

# **PUBLIC ASSISTANCE CENTER**

## **BURIAL ASSISTANCE**

- Letter of request from claimant
- (handwritten, original copy)
- Valid id with signature (any government issued id)
- (3 photocopy)
- Barangay indigency for claimant & beneficiary burial assistance (2 original copy, 1 photocopy)
- Barangay certificate for claimant & beneficiary proof of residency (2 original copy, 1 photocopy)
- Death certificate with registry number (certified true copy by the civil registry)
- (1 original or certified true copy, 2 photocopy)
- Funeral contract
- W/ contractor's full name & signature, breakdown of outstanding balance (3 photocopy)
- Valid id deceased (3 photocopy)
- Social case study report (optional)
- (1 original or certified true copy, 2 photocopy)

## **MEDICAL / FINANCIAL ASSISTANCE - HIGH BLOOD**

- Valid ID claimant with signature
- (any government issued id, 3 photocopies back-to-back)
- Barangay indigency for claimant & beneficiary (financial / medical assistance 2 original, 1 photocopy)
- Barangay residency for claimant & beneficiary (proof of residency 2 original, 1 photocopy)
- Medical certificate / medical abstract
- W/ physician's full name, license no. & signature, 3 months validity from the date of issuance
- (1 original 2 photocopies)

- Hospital bill w/ billing clerk's signature (1 original copy, 2 photocopy)
- Social case study report (optional)
- (1 original, 2 photocopies) CSWD, 2<sup>nd</sup> floor. City hall
- Acceptance / referral letter (certifies that the facility accepts guarantee letter from DSWD)
- Authorization letter (if the clients is different from beneficiary)

### **MEDICAL / FINANCIAL ASSISTANCE - DIALYSIS**

- Valid ID claimant with signature (any government-issued ID, 3 photocopies back-to-back)
- Barangay indigency for claimant & beneficiary (financial / medical assistance 2 original, 1 photocopy)
- Barangay residency for claimant & beneficiary (proof of residency 2 original, 1 photocopy)
- Medical certificate / Medical abstract
- W/ physician's full name, license no. & signature, 3 months validity from the date of issuance
- (1 original 2 photocopies)
- Dialysis with protocol (1 original or certified true copy and 2 photocopies)
- Social case study report (OPTIONAL)
- (1 original, 2 photocopies) CSWD, 2<sup>ND</sup> FLOOR. CITYHALL
- Acceptance / referral letter (certifies that the facility accepts guarantee letter from DSWD)
- Authorization letter (if the clients is different from beneficiary)

### **MEDICAL / FINANCIAL ASSISTANCE LABORATORY REQUEST - MEDICAL ASSISTANCE**

- Valid ID with signature (any government issued ID, 3 photocopies back-to-back)
- Barangay indigency for claimant & beneficiary (for financial assistance 2 original, 1 photocopy)
- Medical certificate / Medical abstract

- W/ physician's full name, license no. & signature, 3 months validity from the date of issuance
- (1 original 2 photocopies)
- Prescription / reseta w/ physician's full name, license no. & signature 3 months validity from the date of issuance
- (3 photocopies)

## **MEDICAL / FINANCIAL ASSISTANCE - CHEMO**

- Valid ID claimant with signature (any government issued id, 3 photocopies back-to-back)
- Barangay indigency for claimant & beneficiary (financial / medical assistance 2 original, 1 photocopy)
- Barangay residency for claimant & beneficiary (proof of residency 2 original, 1 photocopy)
- Medical certificate / Medical abstract
- W/ physician's full name, license no. & signature, 3 months validity from the date of issuance
- (1 original 2 photocopies)
- Prescription / reseta w/ physician's full name, license no. & signature 3 months validity from the date of issuance
- (3 photocopies)
- Chemotherapy with quotation (1 original or certified true copy and 2 photocopies)
- Social case study report (optional)
- (1 original, 2 photocopies) CSWD, 2<sup>nd</sup> floor. City hall
- Acceptance / referral letter (certifies that the facility accepts guarantee letter from DSWD)
- Authorization letter (if the clients is different from beneficiary)