

ASSESSMENT TOOL FOR REGISTRATION AND LICENSING OF SWDAs

Type of Application :
(Please check the appropriate box)

Status of Application:

Scope/Coverage:

- | | | |
|---|---|--|
| <input type="checkbox"/> Registration

<input type="checkbox"/> People’s Organization
<input type="checkbox"/> Resource Agency
<input type="checkbox"/> SWD Network
<input type="checkbox"/> Registration and Licensing
<input type="checkbox"/> Residential-based Agency
<input type="checkbox"/> Community-based Agency
<input type="checkbox"/> Child Placing Agency
<input type="checkbox"/> Resource Agency providing direct services | <input type="checkbox"/> New Application

<input type="checkbox"/> Renewal
DSWD Previously Issued
Certificate No: _____
Date of Issuance: _____
Date of Expiration: _____ | <input type="checkbox"/> More than one Region/ Nationwide

<input type="checkbox"/> Regional |
|---|---|--|

I. Identifying Information:

1. *Name of Agency:* _____
2. *Address:* _____
3. *Agency Head and Designation:* _____
4. *Telephone/Mobile/Fax Number/s:* _____
5. *E-mail Address :* _____
6. *Website :* _____
7. *Programs and Services:*

Programs and Services	Target Clientele/ Beneficiaries	Area/s of Coverage

Part II. Documentary Requirements: *(Please put check as appropriate)* If available indicate under findings/ observations whether such document contains complete information or other concerns that need to be improved.

<i>Requirements</i>	<i>Available</i>		<i>Findings/Observations</i>
	<i>YES</i>	<i>NO</i>	
General Requirements for both Auxiliary SWDA and Social Welfare Agency			
1. Accomplished Application Form			
2. Certified true copy of Certificate of Registration (If available indicate number and date of registration) <ul style="list-style-type: none"> • SEC Registration _____ • CDA Registration _____ 			
3. Articles of Incorporation and by-laws indicating that its purpose/s is/are along social welfare and development concerns.			
4. Updated certification on the SWDA's status of operation (applicable only if the date of registration with the concerned regulatory government agency is more than three (3) years prior to application), if available indicate date of certification <ul style="list-style-type: none"> • SEC _____ • CDA _____ 			
5. Work and Financial Plan for the two (2) succeeding years CY/FY _____			
6. Manual of Operation/Handbook			
7. Annual Accomplishment Report of the previous year CY/FY _____ (If SWDA already operating prior to the application)			
8. Audited Financial Report of the previous year CY/FY _____ (If SWDA already operating prior to the application)			

<i>Requirements</i>	<i>Available</i>		<i>Findings/Observations</i>
	<i>YES</i>	<i>NO</i>	
9. For those operating in more than one region			
<ul style="list-style-type: none"> • Validation assessment report from the concerned DSWD-FO/s attesting to the existence and status of operation of the SWDA in the area/s of jurisdiction 			
<ul style="list-style-type: none"> • List of main and satellite/branch offices to include the contact person/s, address/es and contact number/s and programs and services to be or being implemented 			
10. Memorandum of Agreement (MOA) or Contract of Partnership, among others between the applying agency and the following agencies (For those operating in a tie-up scheme)			
11. For those SWDAs with foreign national board member/s and/or employee/s:			
<ul style="list-style-type: none"> • Missionary visa for each volunteer • Working visa for each paid staff 			
Additional Requirements for SWAs and Resource Agency Providing Direct Services to the Beneficiaries			
12. Certification of a hired full time Registered Social Worker/s (for Residential-based and Child Placing Agencies) or Community Development Worker (suffice for Community-Based Agency)			
13. For Residential Care Agency or Center Based facilities implemented by a community based agency for children, youth, women, older persons and persons with disabilities:			
<ul style="list-style-type: none"> • List and profile of residents/clients currently served, if applicable • Occupancy permit for a newly constructed facility or updated structural safety certificate for an existing facility for the year 			

<i>Requirements</i>	<i>Available</i>		<i>Findings/Observations</i>
	<i>YES</i>	<i>NO</i>	
<ul style="list-style-type: none"> • Fire safety certificate for the year _____ 			
<ul style="list-style-type: none"> • Water sanitation permit or water potability certificate _____ 			
14. For Child Placing agencies: <ul style="list-style-type: none"> • Certification from DSWD FOs or a recognized training agency/institute that the SWDA's Registered Social Worker (RSW) is trained in child placement service: <ul style="list-style-type: none"> ➤ Foster Care ➤ Adoption ➤ Legal Guardianship 			

Part II. Summary of Findings (Indicate the highlights of the results of records review of submitted document, agency visit and collateral interview with the board members, key personnel and others)

Part III. Recommendations: (Please check appropriate box and fill-up the requested information below:

Based on the above findings, _____ is ready for issuance of _____ (Name of SWDA)

- | | |
|---|--|
| <input type="checkbox"/> Certificate of Registration
<input type="checkbox"/> People's Organization
<input type="checkbox"/> Resource Agency
<input type="checkbox"/> SWD Network | <input type="checkbox"/> Registration Certificate and License to Operate
<input type="checkbox"/> Residential-based Agency
<input type="checkbox"/> Community-based Agency
<input type="checkbox"/> Child Placing Agency
<input type="checkbox"/> Resource Agency providing direct services |
|---|--|

In order to facilitate registration or registration and license to operate of the SWDA, the assessed agency shall comply with the agreed action plan within _____ months after the assessment visit:

<i>Areas for Compliance</i>	<i>Activities</i>	<i>Time Frame</i>	<i>Responsible Person</i>	<i>Resources Needed</i>

Assessed by:

 (Name and Signature of DSWD Technical Staff or Authorized Intermediary)

Concurred By:

 (Designation)

 (SB/Field Office/ABSNET)

 (Name and Signature of Agency Head or Authorized Representative)

 (Date)

 (Designation)

 (Date)

Reminder:

New Applicant: Failure to comply with the requirements after two (2) consecutive monitoring visits and technical assistance shall subject the SWDA for referral to SEC or CDA and concerned local government unit for appropriate action/s

Renewal of Applicant: Failure for non-renewal of registration or registration and license to operate after two (2) consecutive notifications and monitoring visits shall subject the SWDA for closure and referral to the SEC or CDA and the concerned local government unit for appropriate action/s