A. Assistance to Individuals/Families in Crisis Situation (AICS)

It provides immediate financial or material assistance to individuals and families in crisis due to illness, the death of a family member, natural disasters, or other emergencies. Support may include medical, burial, transportation, education, or food assistance to help address their urgent needs.

1. Medical Assistance

Office of Division:	Municipal Social Welfare & Development Office
Classification:	Simple
Type of Transaction:	G2C-Government to Client
Who may avail:	Residents of the municipality
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1. Any of the following as may be applicable: • 1 photocopy of medical certificate or medical abstract with date of issuance, complete name, signature and license number of the attending physician (issued within the last 3 months); or • 1 photocopy of Discharge summary with date of issuance, complete name, signature and license number of attending physician (issued within the last 3 months); or • 1 photocopy of certificate of confinement with date of issuance, complete name, signature and license number of attending physician (issued within the last 3 months); or Medical Procedures • 1 photocopy of Alagang Pinoy Tagubilin Form with diagnosis, date of issuance, complete name, signature and license number of attending physician (issued within the last 3 months); AND	Rural Health Center/ Hospital where the patient is confined or examined
2. 1 original copy of CERTICATE OF RESIDENCY	Office of the Barangay where the client resides
***Depending on the purpose of the medical assistance, the client shall submit any one of the following requirements, in addition to the basic requirements above:**	

If payment for hospital bill: - *Temporary/Final Hospital Bill/Statement of Account (Outstanding Balance) with complete name and signature of Billing Clerk; or* - *A Certificate of Balance of Promisory Note shall be required if the patient has already been discharged from the hospital*	Rural Health Center/ Hospital where the patient is confined or examined
If for medicines: - *Prescription with date of issuance, complete name, signature and license number of attending physician (issued within the last 3 months)* - *Treatment protocol with date of issuance, complete name, signature and license number of attending physician (issued within the last 3 months)*	Rural Health Center/ Hospital where the patient is confined or examined
If for Medical Procedures: - *Laboratory request/s with date of issuance, complete name, signature and license number of attending physician; or* - *Laboratory protocol with date of issuance, complete name, signature and license number of attending physician (issued within the last 3 months); or* - *Doctor's order with date of issuance, complete name, signature and license number of attending physician (preferably valid for 3 months)*	Rural Health Center/ Hospital where the patient is confined or examined

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Register on the logbook	**1.1** Assist client and conduct brief interview		2 Minutes	MSWDO / SWO I

2. Submit required documents	**2.1** Review the completeness and verify the accuracy of the submitted documents	None	1 Minute	MSWDO / SWO I
	2.2 Conduct an interview using the General Intake Sheet to gather relevant information		30 minutes	MSWDO / SWO I
	2.3 Prepare the voucher and accomplish Form 200	None	10 minutes	MSWDO / SWO I
	2.4 Forward the vouchers to the Office of the Municipal Budget Officer (MBO) to certify the existence of appropriations and for proper recording.		1 minute	Municipal Budget Officer
	2.5 Forward the voucher to the Office of the Municipal Accountant to certify the completeness and propriety of supporting documents and for proper recording		5 minutes	Municipal Accountant
	2.6 The Municipal Treasurer to certify the availability of funds and for proper recording.		5 minutes	Municipal Treasurer
	2.7 Forward the voucher to the Office of the Mayor for review and approval for payment		1 minute	Municipal Mayor
	2.8 Return voucher to the Office of the Municipal Treasurer		5 minutes	MSWDO / SWO I
3. Receive financial assistance	**3.1** Verify documents and release financial assistance		1 minute	Municipal Treasurer
	TOTAL	None	1 hour, 1 minute	