

Republic of the Philippines  
Department of Social Welfare and Development

**APPLICATION FOR ACCREDITATION OF  
SOCIAL WELFARE AND DEVELOPMENT PROGRAMS AND SERVICES**

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

**Type of Applicant :**

(Please check the appropriate box)

DSWD

LGU

Private SWDA

Social Welfare Agency

Resource Agency Providing Direct Services

**Status of Application:**

New Application

Renewal

DSWD Previously Issued Accreditation:

Certificate No: \_\_\_\_\_

Date of Issuance: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

**Mode of Service Delivery**

Residential Based

Community Based

**I. Identifying Information:**

1. *Name of Agency*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. *Business Address:*

\_\_\_\_\_  
(No., Street/Subdivision, Barangay)

\_\_\_\_\_  
(Municipality/City)

3. *Agency Head*

\_\_\_\_\_

\_\_\_\_\_  
(Province)

4. *Position Title/Designation*

\_\_\_\_\_

5. *Telephone/Mobile/Fax Numbers*

\_\_\_\_\_

6. *E-mail Address*

\_\_\_\_\_

6. *Website:*

\_\_\_\_\_

7. *Registration/Permit No.:*

7.1. SEC No: \_\_\_\_\_

7.2. CDA No. \_\_\_\_\_

7.3. Mayor's Permit No. \_\_\_\_\_

7.4. DSWD Reg & Lic No. \_\_\_\_\_

8. *Date of Issuance of Registration/Permit*

8.1 SEC Issued: \_\_\_\_\_

8.2. CDA Issued: \_\_\_\_\_

8.3. Mayor's Permit Issued: \_\_\_\_\_

8.4. DSWD Reg & Lic Issued. \_\_\_\_\_

**Reminder:**

- Private SWAs and Resource Agencies providing direct services are required to be accredited by the DSWD six (6) months after the issuance of registration and license to operate.
- DSWD, LGUs, NGAs and GOCCs implementing social welfare and development programs and services are required to apply for accreditation within three (3) months from date of DSWD notification.

(Please use additional sheet/s, if necessary)



IV. **Personnel** (current year)

<i>No and Composition of Staff Complement</i>	<i>Technical Staff</i>	<i>Administrative Staff</i>	<i>Registered Social Worker</i>	<i>Community Development Worker</i>
<i>Full time/ Regular Staff</i>				
<i>Part time Staff</i>				
<i>Volunteer Staff</i>				

V. **Budget:**

1. **Annual Budget (Latest):** \_\_\_\_\_
2. **Source of Funds:** (Please specify the SWDA's specific sources of funds whether government or private organizations/individuals, local and/or international/foreign including other resource generation activities with the corresponding amount of funds in peso value.)

a. *Local Source*

*Peso Value*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

b. *Foreign Source*

*Peso Value*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the information on this application form is true and complete.

\_\_\_\_\_  
 (Signature Over Printed Name of the Agency Head or Authorized Representative)

\_\_\_\_\_  
 (Position/Designation of the Agency Head or Authorized Representative)

\_\_\_\_\_  
 (Date)