

FOR : **THE REGIONAL DIRECTOR**  
Field Offices I, II, III, CALABARZON, MIMAROPA, V, VI, VII, VIII, IX, X, XI,  
XII, CAR, NCR & CARAGA

ATTENTION : **REGIONAL PROGRAM COORDINATORS**

FROM : **THE NATIONAL PROGRAM MANAGER**

SUBJECT : **GUIDANCE FOR THE INTAKE ASSESSMENT OF SET 10  
REPLACEMENT HOUSEHOLDS DURING COMMUNITY ASSEMBLY/  
HOUSE TO HOUSE VISIT AND TRANSITION AND EXIT PROCEDURES  
FOR CLIENT STATUS 26**

DATE : **04 SEPTEMBER 2020**

This is to provide additional guidance to the released Memoranda/Guidelines on the (1) Households for Replacement signed by Usec. Aimee S. Torre Franca-Neri dated 19 July 2020 and (2) Guidance Notes on the Implementation of the Approved NAC Resolution No. 2, series of 2020, entitled "Continuity of the Cash Grant Provision to the 4Ps Beneficiaries During the State of Calamity due to COVID-19 Pandemic" dated 24 April 2020 to strengthen the case management process during enrolment of newly registered households and in the transition and exit procedures of Client Status 26 bound to exit the program in Period 1 of 2021.

**A. Intake Assessment of Set 10 Replacement Households during the Community Assembly and/ or House to House Visit**

In reference to Kilos-Unlad: 4Ps 7-year Social Case Management Strategy, the **intake assessment shall be conducted right after the completion of the Validation Form** during the scheduled community assembly and/ or house to house visit. The intake assessment interview, as the beginning stage of the case management process, aims to gather initial information on the family's current socio-economic conditions, health (both physical and mental), safety, and protection concerns that may require immediate intervention and referral. The initial data gathered intends to guide the case managers in building more in-depth information about the household beneficiaries after their full registration to the program and as an initial reference data to gain familiarity with the households in preparation for the Social Welfare Development Indicators (SWDI) assessment.

The City/Municipal Link (C/ML) shall utilize the enhanced **General Intake Sheet or CM Form 1 (Annex A)** to facilitate the process. In cases of disclosures of gender-based violence (GBV) and child abuse cases, **GBV Intake Sheet or CM Form 2 (Annex A1)** shall be filled-up as a reference document for immediate referral to the city/municipal social welfare office. Additionally, during the community assembly, the Grievance Help Desk shall be complemented by a VAWC Help Desk, preferably staffed by a representative from the local social welfare office to receive and respond to GBV and child protection cases immediately.

## B. Managing Households with Client Status (CS) 26 bound to exit the Program in Period 1 of 2021

Under the Guidance Notes for the Implementation of NAC Resolution No. 2, series of 2020, "Continuity of the cash grant Provision to the 4ps beneficiaries during the state of calamity due to COVID 19 pandemic", **Client Status 26 or households deferred exiting due to NAC Reso. 2, s.2020 shall remain in the program until Period 6 or until January 2021.** In such a period, the assigned C/ML, as case manager, shall prepare the household for their eventual exit through the transition and exit procedures and proper endorsement to the receiving Local Government Units (LGUs) for the implementation of the sustainability plan, including post-service interventions and referrals. This process in managing transitioning households is stipulated in the aforementioned Guidance Notes on pages 4 to 7. There is a need, however, to defer and update the processes to align with the remaining time before Period 1.

Task	Suggested Procedures	Timeline	Person/s Responsible
Transition Assessment and Planning	<p><b>Step 1: <u>Transition Assessment</u></b></p> <p><b>Step 1.1:</b> The assigned C/ML shall conduct a "kumustahan" session with CS 26 HHs to update the status of their level of well-being from the 2019 pre-COVID SWDI data to the present.</p> <p><b>Step 1.2:</b> After updating the SWDI data, the C/ML shall conduct the 2<sup>nd</sup> stage of the "kumustahan" dialogue using the <b>Transition Assessment Form (Annex B)</b>. Please note that for level 1 and level 2 CS 26 HHs, focus your questions to probe on the socio-economic effects of the pandemic, their coping strategies, their contingency plans if there's any, and the most pressing need/problem that needs prioritization.</p> <p><b>Step 3: <u>Planning</u></b></p> <p>Transition planning shall be developed by the CS-26 HHs assisted by the C/ML. The C/ML shall then complete the <b>Case Endorsement Report or CM Form 17 (Annex C)</b> as the primary document to be submitted to the LGUs in the formal turn-over of cases.</p> <p><i>Note: the C/MLs shall ensure that the documents in the case folders of the exiting CS-26 HHs are complete prior to the turn-over of cases to the LGUs.</i></p>	October 2020	C/ML
Working with	The steps indicated below are per the	October	PL, SWO III,




the LGUs for Turn-over of Cases	activities stipulated in the Guidance Notes in the Implementation of NAC Reso. 2, pages 9-10:  <u>Step 1:</u> Orientation/ Commitment Setting of LGU for the Exiting Beneficiaries.	2020-January 2021	IPDO, C/ML
	<p><u>Step 2:</u> Sustainability Planning between and among the C/MATs and LGU and other key stakeholders (<b>Please see Annex D for the sustainability plan matrix</b>)</p> <p><u>Step 3:</u> Provision of LGU-led complementary programs and services as part of the sustainability plan implementation.</p> <p><u>Step 4:</u> Formal turn-over of cases to LGU and Graduation Ceremony for the Level 3 CS-26 exiting households.</p> <p>The exit procedures require full commitment and participation of the receiving LGUs hence getting their buy-in as early as possible is highly advised.</p>		
Post-service intervention	The LGU shall conduct regular monitoring to check the present condition and provide additional support to the former 4Ps beneficiaries (if necessary) in the next six (6) months after formal turn-over. The LGU shall submit a feedback report (Annex E) to the MOO after six (6) months.	February-June 2021	LGU

**Note:** The field offices may devise their strategies and initiatives to abide with community quarantine protocols provided that the minimum standards and tasks indicated are implemented

The case management forms relevant to the processes are attached in this Memorandum as Annexes. For further assistance and clarification, please contact **Ms. Maria Theresa C. Gulapa** at [mtcgulapa@dswd.gov.ph](mailto:mtcgulapa@dswd.gov.ph) and/ or **Ms. Joanne Marie V. Diaz** at [jmvdiaz@dswd.gov.ph](mailto:jmvdiaz@dswd.gov.ph)

Thank you for your continued support.

  
**DIRECTOR GEMMA B. GABUYA**

  
jmvd/mteg/wpb/VFR

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**A. Intake Assessment of Set 10 Replacement Households during the Community Assembly and/ or House to House Visit**

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The City/Municipal Link (C/ML) shall utilize the enhanced **General Intake Sheet or CM Form 1 (Annex A)** to facilitate the process. In cases of disclosures of gender-based violence (GBV) and child abuse cases, **GBV Intake Sheet or CM Form 2 (Annex A1)** shall be filled-up as a reference document for immediate referral to the city/municipal social welfare office. Additionally, during the community assembly, the Grievance Help Desk shall be complemented by a VAWC Help Desk, preferably staffed by a representative from the local social welfare office to receive and respond to GBV and child protection cases immediately.



## B. Managing Households with Client Status (CS) 26 bound to exit the Program in Period 1 of 2021

Under the Guidance Notes for the Implementation of NAC Resolution No. 2, series of 2020, "*Continuity of the cash grant Provision to the 4ps beneficiaries during the state of calamity due to COVID 19 pandemic*", **Client Status 26 or households deferred exiting due to NAC Reso. 2, s.2020 shall remain in the program until Period 6 or until January 2021.** In such a period, the assigned C/ML, as case manager, shall prepare the household for their eventual exit through the transition and exit procedures and proper endorsement to the receiving Local Government Units (LGUs) for the implementation of the sustainability plan, including post-service interventions and referrals. This process in managing transitioning households is stipulated in the aforementioned Guidance Notes on pages 4 to 7. There is a need, however, to defer and update the processes to align with the remaining time before Period 1.

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Working with the LGUs for Turn-over of Cases	<p><i>The steps indicated below are per the activities stipulated in the Guidance Notes in the Implementation of NAC Reso. 2, pages 9-10:</i></p> <p><u>Step 1:</u> Orientation/ Commitment Setting of LGU for the Exiting Beneficiaries.</p> <p><u>Step 2:</u> Sustainability Planning between and among the C/MATs and LGU and other key stakeholders (<b>Please see Annex D for the sustainability plan matrix</b>)</p> <p><u>Step 3:</u> Provision of LGU-led complementary programs and services as part of the sustainability plan implementation.</p> <p><u>Step 4:</u> Formal turn-over of cases to LGU and Graduation Ceremony for the Level 3 CS-26 exiting households.</p> <p>The exit procedures require full commitment and participation of the receiving LGUs hence getting their buy-in as early as possible is highly advised.</p>	October 2020-January 2021	PL, SWO III, IPDO, C/ML
Post-service intervention	The LGU shall conduct regular monitoring to check the present condition and provide additional support to the former 4Ps beneficiaries (if necessary) in the next six (6) months after formal turn-over. The LGU shall submit a feedback report (Annex E) to the MOO after six (6) months.	February-June 2021	LGU

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Thank you for your continued support.

*Gemma B. Gabuya*

**DIRECTOR GEMMA B. GABUYA**



ANNEX A

CM Form No. 1

## GENERAL INTAKE FORM

This form shall be used by the C/ML (case manager) during community assemblies to gather initial information on the family's current socio-economic conditions, health (both physical and mental), safety, and protection concerns that may require immediate intervention and referral. The general intake form will be filled up after completion of the validation form.

The initial data gathered from this tool is intended to guide the case managers in building more in-depth information about the HH-beneficiaries after full registration to the program and during the conduct of the Social Welfare Development Indicators (SWDI) assessment.

Date: \_\_\_\_\_

### I. IDENTIFYING INFORMATION:

Name of Grantee : \_\_\_\_\_  
Household ID Number : \_\_\_\_\_  
Sex : \_\_\_\_\_  
Civil Status : \_\_\_\_\_  
Age : \_\_\_\_\_  
Birth Date : \_\_\_\_\_  
Place of Birth : \_\_\_\_\_  
Address : \_\_\_\_\_  
Religion : \_\_\_\_\_  
Highest Educational Attainment : \_\_\_\_\_  
Occupation : \_\_\_\_\_  
Indigenous People : \_\_\_\_\_  
YES. Please specify your IP Affiliation \_\_\_\_\_  
NO \_\_\_\_\_

### II. Family Composition

Name	Sex	Age	Civil Status	Monitored Child		Occupation	Educ. Attainment	Monthly Gross Income	Disability (if applicable)
				Yes	No				

Note: Grantee should be included in the family composition

### III. Brief Family Background

#### A. Socio-economic

1. What are the sources/means of the family to sustain an everyday living?
2. How is your housing and living condition? (Including water and electricity source)





3. How do you describe your family relationship? (Spouse to spouse, parents to children, children to parent and siblings to siblings)

#### B. Health (Physical and Mental Health)

1. Is there a family member currently suffering/ afflicted with illness requiring immediate medical intervention/s? If yes, identify the current condition and the intervention needed.
2. Are there any health concerns (experiencing symptom/s) in the family you think needs testing or consultation with a doctor? If yes, please specify.
3. Have you noticed any behavioral changes in a family member? If yes, please specify. How is this affecting you and the other members of the family?

#### C. Safety and Protection

1. Do you have any safety concerns for:
  - Yourself (check on VAW)
  - Spouse (check on GBV experience)
  - Children (check on child abuse)
  - Neighborhood (check on the presence of violence in the community, armed conflict, threats, safety and security issues)If yes, are you willing to discuss them?

**Note:** If not willing, do not insist further; instead offer help and assure them that in case they change their minds they can contact you anytime (give your contact information, the barangay city social welfare office contact number)

#### D. Other Concerns (if applicable)

1. What triggered your child to stop schooling? (cases when one or more child/ren dropped-out from school)

#### IV. Initial Assessment (professional impression)

#### V. Recommendation/s

Administered by:

\_\_\_\_\_  
City/Municipal Link



## REFERRAL LETTER FORMAT

The referral letter shall be used in referring cases of Special and difficult cases (*child-protection and Gender-based violence cases*) experience by Pantawid Pamilya Households to the C/MSWDO.

The C/ML can be the referring person especially if the case is assessed as urgent and a matter of life and death. If so, the referral letter can be handwritten together with the Case Intake Sheet (with receiving copy to be kept) describing the client and the case circumstance.

Date: \_\_\_\_\_

(Addressee of the Referral Name)  
(Designation)  
(Address)

Dear \_\_\_\_\_:

Good day!

Paragraph 1: This is to refer the case of \_\_\_\_\_ (State the name, age, sex, address of the victim-survivor). (Briefly discuss the case background, case assessment, and why s/he is being referred.)

Paragraph 2: (Include initial services extended to the client, if any.)

Paragraph 3: Attached is the Case Assessment Report \_\_\_\_\_ (Name of the victim-survivor) for your reference.

Paragraph 4: Should you have any queries, feel free to contact \_\_\_\_\_ (Provide the name and number of a contact person). We will appreciate receiving feedback on the actions taken relative to this referral the soonest possible time.

Paragraph 5: For appropriate action and case disposition.

Sincerely,

(Name & signature of the C/MLs/ SWO III)





ANNEX A

CM Form No. 2

## CASE INTAKE SHEET<sup>1</sup>

This form shall be used by the C/MLs (case manager) in cases of DISCLOSURES of alleged gender-based violence and/or child abuse requiring immediate reporting to proper authorities. This shall be submitted along with the referral form (cut out below) to the receiving LGU for proper case disposition. A duplicate copy shall be submitted to the SWO III as reference for appropriate action.

CASE NO. 1

Date: \_\_\_\_\_

### I. Identifying Information

Name of Client	:	
Household ID Number	:	
Sex	:	
Civil Status	:	
Age	:	
Birth Date	:	
Place of Birth	:	
Address	:	
Religion	:	
Highest Educational Attainment	:	
Occupation	:	
Ethnicity	:	
Case Category (e.g., rape)	:	
Name of a contact person	:	
Contact number	:	
Name of the alleged perpetrator (if known)	:	
Relationship to the victim (if applicable)	:	
Present whereabouts (if known)	:	

<sup>1</sup> Adapted from the Bata Balik Eskwela (BBE) case management tools



## II. Family Composition

Name	Sex	Age	Civil Stat us	Relationship to the client	Educ. Attainment	Occupation / If minor, state if monitored or not	Monthly Income	Disability (if applicable)

**Note:** Include the client in the Family Composition table and refer to as himself or herself in the "Relation to Client" column

## III. Problem Presented

This part shall discuss the problems/issues from the point of view of the client as the source of information. How does the client perceive the situation? (Example: For rape case - The case came to the attention of the city link when the minor directly disclosed that her boyfriend, aged 26, forcibly had sex with her two weeks ago. Her boyfriend is convincing her that the sex was consensual, but she felt the other way. She was angry and felt violated but expressed reluctance to tell her parents for fear of being blamed. She believed that she was forced and wanted to seek clarity if it can be reported to the police. Meanwhile, she wanted her parents to know first. She asked the city link to accompany her.)

## IV. Brief description of the client during initial contact (including grooming/personal hygiene, non-verbal cues, injuries if there's any).

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## V. Initial Assessment (professional impression)

The initial assessment of the case shall include the following:

1. Does the alleged perpetrator have close access to the client? What are the safety and risk concerns? (If the alleged perpetrator lives just around the barangay, then safety risk is high.)
2. What is/are the behavior/s of concern being manifested by the client? (Could not eat, could not sleep properly, refuses to go to school, disrupted daily routines, etc.)
3. What are the limitations, weaknesses/ constraints or obstacles that hamper the client's ability to overcome his/her situation;
4. What are the client's strengths, motivations, available opportunities for change and support system?
5. How the alleged abuse does affect the client's motivation, and perception (of self and others)?





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**VI. Initial Supportive Response Provided/Actions Undertaken** (e.g., discussion of rights and options under the laws, immediate safety and security plan through family dialogue)

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**VII. Recommendation/s**

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Administered by:

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Name of the Intake Interviewer/Position/Signature

Concurred by:

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Signature over printed name of the complainant



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Paragraph 5: For appropriate action and case disposition.

Sincerely,

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ANNEX B

CM Form No. 18

## TRANSITION ASSESSMENT FORM

This assessment tool is meant to measure the readiness of the household beneficiaries to be enrolled in the "Graduation to Exit Procedures" at the transition phase.

Date of Interview:	Time started:	Time ended:
Name of Respondent:	Grantee:	Not-grantee:
Pantawid ID Number:	Year of HH Registration:	
Is the household listed as <b>non-poor</b> in the latest Listahanan result? <input type="checkbox"/> YES <input type="checkbox"/> NO		Is the household consistently <b>level 3</b> in at least 2 SWDI assessment periods? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Internal Factors:</b>		
Describe the performance of the HH in the achievement of the Household Intervention plans (HIP)?		
Did the family experience difficult circumstances/s in the past two (2) years? If yes, what is the current condition/situation?		
Describe the family's overall coping and problem-solving skills in dealing with difficult situations?		
Does the family have a contingency plan in cases of shocks? If yes, please describe? <ol style="list-style-type: none"><li>1. Loss of income because of unemployment, disability, the sudden death of income provider</li><li>2. Illness of family members</li><li>3. Human-made and natural disasters</li></ol>		
<b>External factors:</b>		
Does the family reside in a safe and secure location? (disaster-resilient, free from violence)		



<p>How accessible are the basic amenities of the family? If in GIDA, what are the means to access them?</p>	
<p>Describe the family's community connections.</p> <p>Are they a member of a recognized group/association?</p>	
<p>Indicate your assessment statement and recommendations below:</p> <p><i>The recommendation must be stipulated whether the HH-beneficiaries could move up to the "Graduation to Exit Procedures" or has to be retained and the corresponding justification.</i></p>	
<p>Prepared by:</p> <p><i>City/Municipal Link</i></p>	<p>Concurred by:</p> <p><i>Social Welfare Officer III</i></p>



ANNEX C

CM Form No. 17

## CASE ENDORSEMENT REPORT<sup>1</sup>

This report shall be submitted to the receiving LGU during the exit procedure to provide them with the necessary information to guide the HH-beneficiaries to sustain their gains and accomplishment during the aftercare program. This report also connotes the termination of the helping relationship between the HH-beneficiaries and the C/ML.

Date: \_\_\_\_\_

### I. Identifying Information:

Grantee's Name:

Sex:

Birthday:

Age:

Place of Birth:

Civil Status:

Present Address:

Educational Attainment:

Contact information:

Religion:

IP Affiliation:

Source of Information:

HH level of well-being upon transition:

Household ID Number:

HH Set Group:

### II. Family Composition:

Name	Sex	Age	Civil Status	Monitored Child		Occupation	Educ. Attainment	Monthly Income	Disability (if applicable)
				Yes	No				

**Note:** The grantee/family member indicated under the "Identifying Information" should be included in the Family Composition Table. Names should be arranged chronologically by age. Members who are part of the family but not living with the household should also be included in the table.

### III. Family Historical Background

Focus on the family's journey to the program, from registration to the transition phase. What is the HH level of well-being from registration? How and when did they stepped-up to subsistence and finally self-sufficiency? How did the socio-economic condition of the family transformed over the years? What are the challenges encountered by the family, and how did they overcome it? How is the present family's relationship (spouse to spouse, parents to children, siblings to siblings)?

<sup>1</sup>Adapted from the Bata Balik Eskwela (BBE) case management tools





**IV. Summary of the Interventions Provided**

Interventions Provided	Date Completed/ Accomplished	Outcome/Impact in the HH

**V. Assessment of the Family's Present Condition**

The result from the transition assessment would fill in the information here. Indicate the resiliency factors coming from both the family and the environment to justify readiness to exit the program.

**VI. Transition Plan**

The transition plan must contain specific supportive interventions needed by the HH-beneficiaries during the aftercare program. It's important that the receiving LGU concurred on this manifested through a signature below.

Needs/ Issues/ Concerns	Result Statement / Objectives	Suggested Intervention/ Activities	Responsible Person/ Agency	Timeline

**VII. Recommendation**

This will highlight the worker's instruction/s on what to do during the aftercare program to assist the HH-beneficiaries in sustaining their progress.

Prepared by:

Reviewed by:

Name of C/ML

Date: \_\_\_\_\_

Name of SWO IIII

Date: \_\_\_\_\_

Transition plan concurred by:

Name of HH Grantee

Date: \_\_\_\_\_

Name of LGU Social Worker

Date: \_\_\_\_\_



## SUSTAINABILITY PLAN

The process, organized volunteer partner 4Ps households and Local Government Unit (LGU) counterparts execute the operationalization of projects in accordance to approved continuous monitoring and evaluation of implemented projects. Capacitated towards self-governance, Civil Society Organizations (CSOs) and People's Organizations (POs) powered play an active role in primarily developing and implementing their projects, and ensuring its operationalization and sustainability in the process.

LGU serves as the primary link in the social service workforce that will receive the 4Ps household beneficiaries upon their program exit. Together with the LGU, CSOs and 4Ps beneficiaries shall continue to implement activities geared towards ensuring the sustainability of initiated projects. The Department shall then ensure rational provision and resource augmentation to LSWDOs in its bid to foster and promote their sustained total functionality. This endeavour recognizes the vital role of the LGUs specifically the implementers of social welfare services at the local level pursuant to the provisions of RA 7160 otherwise known as Local Government Code of 1991.

Identify which objectives from the City/Municipal Action Plan (CMAP) you want to sustain and what actions will be necessary to sustain them. Identify what individuals and when actions will be completed. Since sustainability requires enabling policies, funding and other mechanisms, it should be a primary part of the sustainability plan. below. You may add goals and modify the given below to tailor fit your realities and context.

Policy/ies): Localization of R.A. 11310 or the Pantawid law		Lead Responsible and Involved Partners		Target Date
Activities	Activities			
Management): Establishment of monitoring mechanism		Lead Responsible and Involved Partners		Target Date
Activities	Activities			
Mechanism): Functional Municipal Advisory Committees		Lead Responsible and Involved Partners		Target Date
Activities	Activities			
Programs and Services): Social enterprise employing batch one of 4Ps exiting beneficiaries.		Lead Responsible and Involved Partners		Target Date
Activities	Activities			

City/Municipality \_\_\_\_\_ (LGU logo)

**ANNEX E**

**POST SERVICE INTERVENTION FEEDBACK REPORT**

This form shall be used by the City/Municipal Social Welfare and Development Office (C/MSWDO) to update the post-service interventions provided to the endorsed 4Ps Household-beneficiaries to be submitted to the Pantawid Pamilya Provincial Operation Office. This form should be completed by fully trained and designated staff of the implementing agency. The original copy shall be maintained by the implementing agency and shall form part of the client's records.

**FOR** : **Regional Director**

**THRU** : **Provincial Link**

**FROM** : **City/Municipality and Province**

**DATE** : **Submitted**

Short introduction: (e.g., Relative to the post-service intervention for the former Pantawid Pamilyang Pilipino Program Household-Beneficiaries, the undersigned is herewith providing feedback report during the six (6) months from (e.g., January to June 2021) support interventions provided by the name of city/municipality)

Name of Client:		Age:	Sex:	Address:		
Date turnover:		Turnover by:				
Recommended Service/s	Actual Service/s provided	Names of service provider/s and designation	Inclusive dates of provision		Other pertinent information such as problem/s encountered	Client's satisfaction feedback
			Initial	Update		

Date: \_\_\_\_\_

Prepared by: \_\_\_\_\_  
City/Municipal Social Welfare and Development Officer

Date: \_\_\_\_\_

Noted by: \_\_\_\_\_  
City/Municipal Mayor/ Local Chief Executive