



# CRISIS INTERVENTION SECTION DSSD

<b>Petsa Ngayon</b> (Date Today)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Oras ng Pagpasok</b> (Time of Entry)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>BILANG NG KLIYENTE</b>	<input type="text"/>
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## IMPORMASYON UKOL SA KLIYENTE (Client's Identifying Information)

<b>PANGALAN</b> (Name)	<input type="text"/>	<b>Apelyido</b> (Surname)	<input type="text"/>	<b>Unang Pangalan</b> (First Name)	<input type="text"/>	<b>Gitnang Pangalan</b> (Middle Name)	<input type="text"/>	<b>Extension (Sr./Jr.)</b>	<input type="text"/>
<b>PETSA NG KAPANGANAKAN</b> (Birthday)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>EDAD</b> (Age)	<input type="text"/>	<b>KASARIAN:</b> (Sex)	<input type="text"/>	Male	Female
<b>CONTACT NUMBER</b>	<input type="text"/>				<b>STATUS SIBIL</b> (Civil Status)	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Widow/er OTHERS <input type="text"/>		

<b>RELASYON SA BENEFISYARYO</b> (Relationship to the Beneficiary)	<input type="text"/>
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<b>TIRAHAN</b> (Address)	<input type="text"/>	<b>SWELDO</b> (Salary)	<input type="text"/>
<b>TRABAHO</b> (Occupation)	<input type="text"/>		

## IMPORMASYON UKOL SA BENEFISYARYO (Beneficiary's Identifying Information)

<b>PANGALAN</b> (Name)	<input type="text"/>	<b>Apelyido</b> (Last Name)	<input type="text"/>	<b>Unang Pangalan</b> (First Name)	<input type="text"/>	<b>Gitnang Pangalan</b> (Middle Name)	<input type="text"/>	<b>Extension (Sr./Jr.)</b>	<input type="text"/>
<b>PETSA NG KAPANGANAKAN</b> (Birthday)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>EDAD</b> (Age)	<input type="text"/>	<b>KASARIAN:</b> (Sex)	<input type="text"/>	Male	Female
<b>CONTACT NUMBER</b>	<input type="text"/>				<b>STATUS SIBIL</b> (Civil Status)	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Widow/er OTHERS <input type="text"/>		
<b>TIRAHAN</b> (Address)	<input type="text"/>						<b>NEG. OCC</b>	<input type="text"/>	
	No./Street/Purok		Barangay		Municipality/City		Province		

## KOMPOSISYON NG PAMILYA:

PANGALAN	EDAD	RELASYON	TRABAHO	BUWANANG SAHOD
			-	-



<b>CLIENT'S CATEGORY</b>	<input type="checkbox"/> Children in Need of Special Protection <input type="checkbox"/> Youth in Need of Special Protection <input type="checkbox"/> Women in Especially Difficult Circumstances <input type="checkbox"/> Person with Disability <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Family Head and Other Needy Adult																																				
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<b>ASSESSMENT (use additional sheets as necessary)</b> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>																																					
<b>PROBLEM PRESENTED</b> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>																																					
<b>SOCIAL WORKER'S ASSESSMENT</b> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>																																					
<b>RECOMMENDED SERVICES AND ASSISTANCE</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Counseling         <input type="checkbox"/> Legal Assistance (Retainer Lawyer/Others)         <input type="checkbox"/> Referral (Specify)         <input type="checkbox"/> Others specify _____       </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 30%;">Purpose</th> <th style="width: 15%;">Amount of Assistance</th> <th style="width: 15%;">Mode of Assistance</th> <th style="width: 40%;">Fund Source</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Financial Assistance</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Medical Needs</td> <td>P</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Burial Needs</td> <td>P</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Transportation Needs</td> <td>P</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Educational Support</td> <td>P</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Food Subsidy</td> <td>P</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Non-Food Items</td> <td>P</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Cash Assistance for Other Support Services</td> <td>P</td> <td></td> <td></td> </tr> </tbody> </table>		Purpose	Amount of Assistance	Mode of Assistance	Fund Source	<input type="checkbox"/> Financial Assistance				<input type="checkbox"/> Medical Needs	P			<input type="checkbox"/> Burial Needs	P			<input type="checkbox"/> Transportation Needs	P			<input type="checkbox"/> Educational Support	P			<input type="checkbox"/> Food Subsidy	P			<input type="checkbox"/> Non-Food Items	P			<input type="checkbox"/> Cash Assistance for Other Support Services	P		
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Interviewed by:  <div style="border-top: 1px solid black; width: 100%;"></div>	Recommending Approval:  <div style="border-top: 1px solid black; width: 100%;"></div>	Approved by:  <div style="border-top: 1px solid black; width: 100%;"></div>																																			
	<b>PACITA S. TERO, RSW</b> City Gov't Dept. Head II	<b>HON. ALFREDO ABELARDO B. BENITEZ</b> CITY MAYOR																																			



Republic of the Philippines  
**DEPARTMENT OF SOCIAL SERVICES AND DEVELOPMENT**  
3rd Floor New Government Center, Circumferential Road, Bacolod City  
Tel Nos. (034) 432-1602/435-7134

**CERTIFICATION**

Source of Fund:

- ☐ LGU General
- ☐ PCSO Trust

Clientele Category

- ☐ Family Head/ Needy Adult
- ☐ Out of School Youth
- ☐ Disabled and Special
- ☐ M/WEDC
- ☐ Victims of Disaster
- ☐ Senior Citizen

This is to certify that \_\_\_\_\_, \_\_\_\_\_ years old,  
residing at \_\_\_\_\_, Bacolod City with the following members:

Name	Age	Relationship

is eligible to avail \_\_\_\_\_ assistance from DSSD in the amount of \_\_\_\_\_ (Php \_\_\_\_\_). Record of the case dated \_\_\_\_\_ are in the files of the DSSD.

Prepared by:

Recommending Approval:

\_\_\_\_\_  
Social Worker/Intake Officer  
Reg. No:  
Reg. Date:  
Valid Until:

**PACITA S. TERO, RSW**  
City Government Department Head II

**CERTIFICATION**

I hereby certify that all information given above about me are true and correct and that all documents submitted are original copies thereof or the faithful reproduction of the original.

\_\_\_\_\_  
Client's Signature