly accomplished Application Form | DSWD Field Office/ DSWD website: www.dswd.gov.ph | | | | |
| Original copy of the Travel Clearance previously issued by the DSWD Field Office; | Applicant | | | | |
| 3. Notarized Affidavit of Consent from biological parent/s, legal guardian authorizing a particular person to accompany the child in his/her travel abroad, with a copy of the valid identification card with specimen signature. | Applicant | | | | |
| Two (2) original colored passport size photos of the minor taken within the last six (6) months. No scanned pictures will be accepted; | Applicant | | | | |
| 5. Photocopy of the Passport of the traveling companion. | Minor's traveling companion | | | | |
| Additional Requirements for Minors Under Special Circu | mstances: | | | | |
| For Filipino Minors Migrating to Another Country | | | | | |
| 1. Visa Petition Approval | Applicant | | | | |
| For Minors Studying Abroad | | | | | |
| Acceptance or Certificate of Enrollment or Registration from the School where the minor is to be enrolled. | Applicant | | | | |
| For Minors who will attend Conference, Study Tours, Competition, S Day and Other Related Activities: | tudent Exchange Program, Summer Camp, Pilgrimage, World You | | | | |
| 1, Certification from Sponsoring Organization | Sponsor Organization | | | | |
| 2. Affidavit of Undertaking of Companion indicating safety measures undertaken by the Sports Agency | Sports Agency | | | | |
| Signed Invitation from the Sponsoring Agency/Organization abroad with itinerary of travel and list of participants and duration of the activity/travel | Sponsoring Organization | | | | |
| Minors going Abroad for Medical Purposes | | | | | |
| 1. Medical Abstract of the Minor | Attending Physician | | | | |
| Recommendation from the Attending Physician that such medical procedure is not available in the country | Attending Physician | | | | |
| 3. Letter from the Sponsor | Sponsor | | | | |
| | | | | | |
| Minors going Abroad for Inter-Country Adoption | | | | | |
| Minors going Abroad for Inter-Country Adoption 1. Placement Authority issued by ICAB | Inter-Country Adoption Board (ICAB) | | | | |









SECURING TRAVEL CLEARANCE FOR Title of Service/Process: MINORS TRAVELING ABROAD

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE | | | | |
|---|---|--|--|--|--|
| Additional Requirements for Minors Under Special Circumstances: | | | | | |
| Minors under Foster Care | | | | | |
| 1. Notarized Affidavit of Undertaking by the Foster Parents | Foster Parent | | | | |
| 2. Notarized Affidavit of Consent from the Regional Director or Authorized Representative | DSWD Regional Director | | | | |
| 3. Photocopy of Foster Placement Authority | Applicant | | | | |
| 4. Photocopy of Foster Care License of the Family | Applicant | | | | |
| 5. DSWD Certification of the CDCLAA Except those under Kinship Care | DSWD | | | | |
| 6. Return Ticket | Applicant | | | | |
| Minors Under Legal Guardianship | | | | | |
| 1. Certified True Copy of the Court Order on Legal Guardianship | Court | | | | |
| For Minors whose parents are Seafarers | | | | | |
| Certification from the Manning Agency attesting to the parents employment | Applicant | | | | |
| 2. Photocopy of Seaman's Book of Parent/s | Applicant | | | | |
| For Minors whose parents are Seafarers | | | | | |
| 1.Social Case Study Report from the LSWDO where the alleged missing parent's last known address | Local Social Welfare and Development Office | | | | |
| Blotter Report from either local police or Barangay Certification from the Locality of the last known address of the alleged missing parent | Local Police or Barangay of the alleged missing parent/s last known address | | | | |
| One (1) returned registered mail to the last known address of the alleged missing parent/s known address. | Applicant | | | | |

| How to send feedback | DSWD-Field Office send memo/email to DSWD-PMB | | |
|-----------------------------------|--|--|--|
| How feedbacks are processed | DSWD-PMB send a reply letter/memo to the concerned Field Office | | |
| How to file a complaint | Complaints can be filed thru sending a letter or email to PMB-DSWD. The details of the complaint should be included in the information. | | |
| | SMS will receive the complaint and will be forwarded to PMB if the concern is: | | |
| Complaint using 8888 | a. On Programs and Services-SPD will be the one replying to the complaint b. On Personnel and other outside matters- The Focal Person will be the one replying to the complaint | | |
| | The concerned Office will conduct a case conference/meeting to discuss the issue/concern. If necessary, to set a meeting with the complainant and discuss the concern. | | |
| How complaints are processed | Internal investigation shall be conducted within the Bureau, then provide recommendation and officially send reply letter/memo to the concerned DSWD Field-Office | | |
| Contact info of ARTA, PCC and CCB | Tel No. 8847-5093 Email Address: complaints@arta.gov.ph | | |
| | Hotline: 8888 Email Address: pcc@malacanang.gov.ph | | |
| | Contact Center ng Bayan (CCB) email@contactcenterngbayan.gov.ph 0908-881-6565 | | |









SECURING TRAVEL CLEARANCE FOR Title of Service/Process: MINORS TRAVELING ABROAD

| START | PROCEDURE DETAILS | RESPONSIBLE OFFICE/STAFF | INTERFACE DOCUMENT | TURNAROUND TIME |
|---|--|--|---|----------------------|
| Registration | I. Issuance of Service Sequence Number Encoding of the client's information in online Spreadsheet Issuance of the Client Satisfaction Survey Form (CSS Form) | Officer of the Day/Security Guard | Service Sequence Number CSS Form | 5 minutes |
| Submit Application Form | 4. Receives Filled Up Application Form and Documentary requirements presented by the Client. | On-Duty Social Welfare Officer | 1. Accomplished MTA Application Form; and 2. Documentary Requirements | 5 minutes |
| Screening of documents | 5. Social Worker will check the presented documentary requirements are complete. If not, the client will be asked to comply. If Complete, proceed to the next Step. | On-Duty Social Welfare Officer | Documentary Requirements | 5 minutes |
| For compliance NO Complete? | 6. Social Worker interviews and conducts assessment of the application; 7. Recommends for the approval or disapproval of the application to the Signing Authority. | On-Duty Social Welfare/ SWAD Social Welfare | Assessment Report | 20 minutes |
| Conducts Interview and Assessment Approved/ Disapproved/ Exempted Explain the reason for disapproval Payment | 8.Approves/Disapproves the application 8.1 If Approved, proceed to step 6 8.2 If Disapproved, Counseling and Explanation of reason for disapproval of application 9. Notify the DFA, BI PMB, DSWD-CO. If Exempted, Prepares the Certificate of Exemption for Approval of the Regional Director or the Authorized Signatory | On-Duty Social Welfare/SWAD Social Welfare Supervisor/OIC | Certificate of Exemption as supported by: 1. Dependent's visa/pass/identificati on card which serve as proof that he/she is living with parents abroad. 2. Valid permanent resident visa/pass/immigrant visa 3. Foreign Service holding diplomatic/official passport such as Ambassador/General/Consul | 20 minutes |
| Issuance of Certificate of Exemption Issues Claim Stub | 10. Issues Order of Payment /Billing Statement 11. Issues Official Receipt to the Applicant on the Payment Received 12. Issuance of Claim Stub schedule of release (Minimum of 1-day processing and maximum of 3 days processing) | Cashier | Official Receipt and Claim Stub | 3 minutes |
| Prepares Travel Clearance Approval of the Authorized Signatory | 13. Encodes/Types the details of the applicant to the Travel Clearance Certificate 14. Signs/Approves the Application or Certificate of Exemption for Exempted applicants, as requested by Client. | Social Worker/Administrati ve Staff Regional Director/Authorized Approved Signatory | Printed Travel Clearance Certificate Signed Travel Clearance/Certificate of Exemption | 10 minutes 5 minutes |
| Issuance of Travel Clearance & Receipt of the Filled up CSMF | 15. Releases the Travel Clearance Certificate to the Applicant/ Certificate of Exemption/ Receipt of the Filled up CSS Form | Social Worker/Administrati ve Staff | Signed Travel Clearance/Certificate of Exemption and Filled up CSS Form and signed logbook of issued MTA Clearance | 5 minutes |

TOTAL TURNAROUND TIME: 1 hour 18 minutes





