

## APPLICATION FORM FOR LICENSING FOR ALREADY OPERATIONAL

**Type of Application:**

(Please check the appropriate box)

- Licensing of Auxiliary SWDA
  - People's Organization
  - Resource Agency
  - SWD Network

- Licensing of Social Work Agency (SWA)
  - Center-based Agency
  - Community-based Agency
  - Child Placing Agency

**Scope/Coverage:**

- More than one Region/  
Nationwide
- Regional

**I. Identifying Information:**

<input checked="" type="checkbox"/> Name of Applicant SWDA (as stated on the SEC Registration)	
<input checked="" type="checkbox"/> Other Name (e.g., acronym, short name, previous name, etc.)	
<input checked="" type="checkbox"/> Business Address (based on the latest General Information Sheet/GIS submitted to SEC):	No. and Street/ Subdivision:
	Barangay
	City/Municipality
	Province
	Zip Code
<input checked="" type="checkbox"/> Head of Applicant SWDA	Name
	Position/Designation
<input checked="" type="checkbox"/> Contact details	Landline No.
	Mobile No.
	Social Media Account
	E-mail address
	Website
<input checked="" type="checkbox"/> Principal Registration (Juridical Personality)	Agency (SEC)
	Registration No.
	Date Registered
<input checked="" type="checkbox"/> DSWD Previously Issued License (If Renewal)	Certificate No.
	Date of Issuance
	Date of Expiration
<input checked="" type="checkbox"/> Mayor's Permit (If available)	Place Issued
	Issued No.
	Date Issued:
	Validity Period:
<input checked="" type="checkbox"/> DSWD Official Receipt (O.R.) No. (Please attach photocopy of receipt)	
<input checked="" type="checkbox"/> <b>History of Application:</b>	<input checked="" type="checkbox"/> <b>Organizational Status:</b>
<input type="checkbox"/> New Application <input type="checkbox"/> Renewal <ul style="list-style-type: none"> <li><input type="checkbox"/> 1<sup>st</sup></li> <li><input type="checkbox"/> 2<sup>nd</sup></li> <li><input type="checkbox"/> 3<sup>rd</sup></li> <li><input type="checkbox"/> 4<sup>th</sup></li> <li><input type="checkbox"/> 5<sup>th</sup></li> <li><input type="checkbox"/> 6<sup>th</sup></li> <li>Others, pls. specify: _____</li> </ul>	<input type="checkbox"/> Intending to Operate <input type="checkbox"/> Operational <ul style="list-style-type: none"> <li><input type="checkbox"/> 0 to 3 years</li> <li><input type="checkbox"/> 4 to 6 years</li> <li><input type="checkbox"/> 7 to 9 years</li> <li><input type="checkbox"/> 10 years &amp; above</li> </ul>

✓ II. Specific Objectives of the SWDA (pls. state and attached separate page, if necessary):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

✓ III. Program Profile (Please indicate all the programs and services for implementation/operation and/or being implemented/operated by the applying organization):

Type of Programs and Services per Service Delivery Mode	Area of Coverage/Location (pls. specify)			Target Beneficiaries (please indicate number of beneficiaries being served per specific category e.g. under children Sector - 5 neglected, 3 abused etc)								
	Region	City/Province	Municipality	Children	Youth	Women	Older Person	PWD	Family	Community	Disasters Victims	Others (Specify)
1. Direct Program/s (pls. specify all the programs and services that is directly provided to the clientele per area of operation)												
a. Community-based												
b. Center-based (pls. indicate specific name of each facility with corresponding bed capacity and programs and services to be or being provided to the clientele)												
Indirect Program/s (Please specify all those are supportive activities in the delivery of social welfare and development programs and services to the disadvantaged sector/s).												
a. Funding												
b. Training/ Capability Building												
c. Technical Assistance												
d. Research												
e. Advocacy/ IEC Development												
d. Others												

✓IV. List of Main and Satellite Office

Name of Office/Facilities	Office Address	Contact Person	Designation	Contact Number	Email Address
1. Main/Principal Office:					
2. Satellite/Branch Office:					
a.					
b.					
3. Center/Facility:					
a.					
b.					
4. Partner (If applying as Auxiliary SWDA)					
a.					
b.					

- Please attach sketch map of the declared office/s and facilities
- Pls. use additional sheet, if necessary

✓V. Staff Complement (current year)

Name of Facility/ Satellite Office/ Areas of Operation	Staff Complement	No. and Composition of Staff Complement per Facility/Satellite Office/Areas of Operation			
		Full time/ Regular Staff	Part time Staff	Volunteer Staff	Total
	<b>Management</b> > Executive Director/Agency Head > Others, pls. specify:				
	<b>Program Staff</b> > Registered Social Worker > Community Development Worker > House parents/ caregivers > Others, please specify:				
	<b>Support Staff</b> (please specify)				

✓VI. Profile of Governing Board/Board of Trustees (Not applicable for Public SWDA)

Name	Position Title	Educational Attainment	Business Address	Home Address	Experience and/or training on SWD (Pls. indicate place and date of training/ experience)	Nationality	If Foreigner (Pls. specify permit/visa issued number, date issued and expiration date)		
							Working Permit	Missionary Visa	Working Visa

- Pls. use additional sheet, if necessary

✓VII. Profile of Employees. (Kindly fill-up the form below for the profile of employees)

✓VIII. Profile of Registered Social Workers (Current Year; Not applicable for Auxiliary SWDA)

Name	License Number	Validity
1.		
2.		

✓ IX. Budget:

1. Annual Budget (Latest): \_\_\_\_\_
2. Source of Funds: Please specify the organization'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 covered annually in peso value. If foreign, there is a need to specify the country location.

a. Local Source	Peso Value
b. Foreign Source	Peso Value

✓ X. Declaration of Commitment

Consistent with the principle that there is an irreconcilable conflict of interest between public health, public safety, and provision to public services on one hand and the interests of the tobacco industry, and its representatives on the other, the undersigned hereby commits and supports all government efforts to protect the bureaucracy against any interference from the tobacco industry by signing the Certification below.

Given this, the undersigned declares that he/she, at present\*, **is not directly or indirectly representing, or not directly or indirectly receiving donation or payment** from any tobacco product manufacturer or wholesaler, or any parent, affiliate or subsidiary of a tobacco product manufacturer or wholesaler, or any person, interest group, advocacy organization, law firm, advertising agency, or other business or organization that represents the interests of the tobacco industry.

*\*in case of any past interests related to the tobacco industry, please declare/list the details of such interest in the blank spaces provided (name of tobacco company, date and details of involvement)*

Name of Tobacco Company	Date/Period of Involvement	Details of Involvement

✓ XI. Data Privacy Act (DPA) of 2012

By completing this form, I/we give permission to the Department of Social Welfare and Development (DSWD) to enter and store the data provided above in its authorized storage system and will only be accessed by the authorized DSWD personnel.

I/we understand that our personal information collected and stored shall be used for the following:

1. Processing and reporting of documents related to the conduct of regulatory activities (i.e., registration, licensing, accreditation of SWDAs and/or service providers), under certain conditions as required by law.
2. Announcements or promotions of programs, projects, and other activities organized by the Department and its partners.
3. Activities pertaining to establishing relations with DSWD stakeholders.
4. Other related activities authorized by the DSWD

I/We understand that I am given certain rights under the Data Privacy Act, including the right to object to processing of my data, the right to access my data, the right to correct any inaccurate data, and the right to erasure or blocking of data. For more information on these rights, and for requests to review the Data, to withdraw consent to the use of the Data for any of the purpose stated above, and/or to correct or update the Data, I am to contact the Standards Bureau Data Privacy Compliance Officer at [sb@dswd.gov.ph](mailto:sb@dswd.gov.ph).

I/We have read and understood the above and hereby consent to, agree on, accept, and acknowledge the terms stated for myself/ourselves and/or the agency by signing the Certification below.

**XII. Documentary Requirements:** *(Please put check as appropriate)* If available, indicate under findings/ observations whether such document contains complete information or other concerns that need to be improved.

Requirements	To be filled-out by Applicant SWDA		Validation by the DSWD Assessor	Means of Verification/s presented to the DSWD Assessor
	Compliant?			
	Yes	No		
<b>A. Basic Documents</b>				
1	Duly Accomplished and Notarized Application Form			
2	Manual of Operation containing the SWDAs program and administrative policies, procedures and strategies to attain its purpose/s among others.			
3	<p>Staff Complement of Employees and Volunteers</p> <p>a. For Social Work Agency, to consider the following staff requirement:</p> <p>a.1. At least one (1) RSW to supervise and take charge of its social work functions for residential care agencies and community based agencies that caters to beneficiaries that requires social case management.</p> <p>a.2. For Center Based (Residential Based), to observe the caseload requirement of client ratio of the social worker and house parent</p> <p>a.3. For Center Based (Non-Residential Based). 10 observe at least one full time social worker for drop in center, processing center and vocational rehabilitation center while for senior citizens center and the like, a part-time social worker is considered.</p> <p>a.4. For Community Based, implementing community development or community organizing, any of the following shall be hired in full/part time basis per region:</p> <p>a.4.1. Graduate of Bachelor Degree in Social Work or Community Development or</p> <p>a.4.2. Other professionals who have at least three (3) year work experiences in the field of social welfare and development</p> <p>b. For Auxiliary SWDA, at least one (1) full time staff who will manage its operations</p>			
4	Certified true copy of the notarized written agreement of partnership or cooperation between the agency and its partner agency e.g Memorandum of Agreement (MOA), Contract of partnership, among others			
5	For Applicant SWA's implementing Child Placement Services: Certification from DSWD or photocopy of the certificate of training attended by the hired RSW related to child placement service.			
6	Validation report from concerned DSWD Field Offices or Certification from Regional ABSNET/Cluster of LGUs attesting to the existence and status of operation of the organization in the area/s of jurisdiction			

	There is no need to get a validation report/certification of existence for the region where the main office of the application is located.				
<b>B. Documents Establishing Corporate Existence and Regulatory Compliance</b>					
7	Certification of no derogatory information issued by SEC within three (3) years during application with DSWD. <i>*Applicable to those operating more than six (6) months prior application to DSWD</i> <i>**Not applicable for Public SWDAs</i>				
8	Copy of the valid Safety Certificates a. For Center Based (Residential Based and Non-Residential Based) i. Occupancy permit (only for new buildings) or Annual Building Inspection Certificate (for old buildings) ii. Fire Safety Inspection Certificate iii. Water Potability Certificate or Sanitary Permit b. For Community-based i. Fire Safety Certificate				
<b>C. Documents Establishing Track Record and Good Standing</b>					
9	ABSNET Membership Certification from the Regional ABSNET Chairperson of the Cluster ABSNET or the authorized ABSNET Officer attesting the active ABSNET membership of the applicant SWDA <i>*Undertaking for new applicant organization</i>				
10	Duly signed Work and Financial Plan for the two (2) succeeding years				
11	Notarized certification from the Board of Trustees and/or the funding agency to financially support the organization to operate for at least 2 years				
12	Annual Accomplishment Report of the previous year <i>*If no latest submission with the DSWD</i>				
13	Audited Financial Report of the previous year submitted to SEC and/or Bureau of Internal Revenue (BIR) shall be accepted; and financial report based on the DSWD template shall also be submitted. For those SWDAs with a total revenue of less than Php600,000.00, an unaudited financial statement prepared by the Financial Officer and concurred by the Head of Agency, may suffice. <i>*If no latest submission with the DSWD</i>				
14	For applicant with past and current partnership with the DSWD: Certification from the concerned DSWD Office that the applicant is free from any financial liability/obligation				

**XIII. Licensing Criteria and Assessment**

In assessing the application of the organization for licensing, it should have the potential to comply with the following requirements prior issuance of license to operate:

1. That the applicant must be engaged mainly or generally in social welfare and development activities;
2. That the applicant has employed a sufficient number of duly qualified staff and/or registered social workers to supervise and take charge of its social welfare and development activities and/or social work interventions in accordance with the set standards;

3. That the applicant must show in a duly certified financial statement that at least seventy percent (70%) of its funds are disbursed for direct social welfare and development programs and services while 30% of the funds are disbursed for administrative services;
4. That the SWDA must have a financial capacity to operate for at least two (2) years; and
5. That the applicant keeps a record of all social development and/or welfare activities it implements.

**Notes/Fill-up Instructions:**

- Assessment is not just the availability of the documents.
- The findings and observations column must be well and fully filled-up and to establish compliance to criteria.
- Accomplishment of the tool through Handwritten is accepted as long as it is legibly written and readable

Indicators		✓ To be filled-out by Applicant SWDA		Validation by the DSWD Assessor	Means of Verification/s presented to the DSWD Assessor
		Compliant?			
		Yes	No	Findings/ Observations	
<b>A. ADMINISTRATIVE CAPACITY</b>					
<b>I. Organizational Structure</b>					
1	There is an existing organizational structure which clearly defines the organizational positions, responsibilities and levels of authority, and relationships between and among these structural elements.				
2	Delineation of responsibilities and duties of the governing body and the staff are based on written policies.				
<b>II. Management Structure</b>					
3	Presence of management personnel (Executive/Program Director/Manager or Head of the Agency) reflected in the organizational chart:				
	a. Responsible for administering, planning, managing and controlling the daily activities and for ensuring that the service quality requirements are met.				
	b. Renders full time services with corresponding appointment.				
4	There is a/are Supervisor/s (Administrative and Technical) who is under the direct supervision of the Director/ Manager/ Head. He/she shall supervise the program and/or support staff who provide direct services to the clients and renders full time services with corresponding appointment.				
<b>II. Policy-making Structure and Process</b>					
5	There is a governing board that reviews and/or formulates administrative and program policies and discusses other organizational concerns.				
6	Board meets as specified in their Constitution and by-Laws.				
7	Minutes of Board meetings or its equivalent are documented and available.				

	<i>Indicators</i>	✓ To be filled-out by Applicant SWDA		Validation by the DSWD Assessor	Means of Verification/s presented to the DSWD Assessor
		Compliant?			
		Yes	No	Findings/ Observations	
8	There is a documented policy-making process.				
V. Recruitment, selection, hiring and retention system					
9	There are written policies for recruitment specifying among others the qualification standards for each position and the criteria for the selection process consistent with rules and regulations of Department of Labor and Employment.				
1	There is a written job description / Terms of Reference for all the staff in the organization.				
<b>B. TECHNICAL CAPACITY</b>					
I. Clear Statement of VMG and Policies					
11	The organization has VMG consistent with its objectives, target clients, programs and services.				
12	The VMG is written, posted in a visible area such as bulletin boards, receiving areas, lobby etc., within the SWDA.				
13	VMG are known and can be articulated by any of the governing board or its equivalent and staff.				
14	Policies to translate into operations are written and contained in a manual of operation.				
II. Strategic and operational planning system					
15	A two-year strategic plan is formulated based on a set of desired outcomes for the clients.				
16	Strategic plan is translated into a work and financial plan.				
III. Ethical Conduct					
17	There are written and clear policies governing conflict of interest and ethical standards in dealing with the clients.				
18	There is a Client Protection Policy (conduct rules and client protection regulation) with corresponding system to monitor compliance of staff to the said policy.				
IV. Staff Complement and Compensation					
19	Staff complement is compliant with the mandatory requirement on the "Profile of Employees and Volunteers".				
20	Compensation/salary policies including incentives are developed, written and implemented in accordance with existing wage prescribed by the Regional Wage Board.				
21	Staff support services: a. Social Insurance System e.g. SSS b. Health Insurance Program e.g. PhilHealth				
V. Information Management System					



	<i>Indicators</i>	✓ To be filled-out by Applicant SWDA		Validation by the DSWD Assessor	Means of Verification/s presented to the DSWD Assessor
		Compliant?			
		Yes	No	Findings/ Observations	
22	Recording of administrative and program files captures critical organizational events, and significant information aid of organizational decision-making, policy and program development, research and development as well as for management and accountability purposes.				
<b>V. Program Management</b>					
23	The Program Plan: a. Is clearly defined and written; b. Is consistent with the VMG of the SWDA; c. Is supported with baseline data and situational analysis; d. Has defined Outcome/s (ultimate results); e. Has corresponding Outcome Indicators (to gauge the achievement of the Outcome/s; f. Has Objectives which are SMART (specific, measurable, attainable, realistic and time-bound).				
24	Program Implementation: a. Guided by the agency's policies and procedures; b. Supported by the Management through provision of timely and necessary resources and authority to implementers to undertake the planned activities; and c. At least 60% of the planned activities are implemented.				
25	Monitoring of Program Implementation: a. A monitoring system is written, has been institutionalized and is fully functional (in-place and conducted in a regular basis); and b. Agency accomplishment report including narrative and statistical report prepared and submitted annually to DSWD.				
26	Evaluation: a. Regular program evaluation is done through tracking of progress relative to the fulfillment of Outcome Indicators, thus achievement of the Agency Outcome/s; b. Results of the assessment are utilized in the modification/ development/ enhancement of programs/ policies; c. Results of evaluation are feedback to the residents and partner agencies, if necessary and applicable.				
<b>C. FINANCIAL CAPACITY</b>					
<b>I. Financial Management System</b>					

Indicators	✓ To be filled-out by Applicant SWDA		Validation by the DSWD Assessor	Means of Verification/s presented to the DSWD Assessor
	Compliant?			
	Yes	No		
27	There are written policies, systems and procedures on financial transactions based on approved budget.			
II. Financial Allocation and Disbursement				
28	Fund allocation and utilization follows the ratio of 70% for programs and 30% for administrative expenses.			
29	There are written policies for securing, acknowledging, allocating and distributing non-monetary donations for transparency purposes.			
30	Receipt and utilization of cash and in-kind donations are transparent, accounted and documented.			
31	Financial transactions are regularly audited by an internal and/or external auditor. (Those with income below P500,000 the financial report will only be audited by an internal auditor or Treasurer).			
III. Stability of Funding				
32	There are regular sources of funds to provide and sustain for the SWDA's operation for at least two (2) years.			
33	Sources of funds are documented.			
34	Resource generation activities such as solicitation, fund raising projects international fund sourcing are conducted in accordance with the existing laws and regulations, properly reflected in the financial report.			

Other Salient Findings/Observations (to be filled-up by the DSWD assessor)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

✓XIV. Certification

I hereby Certify that the information on this application form and all supporting application documents are true and correct.

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

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

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

✓Note: If will be eligible for issuance of Certificate of License to Operate, kindly check the appropriate box on how the organization would like to receive the Certificate:

- Through courier       Pick-up at DSWD Office (Field Office or Standards Bureau, as applicable)

✓ **Authorization:**

**On behalf of the applicant SWDA, I hereby:**

- (a) Authorize Mr./Ms./Mrs./the following (maximum of 3) representatives \_\_\_\_\_;  
 (Full name of authorized representative/s)  
 our \_\_\_\_\_, as our official representative to transact with DSWD covering  
 (designation in the organization)  
 all the requirements and processes set in our application for Licensing;
- (b) Allow the DSWD to inspect the premises of the office(s) and residential facility(ies) and/or satellite/branch offices of our organization, as well as the site of any past or present project or program of the organization;
- (c) Authorize any concerned person of the organization to disclose to the DSWD any fact material to the validation of any information provided by our organization in this application or in any of the documents submitted in support thereof, and;
- (d) Attest that all information in this application together with all the supporting documentary requirements are true and correct.

Note: Please present a valid ID of the authorized representative who will process the application and Photocopy of the valid ID with signature of the affiant who authorized the representative to process the application upon submission of application documents to DSWD.

AFFIANT	Signature	
	Name	
	Position/Designation	
Date executed		
Place executed		

**SUBSCRIBED AND SWORN** to before me, on the above date and place, affiant exhibiting the following identification document:

Government ID Type and No.	
Place and date of issue	
Valid until	

(To be filled-up by the DSWD assessor)

**Recommendations:** (Please check appropriate box and fill-up the requested information below:

**A. For Issuance:**

Based on the above findings, \_\_\_\_\_ is ready  
 (Name of SWDA)

for issuance of license to operate as a/an:

- |  |   |
|--|---|
| <input type="checkbox"/> Auxiliary SWDA        | <input type="checkbox"/> Social Work Agency (SWA) |
| <input type="checkbox"/> People's Organization | <input type="checkbox"/> Center-based Agency      |
| <input type="checkbox"/> Resource Agency       | <input type="checkbox"/> Community-based Agency   |
| <input type="checkbox"/> SWD Network           | <input type="checkbox"/> Child Placing Agency     |

**B. If Non-Compliant:**

To facilitate the license to operate, the SWDA shall comply with the attached action plan within \_\_\_\_\_ months after its submission to the concerned DSWD Office

**Assessed by:**

\_\_\_\_\_  
*(Name and Signature of DSWD Technical Staff or Authorized Intermediary)*

\_\_\_\_\_  
*(SB/Field Office)*

\_\_\_\_\_  
*(Designation)*

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

**Concurred by:**

\_\_\_\_\_  
*(Signature and Printed Name of the SWDA Head or Authorized Representative)*

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

\_\_\_\_\_  
*(Designation)*

**Endorsed by:**

\_\_\_\_\_  
*(Signature and Printed Name of the assigned Standards Bureau Division Chief/Assigned DSWD FO Division Chief)*

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

**Approved by:**

\_\_\_\_\_  
*(Signature and Printed Name of the Standards Bureau Director/ FO Director)*

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

## ✓ PROFILE OF EMPLOYEES

Name of Employee	Position /Title (Indicate if Volunteer)	Salary (per month)	Place of Assignment (Indicate name of Office/Unit and location)	Educational Attainment	Relevant Training and Experience (Pls. Indicate place & date of training/ experience)	Nationality	If Foreigner (Pls. specify permit/visa issued number, date issued and expiration date)			Date of last Examination/ Evaluation	
							Working Permit	Missionary Visa	Working Visa	Medical	Psychological

• Pls. use additional sheet, if necessary

**ACTION PLAN**  
*(If non-compliant for License to Operate)*

NAME OF SWDA: \_\_\_\_\_

<i>Areas for Compliance</i>	<i>Activities</i>	<i>Time Frame</i>	<i>Responsible Person</i>	<i>Resources Needed</i>