Republic of the Philippines  
Department of Social Welfare and Development  
Batasan Pambansa Complex, Constitution Hills  
Quezon City  
Telephone No. 931-8101 to 07  

November 6, 2002

Administrative Order No. 233  
Series of 2002

Subject: Guidelines in the Management of Financial Benefits, Assistance and Compensation from External Resources for Clients in Residential Centers and Institutions

I. Rationale

There are presently sixty-five (65) Department of Social Welfare and Development (DSWD) managed and operated residential centers and institutions nationwide serving children, youth, women, older persons and persons with disability.

These centers are receiving financial benefits, assistance or compensation in cash or check for the benefit of specific client/s or residents who are in its protective custody. Likewise, government agencies, e.g. Department of Justice (DOJ), Department of Labor and Employment (DOLE), Commission on Human Rights (CHR) and Local Government Units (LGUs), provide financial assistance to children and youth for their daily subsistence needs, medical treatment, hospitalization and medicines, incidental emergency expenses and for other specific purposes.

Moreover, residents who have had court cases or settlements are paid damages by the perpetrators in cash or through trust funds. Residents also receive payments for sub-contract jobs in the center or sales from income generating or livelihood projects such as crafts, poultry or swine raising among others.

In the light of all the financial benefits that the centers are receiving for the resident/s, there is a need to formulate guidelines that will govern the management of monies received by centers and institutions to ensure its optimum and cost effective use in promoting the general well-being of the individual residents.

II. Objectives

1. To formulate a system that will ensure the proper management and utilization of the benefits of individual residents of DSWD centers and institutions.

2. To set up a mechanism for proper accounting and monitoring of all benefits, assistance or compensations received by them.

III. Coverage

This guidelines covers only financial benefits, assistance or compensation received by the residents, Field Office or its centers and institutions for the benefit of particular residents such as, but not limited to benefits from the DOJ Witness Protection Program, financial assistance from the CHR, compensation from the DOJ Board of Claims, damages relative to court related cases, and payments for sub-contract jobs or livelihood projects, among others.
IV. Exemptions

This guidelines does not cover donations and contributions received for the general benefit of residents which are governed by the provisions of the General Appropriations Act (GAA) and Commission on Audit (COA) rules and regulations.

V. General Policy

All compensation and financial assistance received by the office under this Order shall be secured, properly accounted for and used for the exclusive benefit of the residents concerned.

VI. Guidelines and Procedures

A. Cash / Check Receipts

1. Receipt, Acknowledgement and Deposit

a. The Head Social Worker (HSW), Officer-In-Charge (OIC) or duly designated representative of Centers and Institutions shall assist to receive cash and/or check, payments and assistance covered under this Order. All benefits, assistance or compensation shall be under the name of the resident/s for which it is intended.

b. The receipt of the money shall be recorded in a logbook called Statement of Deposit, Withdrawal and Balances, maintained for the purposes prescribed in form A which shall contain the following information appended hereto:

- Date the amount is received
- Name of resident-beneficiary
- Name and address of source/paying agency/project
- Amount and purpose of payment, Check No. (if applicable)
- Amount of balance
- Date balance is received
- Date of closure of account

c. The amount received shall be deposited within 24 hours by the Head Social Worker or OIC in a Bank Saving Account in the name of the client to the nearest bank (Rural bank if the Center is in a remote area).

1.1 Opening of Bank Savings Account

a. The financial assistance intended for the particular client shall be deposited in the client's savings account within 24 hours. The Head Social Worker and/or the Social Worker handling the case shall be the co-signatories of the account, if resident is a minor.

If the amount is less than the initial deposit required by the Bank, the Head Social Worker shall be responsible in the safekeeping of the amount until such time that the amount is sufficient for opening of an account.
b. No cash or check intended or in the name of the resident shall be kept in the office unless such assistance was received on a weekend or holidays or not sufficient time is available in making an initial Bank Deposit. If such happens, the cash or check shall be entrusted to the Head Social Worker for safekeeping and shall be deposited first banking hour on the next working day.

c. The bank book shall be kept by the Head Social Worker / Officer In-Charge in a safe in the center. The resident however, has the right to periodically check his/her bank book and be apprised of the balances regularly.

d. Succeeding financial assistance shall be deposited in the resident's bank account.

1.2 Withdrawal and Use of Savings

a. The savings in the bank shall be used exclusively for the benefit of the resident concerned or his/her immediate family.

b. To withdraw an amount, the resident shall fill up a Withdrawal Slip (Form B) to be submitted to the case worker who will assess the request and endorse the same to the Head Social Worker / Officer In-Charge for approval / disapproval.

c. If the request is approved by the Head Social Worker / Officer In-Charge or Officer on Duty, the case worker shall accompany the resident to the bank to withdraw the amount. The joint signatories to the account shall make the withdrawal on behalf of the minor resident. If request is disapproved, the case worker will explain to the resident the reason/s for disapproval.

d. All receipts of purchases from the withdrawn amount shall be attached to the approved Withdrawal Request Form which shall be filed in the resident's case folder.

e. A copy of the approved and duly served Withdrawal Request Form shall be forwarded to the Accounting Unit of the Regional Office with the duplicate bank withdrawal slip attached.

1.3 Closure of Account

a. Upon discharge of resident from the center, a Final Statement of Deposit, Withdrawal and Balances using Form A shall be prepared by the case worker and certified by the Head Social Worker / Officer In-Charge. Said Statement shall be distributed as follows:

- One (1) copy for the resident
- One (1) copy for the Regional Office (Accounting Unit)
- One (1) copy for the resident's case folder

b. The bank account shall be closed and any balance shall be withdrawn by the resident, or turned over to the minor resident or his/her guardian / parents using the Withdrawal Slip. The receipt of the said balance shall be acknowledged by the resident or his/her
guardian / parents in the Withdrawal Slip. Further, he/she shall sign in the Statement Logbook.

B. Reporting

1. Center / Institution

The Head Social Worker / OIC of the Centers / Institutions shall submit every tenth day of the succeeding month report on Statement of Deposit, Withdrawal and Balances to the Field Office using Form A.

2. Field Office

The Field Office Accountant shall consolidate reports submitted by the Center Heads and come up with the consolidated Report of Cash / Check Benefits, Assistance or Compensation Utilization and Balances using Form C. This shall also include issues and concerns related to fund management.

3. Central Office

The Finance Service of the Central Office shall consolidate reports submitted by the Regional Offices on a quarterly basis.

The Office of the Undersecretary for Operations and Capacity Building Group shall be furnished a copy of said report.

C. Monitoring and Technical Assistance

1. Center / Institutions

The Head Social Worker shall:

- Conduct monthly monitoring on the utilization of funds.

2. Regional Office

a) Conduct and provide a monthly monitoring and/or spot audit and technical assistance to the center relative to fund management.

b) Organize a Financial Audit Team to conduct a bi-annual and/or financial audit in all centers and institutions.

3. Central Office

The Finance Service shall:

a) Conduct periodic financial management audit and technical assistance to include internal funds provided to Centers and Institutions.

b) Recommend policy amendments or system improvement to the management.
c) Submit to the Undersecretary for General Administration and Support Services Group findings and recommendations relative to the audit, copy furnished the Undersecretary for Operations and Capacity Building and the Regional Office.

d) Provide technical assistance to the Regional Office.

This order is effective immediately and revokes previous orders contrary to it.

CORAZON JULIANO-SOLIMAN
Secretary
Department of Social Welfare and Development
Statement of Deposit and Balances of Financial Assistance on Compensation for Residents in Centers and Institutions
For the Period of ___________________

<table>
<thead>
<tr>
<th>Date the Amount is Received</th>
<th>Name of Resident - Beneficiary</th>
<th>Name and Address of Source/Paying Agency/Project</th>
<th>Amt. And Purpose of Payment/Financial Assistance Check No. &amp; Date (If Applicable)</th>
<th>Amount of Balance</th>
<th>Date of Receipt of Balance</th>
<th>Date of Closure of Account</th>
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</thead>
</table>

| This Quarter | | | | | | |
|--------------| | | | | | |

Cumulative Total as of Period

Prepared by:  
NAME AND SIGNATURE  
Designated Property Custodian

Certified by:  
NAME AND SIGNATURE  
Head Social Worker/OIC/Officer on Duty
REQUEST FOR WITHDRAWAL OF DEPOSITS

Name of Requesting Resident: ____________________________________________

Signature of Requesting Resident: ______________________________________

Amount to be Withdrawn: _______________________________________________

Purpose: _____________________________________________________________

Assessed by: _________________________________________________________

Approved / Disapproved

Social Worker

Head Social Worker / OIC /

Acknowledgment

Received the amount of ________________________________

(Amount in Words)

P __________________________ this _________________________________.

(Date)

Received by:

Name of Resident