

06 March 2003

ADMINISTRATIVE ORDER
NUMBER 49
Series of 2003

SUBJECT: Financial Assistance for Department of Social Welfare and Development (DSWD) Employees in Crisis Situation

I. RATIONALE

The Department of Social Welfare and Development (DSWD), being the primary arm of the government in formulating programs and policies and developing strategies in alleviating the condition of the disadvantaged segment of the population, is equally concerned of the welfare of its own low salaried employees. As such, it formulates welfare programs and develops strategies to ease the economic burden that these low salaried employees and their dependents go through, especially in crisis situations like sickness or death and disasters, whether acts of God or man-made.

It is in this context that this "Financial Assistance for DSWD Employees in Crisis Situation" is conceived as a component of the Department's employee welfare program to help its employees in crisis situations meet their basic needs and cope with their problems by providing timely and appropriate assistance.

It is hoped that this will, in effect, boost the morale of employees thereby promoting effectiveness and efficiency in carrying out the Department's mandate and objectives.

II. OBJECTIVES

This employee welfare program aims to assist its employees in crisis situation cope with their needs and problems by providing timely and appropriate assistance.

Specifically, this program shall:

1. Provide financial assistance to employees and/or their dependents who are undergoing or have undergone crisis situations due to, among others, sickness, death, natural and man-made calamities; and
2. Enable the employees and/or their dependents to minimize stress and anxiety through the provision of counseling, stress debriefing, and other psychosocial interventions.

REPUBLIKA NG PILIPINAS
KAGAWARAN NG KAGALINGANG PANLIPUNAN AT PAGPAPAUNLAD
(DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT)
BATASAN PAMBANSA COMPLEX, CONSTITUTION HILLS
QUEZON CITY

III. DEFINITION OF TERMS

1. Employee – shall refer to all DSWD officials and employees holding permanent, temporary, or casual position.
2. Dependent – shall, for purposes of financial assistance, refer to any of the following:
 - 2.1 Spouse;
 - 2.2 Legitimate children up to 21 years of age; if the child is of age, he/she must be suffering from physical or mental handicap;
 - 2.3 Parent who is at least 60 years old and not gainfully employed;
 - 2.4 Unmarried legitimate/legally adopted siblings who are below 18 years of age and/or/are entirely dependent upon the employee for support
3. Hospitalization – shall refer to confinement in a hospital or lying-in clinic due to an illness.
4. Major Surgery – shall refer to surgery involving a risk to the life of the patient, specifically an operation upon an organ within the cranium, chest, abdomen or pelvic cavity.
5. Minor Surgery – shall refer to surgery involving little risk to the life of the patient specifically on operation on superficial structures of the body;
6. Medical Assistance – shall refer to assistance either in the form of medicine or amount equivalent to the prescribed medication.
7. Emergency – shall refer to illness treated in a hospital's emergency room.
8. Death – shall refer to the cessation or loss of life due to illness, accident, or natural or man-made calamity.
9. Disaster – shall refer to a calamitous event producing material damage, loss, and/or distress
10. Auxiliary Services – refers to augmentation or support assistance
11. Counseling – shall refer to professional service designed to guide an individual to a better understanding of his or her problems by using psychological principles and methods.
12. Stress Debriefing – shall refer to a professional service designed to relieve an individual's feelings of helplessness, despair, due to or brought about by stress.
13. Referral/Networking – shall refer to a service of accessing the employee and /or his/her dependent to other agencies providing their needed assistance that are no longer within the scope of the services provided

by the Department. This may include among others, legal and/or police assistance, licensed and accredited private social welfare and development agencies, etc.

14. Applicant – shall refer to the employee who is seeking financial assistance.

IV. SCOPE AND COVERAGE

All DSWD employees and their dependents as defined in SECTION III, hereof, may avail of the Employees Assistance Program.

1. Financial Services

1.1 Following are the rates of assistance an employee and his or her dependent may avail of:

| <u>Nature of Crisis</u> | <u>Rate of Assistance</u> |
|-------------------------------------|---------------------------|
| a. Hospitalization/Emergency | P 3,000.00 – P 5,000.00 |
| b. Major Surgery | P 5,000.00 – P10,000.00 |
| c. Minor Surgery | P 2,000.00 – P 3,000.00 |
| d. Medical Assistance (out-patient) | P 1,000.00 – P 2,000.00 |
| e. Death | P10,000.00 |
| f. Disaster Relief Assistance | P 5,000.00 – P10,000.00 |

1.2 The program does not cover cases of self-inflicted injuries, accident and/or illnesses arising from intake of prohibited substances, intoxication negligence and engaging in recreational or sports activities which are inherently dangerous or involve infliction of bodily harm.

1.3 In no case can the applicant be allowed to avail of the same form of financial assistance more than twice within the period of one (1) year.

1.4 An employee can apply only for one form of financial assistance available under this order. The Secretary may approve financial assistance up to P25,000.00 based on the nature of crisis.

2. Auxiliary Services

Auxiliary Services consist of, but are not limited to the following:

2.1 Counseling and/or Stress Debriefing session – conducted by a specially trained staff for both employees and/or their dependents. This may be held either within the office premises, the client's home or in any other location, as the situation requires;

2.2 Referral and/or Networking – the Department, through its Crisis Intervention Unit (CIU) may refer the employee and his or her dependent to other government and/or private entities that can potentially assist them in meeting their crisis or need.

V. GUIDELINES

A. For Financial Assistance

1. Hospitalization, Surgery, Emergency, and Medicine – the employee and/or his or her dependent shall present any or all the following:
 - 1.1 Hospital or Doctor's Certificate stating the nature of the illness or injury, and required medical and/or laboratory procedure;
 - 1.2 Medical Certificate or Medical Abstract;
 - 1.3 Doctor's prescription;
 - 1.4 Official receipt or certification from drugstore as to the cost of medicine
 - 1.5 Hospital/Laboratory bills
2. Death
 - 2.1 Registered Death Certificate
 - 2.2 Birth Certificate or Marriage Contract to establish relationship
 - 2.3 Service /Burial Contract
3. Disaster Assistance
 - 3.1 In case of calamity
 - 3.1.a. A Barangay Certification that the area or locality where the employee is a resident was declared to be in a state of calamity or in case of fire. a certification from the local Fire Department
 - 3.1.b Proof of residence – billing account such as MERALCO, PLDT, Bayantel, and credit card, in the name of the employee and/or his or her dependent

The employee and/or his/her dependent requesting financial assistance shall also acquire a recommendation from a Social Welfare Officer of the Crisis Intervention Unit (CIU) of the Department to avail of said benefit.

Financial assistance shall be released to the applicant within three (3) working days upon approval of the application. The application should be processed immediately once the applicant has submitted all the requirements for the application.

B. For Counseling/Stress Debriefing

The employee and/or his/her dependent may approach specifically the trained counselors/stress debriefers for this kind of assistance. The latter will immediately identify the staff who can provide the service.

C. For Referral/Networking

The CIU shall immediately contact the entity that can potentially provide the needed assistance by the employee and/or his or her dependent. It shall be the responsibility of the CIU staff to ensure that the employee and/or his or her dependent receive the assistance required at the soonest possible time.

VI. PROVISIONARY CLAUSE

For monitoring and evaluation purposes, the employee who received financial assistance shall submit a written report to the Personnel Division/Unit within 30 days after receipt of assistance. For counseling/stress debriefing and referral/networking, the staff that handled the case shall submit a written report to the Personnel Division/Unit within 15 days.

A yearly evaluation shall be conducted to assess implementation of this Order. Members of the Administrative-Management Consultative Committee (AMCC) shall take the lead and representative/s from other units and/or offices may be included as deemed necessary.

In case a Health Care and/or Plan for employees shall be implemented by the Department, his/her dependent/s can still avail of hospitalization and/or medical assistance indicated in items 1.1 a to d under Scope and Coverage through this financial assistance program.

VII. FUNDING SOURCE

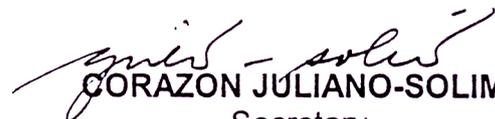
The payment of financial assistance shall be chargeable against funds Support Services on Social Protection and Promotion of Rights and Welfare of the Poor and the Disadvantaged.

VIII. REPEALING CLAUSE

All Orders, Issuances, or parts thereof inconsistent with this Administrative Order are hereby repealed or modified accordingly.

IX. EFFECTIVITY

This Order shall take effect immediately.


CORAZON JULIANO-SOLIMAN
Secretary

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Employee's Welfare Program
Intake Sheet

_____ (Date)

Identifying Information

Name: _____
 Age: _____ Sex: _____ Marital Status: _____
 Position: _____ Place of Assignment: _____
 Educational Attainment: _____

Family Composition

| NAME | RELATIONSHIP | AGE | OCCUPATION |
|------|--------------|-----|------------|
| | | | |
| | | | |
| | | | |
| | | | |

Assistance Needed

| | |
|------------------------------------|---------------------------|
| Hospitalization _____ | Major Surgery _____ |
| Emergency _____ | Minor Surgery _____ |
| Medical Assistance _____ | Death _____ |
| Counseling/Stress Debriefing _____ | Referral/Networking _____ |

Recommendation: _____ **Amount:** _____

Recommending Approval:

 Social Welfare Officer

Approved by:

Supporting Documents:

| | |
|---------------------------------------|--------------------------------------|
| Hospital/Doctor's Certificate _____ | Medical Cert./Medical Abstract _____ |
| Hospital/Laboratory Bills _____ | Registered Death Certificate _____ |
| Drugstore Receipt/Certification _____ | Police Report _____ |
| Service/Burial Contract _____ | Barangay Certificate _____ |
| Others (please specify) _____ | _____ |

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Employee's Welfare Program
Feedback Report

(Date)

Identifying Information

Name of Client _____
Position Title/Designation: _____ Office/Unit: _____

Assistance Requested: _____

Assistance Provided/Date Received: _____

Procedures Undertaken: _____

Status: _____

Signed: _____
(Printed Name)

Noted by:

(Social Welfare Officer)