

**Frontline Service:** Application for Psychosocial Services or Special Social Services for Solo Parent

**Clients:** Solo parent or any individual who falls under the following categories:

- A woman who gave birth as a result of rape or crimes against chastity even without a final conviction of the offender; provided that the mother raises the child;
- Parent left solo or alone with the responsibility of parenthood due to death of spouse;
- Parent left solo or alone with responsibility of parenthood while the spouse is detained, or is serving sentence for a criminal conviction for at least one (1) year

**Requirements:**

1. Membership application form
2. 2 pieces Colored 1x1 ID picture
3. DSWD secured ID for subsequent services.

**Schedule of Availability of Service:** Monday to Friday, 8:00 am - 5:00 pm; No noon break  
 Ramadhan: Monday-Friday 7:00 a.m. -3:00 p.m.

**Fees:** No fees required

**Total Processing Time:** 1 day, 1 hour and 25 minutes

**How to avail of the service:**

Step No	Client Step	Agency Action	Responsible Office/ Position	Location of Office	Maximum Duration of Step
1	Proceed to DSWD – Municipal Social Welfare Office and secure application form	Issue application form and list of requirements	Municipal/City Social Welfare Office/Municipal /City Social Welfare Officer (M/CSWOs) or Municipal/City In-charge/SWO II or SWO I	DSWD – Municipal/ City Office	5 minutes
2	Accomplish application form. Prepare supporting documents and submit to DSWD – Municipal Social Welfare Office	Interview the client to establish eligibility based on guidelines set by Solo Parent’s Welfare Act.  Advise the applicant of the scheduled home visits.  Advise the applicant/client about the home visit.	Municipal/City Social Welfare Office/Municipal /City Social Welfare Officer (M/CSWOs) or Municipal/City In-charge/SWO II or SWO I	DSWD – Municipal/ City Office	1 hour

3	Receive Social Worker during home visit and collateral interview	Conduct home visit and collateral interview to validate information given.  Note: Minimum of 1 home visit	Municipal/City Social Welfare Office/Municipal /City Social Welfare Officer (M/CSWOs) or Municipal/City In-charge/SWO II or SWO I	DSWD – Municipal/ City Office	1 day
		Evaluate the client and approve application	Municipal/City Social Welfare Office/Municipal /City Social Welfare Officer (M/CSWOs) or Municipal/City In-charge/SWO II or SWO I	DSWD – Municipal/ City Office	15 minutes
4	Proceed to DSWD-Municipal Social Welfare Office and claim membership ID.	Issue Solo Parent ID duly signed by the Municipal/City Social Welfare Officer's (MSWOs) or Municipal/City In-Charge and the City/Municipal Mayor	Municipal/City Social Welfare Office/Municipal /City Social Welfare Officer (M/CSWOs) or Municipal/City In-charge/SWO II or SWO I	DSWD – Municipal/ City Office	5 minutes

Republic of the Philippines  
Autonomous Region in Muslim Mindanao  
**DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT**  
Province of \_\_\_\_\_  
City/Municipality of \_\_\_\_\_

**City/Municipal Social Welfare and Development Office**

**APPLICATION FORM FOR SOLO PARENTS**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Highest Educational Attainment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Total Monthly Family Income: \_\_\_\_\_

**I. Family Composition:**

Name	Relationship	Age	Status	Educational Attainment	Occupational Monthly Income

- Include family members and other members of the household

**II. Classification/Circumstances of being a Solo Parents:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. Needs/Problems of Solo Parents:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IV. Family Resources:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the information given above are true and correct, I further understand that any misinterpretation that may have made will subject me to criminal and civil liabilities provided for by existing laws.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature/Thumbmark  
Over Printed Name