Foreword

Social workers are trained on general principles of social work and community development. Adoption is a specialized field of child welfare which require highly specialized knowledge and skills.

Social workers in different settings enhance skills by on the job training. Ironically, most child care facilities have fast turn-over of social workers and lack of proper endorsement of cases. These factors significantly affect the movement of cases and quality of the child study report.

The cases of children cleared for adoption require proper management and substantial information on the child and the birth family. The review of the children’s dossiers, actual experiences, exposure and training of social workers on Inter-Country Adoption as well as the multi-disciplinary expertise of the Inter-Country Placement Committee of ICAB and the Board itself has produced a multitude of information. The wealth of information was collated and compiled into a Quick Guide, a convenient tool/reference to assist social workers directly handling cases of children for adoption. The Quick Guide further aims to address gaps and difficulties encountered in handling adoption cases.

The Quick Guide complements the existing guidelines and policies on adoption by the Department of Social Welfare and Development (DSWD) and is not intended to substitute any document required by the DSWD.

This is the second edition of the Quick Guide. The first edition was printed in August 2017 and was launched during the Global Consultation on Child Welfare Services in September 2017. All contents of the Quick Guide have been reviewed and approved.
The Quick Guide is a result of the ICAB team that worked many months to come up with the tool.

Acknowledgment is made to the following:

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Issued and approved this 30th day of August 2018 in Quezon City, Philippines.

ATTY. BERNADETTE B. ABEJO  
Executive Director
## General Activities for Surrendered, Abandoned, and Involuntarily Committed Children:

<table>
<thead>
<tr>
<th>Initial Contact Activities</th>
<th>Information Required</th>
<th>Documents Required</th>
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<tbody>
<tr>
<td><strong>I. Who to interview:</strong> the child (if possible, finder, birth mother/birth parents, nearest of kin, guardian/ custodian, referring party</td>
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<tr>
<td><strong>II. Must do:</strong></td>
<td>1. Physical appearance, distinguishing marks, malformation (if any) and behavior of the child upon referral.</td>
<td>1. Intake Form</td>
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<tr>
<td>1. Take photo of the child, child with the finder, birth mother/birth parents, nearest of kin, guardian/ custodian, referring party. There should be at least two (2) pieces 2x2 and whole body photos in 5R sizes. Photos must be taken within eye level of the child. Do not allow the child to make any unnecessary or suggestive poses. If the child has any malformations, scars or birthmarks, photos of the area must be taken. Top and side views of the head of the child must be taken. If the child is wearing eyeglasses, take a photo of the child with and without eyeglasses.</td>
<td>2. Basic demographic information of the finder, birth mother/ birth parents, nearest of kin, guardian/custodian, referring party upon referral.</td>
<td>2. Government issued ID or any valid ID (Driver’s License, School ID, Barangay ID/ Clearance) of the finder, birth mother/birth parents, nearest of kin, guardian/custodian, referring party</td>
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<tr>
<td>2. Take anthropometric measurements of the child (head/chest/abdomen circumference, weight, length/height). Impressions of the child’s foot and hand prints should be included in the child’s life book.</td>
<td>3. Background information of the child and birth family.</td>
<td>3. Photos of child, child with the finder, birth mother/ birth parents, nearest of kin, guardian/custodian, referring party</td>
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<tr>
<td>3. Refer the child for medical check-up upon referral.</td>
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<td>4. Birth certificate or foundling certificate</td>
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<td>5. Health and medical records of the child.</td>
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</table>
4. Secure valid identification and contact details of the finder, birth mother/birth parents, nearest of kin, guardian/custodian, referring party.

5. Conduct initial intake interview using the Ecomap and Genogram.

6. Secure copy of the birth/foundling certificate of the child. If birth is not yet registered, assist the birth parent/s in registering the child’s birth. If foundling, verify record of birth at Philippine Statistics Authority (PSA). If there is no record of the child’s birth at the PSA, secure copy of “No Record”. Facilitate the dental/bone age assessment of the child and registration of the foundling certificate. The result of the dental/bone age assessment will be the basis of the child’s “Age when found” in the foundling certificate.

7. Home visit to the finder, birth mother/birth parents, nearest of kin, guardian/custodian, referring party to validate information.

8. For foundling/abandoned children, site visit where the child was found.
<table>
<thead>
<tr>
<th>Follow up activities (to be done after 5 days from the initial contact):</th>
<th>Information Required</th>
<th>Documents Required</th>
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<tbody>
<tr>
<td><strong>I. Who to interview:</strong> finder, birth mother/birth parents, nearest of kin, guardian/ custodian, referring party.</td>
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<tr>
<td><strong>II. Must do:</strong></td>
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<tr>
<td>1. Conduct intervention case conference with the case management team to determine services to be provided/actions to be taken and person responsible.</td>
<td>1. Health and medical background of the child.</td>
<td>1. Health and Immunization Record</td>
</tr>
<tr>
<td>2. Collateral interview with persons significant to the case.</td>
<td>2. Developmental achievements of the child upon admission.</td>
<td>2. Psychological evaluation report for five (5) years old and above</td>
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<tr>
<td>3. Refer for appropriate evaluation:</td>
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<td>3. Developmental assessment report for children with delays</td>
</tr>
<tr>
<td>a. Psychological evaluation for five (5) years old and above.</td>
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<td>4. School Records</td>
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<tr>
<td>b. Developmental evaluation for children with delays.</td>
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<td>5. Documents for CDCLAA</td>
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<tr>
<td>4. Prepare initial case study report with Child Specific Plan.</td>
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<tr>
<td>5. Prepare complete documentary requirements for Certification Declaring a Child Legally Available for Adoption (CDCLAA).</td>
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## Activities During Pre-Admission Phase

<table>
<thead>
<tr>
<th>Category</th>
<th>Information Required</th>
<th>Documents Required</th>
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<tbody>
<tr>
<td><strong>A. Surrendered by birth parent/s</strong></td>
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<tr>
<td><strong>A.1. Minor birth mother</strong></td>
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<tr>
<td><strong>I. Who to interview:</strong> Birth mother and her parents. In the absence of the minor birth mother’s parents, interview the guardian/ custodian/ nearest kin.</td>
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<tr>
<td><strong>II. Must do:</strong></td>
<td>Refer to Annex A for guide questions.</td>
<td>1. Birth certificate of the birth mother and the child’s grandparent/s</td>
</tr>
<tr>
<td>1. Interview separately the birth mother from her parents.</td>
<td>Refer to Annex B for guide questions if the birth mother is a victim.</td>
<td>2. Prenatal record of the birth mother</td>
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<tr>
<td>2. Validate with the child’s grandparent/s the information given by the birth mother</td>
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<td>3. Child study report</td>
</tr>
<tr>
<td>3. If birth mother was sexually abused, secure information whether a case was filed against the perpetrator. If there is no case filed, the social worker must file a case on behalf of the birth mother.</td>
<td></td>
<td>4. Information regarding Court case or criminal action</td>
</tr>
<tr>
<td>4. If the birth mother is sexually abused or had more than partner, require laboratory tests for sexually transmitted disease/s and refer for psychological/psychiatric evaluation. Carry out recommendation of psychologist/psychiatrist.</td>
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<td>5. Laboratory test results</td>
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<tr>
<td>5. In the absence of support system, refer birth mother to government or non-government facility for protective custody.</td>
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<td>6. DVC signed by child’s birth mother and grandparent/s</td>
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<td>7. Certificate of Notarial Act</td>
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</table>
6. Secure birth certificate of the birth mother from the Philippine Statistics Authority (PSA) or certified true copy of the Local Civil Registry form. This is to establish the filiation of the birth mother and the child’s surviving grandparents.

7. Secure valid identification of the child’s surviving grandparents.

8. Secure prenatal and medical records of the birth mother.


10. Identify possible relatives who can care for the child.

11. Inform the birth mother and the child’s surviving grandparents regarding the consequences of relinquishing the child.

12. Facilitate the signing and notarization of the Deed of Voluntary Commitment (DVC) and secure certificate of notarial act. For a minor birth mother, the DVC should be co-signed by the child’s maternal grandmother.

A.2. Parent of legal age

I. **Who to interview:** Birth parents

II. **Must do:**

1. Interview the birth parent/s.

Refer to Annex A for guide questions.

1. Birth certificate of the birth parent/s who is of legal age
2. If birth mother was sexually abused, secure information whether a case was filed against the perpetrator. If there is no case filed, encourage the birth mother to file a case against the perpetrator.

3. If the birth mother is sexually abused, require laboratory tests for sexually transmitted disease/s.

4. Secure birth certificate of the child. If birth is not yet registered, assist the birth parent/s in registering the child’s birth.

5. Secure valid identification of the birth parent/s.


7. Identify possible relatives who can care for the child.

8. Inform the birth parent/s regarding the consequences of relinquishing the child.

9. Facilitate the signing and notarization of the DVC and secure certificate of notarial act.

10. Refer to Local Government Unit for further assistance if needed.

Refer to Annex B for guide questions if the birth mother is a victim of sexual abuse.

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<tbody>
<tr>
<td>2. Prenatal record of the birth mother</td>
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<td>3. Child study report</td>
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<tr>
<td>4. Information regarding Court case or criminal action</td>
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<tr>
<td>5. Laboratory test results</td>
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<tr>
<td>6. DVC signed by the birth parent/s who is/are of legal age</td>
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<tr>
<td>7. Certificate of Notarial Act</td>
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**B. Birth mother with mental illness or mentally challenged**

**I. Who to interview:** Birth mother and her parents, guardians, nearest of kin or referring party.
## II. Must do:

1. Interview the birth mother to get as much information about her and her child. The social worker should note the birth mother’s behavior and response.
2. Interview the referring party.
3. For mentally challenged birth parent/s, secure copy of the psychological evaluation report. For birth parent/s with mental illness, secure copy of the psychiatric report. If no formal assessments were done to the birth parent/s, assist the birth parent/s, guardians, nearest of kin or referring party in securing the assessment.
4. Interview the child’s grandparent/s to gather additional information on the birth mother and her child. In the absence of grandparent/s, interview nearest kin of the birth mother.
5. If the birth mother is a minor and a victim of sexual abuse, refer to appropriate authorities for social services and/or intervention.
6. Secure birth certificate of the child. If birth is not yet registered, assist the birth mother/child’s grandparents/nearest kin in registering the child’s birth.

Refer to Annex C for guide questions.

Refer to Annex B for guide questions if the birth mother is a victim of sexual abuse.

| 1. Birth Certificate of the child |
| 2. Psychological or psychiatric evaluation report |
| 3. Blotter reports |
| 4. Medico legal report |
| 5. DVC signed by child’s birth mother and grandparent/s. In the absence of maternal grandparents, DVC should be signed by nearest of kin as provided for in Chapter 2 Article 216 of the Family Code |
| 6. Certificate of Notarial Act |
7. Secure prenatal and medical records of the birth mother.
8. Identify possible relatives who can care for the child.
9. Inform the birth mother and the maternal grandparents regarding the consequences of relinquishing the child.
10. Facilitate the signing and notarization of the DVC and secure certificate of notarial act. For a birth mother with mental illness or is mentally challenged, a report from a psychiatrist or a psychologist attesting to the capacity of the birth mother to sign the DVC at the time of the execution is necessary.
11. Refer to Local Government Unit for further assistance.

C. Married parents

   I. Who to interview: Birth parent/s

   II. Must do:

   1. Interview each parent individually then conduct joint interview.
   2. Secure birth certificate of the child. If birth is not yet registered, assist the birth parent/s in registering the child’s birth.

Refer to Annex D for guide questions.

   1. Birth certificate of the child
   2. Marriage certificate
   3. Death Certificate
   4. Prenatal records of the birth mother
   5. DVC duly signed by both parents
   6. Certificate of Notarial Act
4. Secure prenatal and medical records of the birth mother.
5. If one parent is deceased, secure copy of the death certificate.
6. Inform the birth parents regarding the consequences of relinquishing their child.
7. Facilitate the signing and notarization of the DVC and secure certificate of notarial act.
8. Refer to Local Government Unit for further assistance.

If the child was conceived out of the birth mother’s relationship with another man, by law, the child is considered a legitimate child and shall bear the surnames of the legal husband and the birth mother. The DVC must be signed by the married parents (Refer to Family Code, see also attached Board Resolution No. 17-004).

D. Common-law partners

I. Who to interview: Birth parent/s

II. Must do:

1. Interview each parent individually then conduct joint interview.
2. Secure birth certificate of the child. If birth is not yet registered, assist the birth parent/s in registering the child’s birth.

Refer to Annex E for guide questions.

1. Birth certificate of the child
2. Medical abstract of the child and the birth mother
3. Discharge summary for the child
4. Barangay certification for the birth parent(s)
3. Secure certificate of no marriage (CENOMAR).
4. Secure prenatal and medical records of the birth mother.
5. Inform the birth parents regarding the consequences of relinquishing their child.
6. Facilitate the signing and notarization of the DVC and secure certificate of notarial act.
7. Refer to Local Government Unit for further assistance.

**E. Abandoned Child**

**E.1. With known parents**

**E.1.a. When the child was born in a hospital, lying-in clinic, maternity clinic, delivered by a midwife**

**I. Who to interview:** Clinic staff, hospital staff, neighboring patients, midwife, watchers.

**II. Must do**

1. Coordinate with the Medical Records Staff to get information about the birth parent (i.e., name, age, occupation, last known address) within 24 hours after abandonment.

Refer to Annex E for guide question.s

1. Birth certificate of the child
2. Medical abstract of the child and the birth mother
3. Discharge summary for the child
4. Barangay certification for the birth parent(s)
2. Home visit by medical/LGU social worker to the last known address to locate the birth parents or relatives while the child is still in the hospital.
3. If the social worker is unable to locate the birth family, conduct collateral interview with the neighbors to gather information about the birth parents.
4. Coordinate with the local Commission on Election (COMELEC) to find out if the birth parent is a registered voter to be able to secure the address of the parents.
5. Ensure that the birth certificate is submitted to the local civil registrar.
6. Refer the child to government or licensed non-government residential facility within 72 hours after report of abandonment.
7. Notify the residential facility in the event that a person comes to the hospital to claim the child.
8. Require proof of identification from the person claiming the child to prove filiation.

If there is no proof of identification, verification should be made through collateral interview (i.e., ask the help of hospital staff or security personnel if he/she has previously seen the person in the hospital premises prior to report of abandonment; neighbors to establish facts surrounding the birth of the child).
E.1.b. When the child is left to a person not related to the child

I. Who to interview: Person/s who received the child, neighbors, barangay officials

II. Must do:
1. Intake interview with the finder.
2. Report the incident to the barangay and police.
3. Verify and secure birth certificate of the child.
4. Collateral interview with people in the community.
5. Secure copy of the barangay and police blotter.
6. Refer the child for medical check-up within 24 hours.
7. Tour the child within the premises of where he/she was found to find out if child can remember the way to their home or if someone recognizes the child.

E.2. Without Known Parents (Child is found in public places)

I. Who to interview: Person/s who received the child, neighbors, barangay officials.

Refer to Annex E for guide questions.

1. Birth certificate of the child.
3. Barangay/Police blotter.
### II. Must do:

1. Intake interview with the finder.
2. Report the incident to the barangay and police.
3. Verify and secure birth certificate of the child. If there is no record of the child’s birth at the PSA, secure copy of “No Record”. Facilitate the dental/bone age assessment of the child and registration of the foundling certificate. The result of the dental/bone age assessment will be the basis of the child’s “Age when found” in the foundling certificate.
4. Collateral interview with people in the community.
5. Secure copy of the barangay and police blotter.
6. Refer the child for medical check-up within 24 hours.
7. Tour the child within the premises of where he/she was found to find out if child can remember the way to their home or if someone recognizes the child.

Refer to Annex E for guide questions.

### F. Involuntarily Committed

#### I. Who to interview: Child, birth parents of the child, referring party, collaterals (see protocol on child protection).

| 1. Birth certificate of the child | 2. Affidavit of the finder regarding the Circumstances of finding Child | 3. Barangay/Police blotter |
II. Must do:

1. Report incident to proper authorities.
2. Coordinate with Barangay, Police, and LGU if a rescue operation is necessary.
3. Take photo of the child showing the part of the body with marks of abuse.
4. Protective custody. Immediate provision of the child’s needs.
5. Prepare the child for admission.
6. Submit the child for medico legal evaluation.

Refer to Annex F for guide questions.

1. Incident report/police blotter
2. Birth certificate of the child
3. Medico legal report
4. Photos of the child
## Activities During Admission and Intervention Phase

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<tr>
<th>Category</th>
<th>Information Required</th>
<th>Documents Required</th>
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<tr>
<td><strong>A. Surrendered by birth parents</strong> (minor birth mother, legal age birth mother, birth mother with mental illness or mentally challenged, married parents, common-law partners).</td>
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<tr>
<td><strong>I. Who to interview:</strong> Birth mother, birth mother’s parents, guardians or nearest kin.</td>
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<tr>
<td><strong>II. Must do:</strong></td>
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<tr>
<td>1. Conduct case conference with the referring party.</td>
<td>See annexes A-D for applicable questions.</td>
<td>Same as documentary requirements during pre-admission phase.</td>
</tr>
<tr>
<td>2. Home visit the birth parent/s and nearest kin to validate and gather additional information about the family and the child.</td>
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<tr>
<td>3. Interview the child, caregivers, peers, other center based staff and if school age, teachers and school mates.</td>
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<tr>
<td>4. Provide counseling and other psychosocial support services and explore other options with the birth parents to keep the child. Adoption would be the last resort.</td>
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<td>5. Request parenting capability assessment, if necessary.</td>
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<tr>
<td>6. Facilitate the signing and notarization of the DVC and secure certificate of notarial act (If not already done).</td>
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</table>
7. Prepare the comprehensive child study report.
8. Process the CDCLAA of the child. (Refer to procedures under RA 9523).

### B. Abandoned child (With known and unknown parents)

**I. Who to interview:** Clinic staff, hospital staff, neighboring patients, midwife, watchers, Person/s who received the child, neighbors, barangay officials, Child’s finder, bystanders/concerned citizens around the vicinity of the place where the child was found.

**II. Must do:**

1. Conduct case conference with the referring party.
2. Verify from PSA if the child has birth certificate. If there is no record or birth, secure certificate of no record.
3. If older child, submit child for dental/bone aging. Result of dental/bone aging will be the basis of the child’s approximate age in the foundling certificate.
4. Conduct home visit to last known/given address of parents.
5. Follow Process the CDCLAA of the child. (Refer to procedures under RA 9523).

See annex E for guide questions.

1. Same as documentary requirements during pre-admission phase.
2. Dental/bone assessment result.
C. Involuntarily committed

I. Who to interview: Child, birth parents of the child, referring party, collaterals

II. Must do:

1. Conduct case conference with the referring party.
2. Conduct interview and home visit (to all household members, children in the family, alleged perpetrators, collateral witnesses) to validate and gather additional information regarding the birth family and the abuse done to the child. During the home visit, observe and assess the home environment (i.e. condition of the sleeping space and the physical status of the home).
3. Submit the child for psychological/psychiatric evaluation and carry out recommendation of the psychologist/psychiatrist.
4. If birth parent is in jail, coordinate with the jail authorities for the conduct of visit and interview.
5. Provide series of counseling to birth parents regarding alternative care for the child/ren.

See annex F for guide questions. Same as documentary requirements during pre-admission phase.

7. LGU to file appropriate criminal charge against the perpetrator.

8. CCA to file the Petition for involuntary commitment in the Family Court or Regional Trial Court which has jurisdiction over the case.

9. Continuous coordination with LGU Social Worker update on the status of the criminal case against the perpetrator.
Annex A: Guide questions for Birth mother (minor or of legal age)

On the Child’s Birth parents

1. Name and date of birth of birth mother.
2. Physical description of the birth mother, such as physical appearance, body build, height, complexion, hair, color of eyes, shape of nose, and disability/deformity, if any.
3. How does the birth mother describe herself as a person (e.g. quiet, reserved, shy, sociable, friendly, etc.)?
4. Who are the parents of the birth mother? Include the basic demographic information on the birth mother’s parents, their parenting style, communication style, and discipline style/method (e.g. authoritarian, disciplinarian, neglectful, passive, etc.)
5. Where was the birth mother born and raised? Is she part of a sibling group? If yes, please indicate her ordinal rank in the sibling set.
6. How does the birth mother describe her upbringing and childhood experiences (e.g. stable home environment, supportive parents, with history of abuse, parenting / discipline method of the parents of the birth mother, etc.)?
   - How does the birth mother describe her relationship with her parents and her siblings? Who among the birth mothers’ siblings is she closest to and why?
   - What can the birth mother say about her parent’s relationship with each other and to their children?
   - What were the significant changes in the family that affect the birth mother’s character/attitude/well-being/personality?
   - If the birth mother has a history of sexual abuse, please refer to Annex B for guide questions.
7. What illnesses did the birth mother suffer while growing up? If the mother suffered illness/es which required hospitalization, information on the nature of the illness and treatment provided should be secured and included in the report.
8. At what age did the birth mother start formal schooling? Where did the birth mother go to school?
9. Is the birth mother still studying? If not, indicate the highest level of educational attainment. When did the birth mother stop schooling and why?
10. If not studying, what does the birth mother do? If the birth mother is working, the social worker should get information about the nature of her work, her employer, address and contact number of the employer for purposes of collateral interview.
11. What skills does the birth mother have (e.g. cooking, sewing, drawing, business, etc.)?
12. What are the hobbies or interests of the birth mother (e.g. watching television, reading, gardening, crafting, youth club, livelihood club, etc.)?

13. When did the birth mother find out that she was pregnant?

14. How did the birth mother feel about her pregnancy?

15. When did the birth mother submit herself for prenatal check-up (e.g. first trimester, second trimester, etc.)? If no prenatal check-up, indicate reasons for not getting prenatal care.

16. Did the birth mother have any illness during her pregnancy? If yes, please specify the illness and indicate any medical treatment provided.

17. Did the birth mother consume alcoholic beverage/s, controlled substance/s or smoked cigarettes during her pregnancy? If yes, type/kind, frequency of use, as well as duration of use should be included in the report. It is crucial to determine which stage in the pregnancy when the birth mother consumed beverage/s and controlled substance/s. Information on the birth mother’s health habits prior to and during pregnancy is also crucial.

18. What did the birth mother feel after seeing her child? What did the birth mother do when she first saw the child?

19. Did the birth mother care for the child prior to admission to the child caring agency (e.g. breastfeeding, bathing, changing clothes, putting the child to sleep, bringing the child for immunizations or check-ups, etc.)?

20. Who gave the name of the child? What is the significance of the name given to the child?

21. Is the birth mother aware of any hereditary or genetic illnesses in her family (e.g. high blood pressure, diabetes, mental illness, etc.)? If yes, please indicate who among the parents have hereditary illnesses.

22. Has the birth mother received counseling, psychiatric treatment or confined to a psychiatric facility? If yes, indicate the reason for the counseling or psychiatric treatment, name of institution where the services were availed, name of psychologist or psychiatrist. If the birth mother has mental disability, please refer to Annex C for questions to ask and information to include in the CSR.

23. Who is the child’s birth father? Get demographic information on the child’s birth father.

24. Where is the child’s birth father?

25. How did the birth mother meet the child’s birth father?

26. How will the birth mother describe her relationship with the child’s birth father?
27. Is he aware about having a child with the birth mother? If yes:
   • Did he acknowledge paternity?
   • Did he give any support to the birth mother? Please specify what form of support, if any.
   • Was he consulted regarding his plans for the child?
   • How does he feel about the child being given up for adoption?
   • If not, please state the reason/s for not informing him about the child.

28. Does the birth father have records in the barangay or police (e.g. domestic violence, public scandal, physical injury)? If yes, what actions were taken against the birth father?

29. If the birth father is imprisoned, location of his detention place, nature of his detention and status should be included in the report.

30. How many children did the birth mother have with the child’s birth father? If there is more than one child, please list the names, ages and whereabouts of all the children.

31. When did the birth mother last see or communicate with the child’s birth father?

**Termination of Parental Rights**—Ask the following questions:

1. When did the birth mother decide to relinquish the child?
2. What are the circumstances that led to the decision of the birth mother to relinquish the child?
3. How does the birth mother feel about relinquishing and being separated from her child?
4. Are the birth mother’s family members supportive of the decision to relinquish the child? How do they feel about being separated from the child?
5. What will make the birth mother keep her child?
6. What services were provided to the birth mother to help her keep her child?
7. What options were explored with the birth mother to help her keep her child aside from kinship care (i.e. temporary placement to a child caring agency, foster care)?
8. Does the birth mother and her family understand the implication of relinquishing the child?
9. Is there any update on the birth mother’s decision after signing the Deed of Voluntary Commitment?
10. Did the birth mother visit the child at the child caring agency/foster home?
Annex B: Guide Questions for Birth mother with History of Sexual Abuse

Instructions:

Ask questions 1-25, 28 and 29 from Annex A for information regarding the child’s birth parents. On question number 23, there is no need to include in the child study report the demographic information of the perpetrator.

Questions regarding the abuse:
1. Age of the birth mother when the abuse happened.
2. Who is the perpetrator? If the perpetrator is related to the birth mother, please specify the relationship (i.e. cousin, uncle, father, etc.).
3. Was the abuse reported to the birth mother’s parents? If yes, what actions did the birth mother’s parents take against the abuser? If not, reason for not reporting the abuse.
4. Was the abuse reported to the authorities? If yes:
   • To whom and when was the abuse reported to the authorities? Please specify (e.g. teacher, doctor, barangay, LGU, police).
   • Do you have a copy of the report/s? If none, secure copy from the authorities where the abuse was reported.
   • Has a formal case been filed in court against the perpetrator? If yes, what is the status of the case?

   Conduct risk assessment to determine if protective custody is necessary. The social worker should also ensure that the birth mother receives counseling or therapy in order to help her recover from the trauma of the abuse she experienced.

   If the birth mother is a minor and is willing to file a case in court but has no support from her family, the social worker should make the formal complaint on behalf of the minor birth mother. The social worker should also monitor the progress of the case in court.

5. What other form of services does the birth mother receive and from whom (e.g. legal, education, livelihood, skills training, etc.)?
6. Include information on the current situation and whereabouts of the birth mother.

Termination of Parental Rights

Instructions: Ask questions 1-10 from Annex A
Annex C: Guide Questions for Birth mother who has mental illness or mentally/intellectually challenged

**Note:** The questions should be asked from the birth mother’s nearest of kin if the birth mother is incapable of understanding/responding to the questions. The social worker should also get basic demographic information about the nearest of kin.

**Instructions:**

Ask questions 1-22 from Annex A for information regarding the child’s birth parents

**Additional questions on the birth mother:**

1. What are the unusual behaviors manifested by the birth mother? Ask the nearest of kin to describe the birth mother’s behavior. Do not label the birth mother as mentally ill or intellectually challenged without any psychiatric/psychological proof.
2. When did the nearest of kin observe that the birth mother is pregnant?
3. Was the birth mother submitted for psychological evaluation (for mentally/intellectually challenged birth mother) or psychiatric evaluation (for birth mother with mental illness (i.e. schizophrenia, bipolar disorder, post-traumatic stress disorder, etc.)? If yes, secure a copy of the report. If there is no psychiatric or psychological report available, request the nearest kin to secure copy of the report. The diagnosis/findings should be indicated in the child study report.
4. If the birth mother was committed to a psychiatric facility, where, when and how long? Copy of the report from the psychiatric facility should be secured. If the birth mother was treated at a mental hospital, the social worker should assist the birth mother’s nearest kin in securing copy of the psychiatric report and other medical records.
5. What are the possible causes of the birth mother’s condition?
6. If the birth mother taking medication, please specify the medication (generic name of the medicine and dosage) and how long the birth mother been on medication.
7. If there are improvements noted in the birth mother’s behavior/s as a result of the medication/s, please specify in the report.
8. Does the birth mother’s condition exist in the family?
9. If the birth mother has other children, get their complete names, ages and whereabouts.
10. Is the birth mother capable of interacting with her other child/ren, if any?

11. Was the birth mother informed that her child was relinquished for adoption? What was her reaction? The birth mother has the right to know about any decisions regarding her child.

If the birth mother gave birth without the knowledge of the nearest kin (e.g. birth mother is roaming around, went missing) ask how they learned about the child. Secure complete name and contact details of the source of information for validation.

Questions to ask if the child’s birth father is known:

1. Name and date of birth of the birth father
2. Physical description of the birth father: body build, height, complexion, color of the eyes, nose shape and disability/deformity, if any
3. What can the nearest kin say about the birth father’s personality (e.g. quiet, reserved, shy, sociable, friendly, etc.)?
4. How did the birth mother meet the child’s birth father?

Termination of Parental Rights

Instructions: Ask questions 1-10 from Annex A. The questions should be directed towards the birth mother’s nearest of kin.

Note: For a mentally ill birth mother to sign the assisted DVC, a medical/psychiatric report indicating that she has the capacity to make sound judgment must be in place. In case the birth mother is mentally incapacitated, follow procedures under Republic Act 9523 on filing of petition to declare the child legally available for adoption.
Annex D: Guide Questions for Married and Common-Law Partners

Instructions:

Ask questions 1-22 from Annex A for information about the child’s birth parents.

Questions about the relationship of the birth parents:

1. How did the birth parents meet?
2. How do the birth parents describe their relationship with each other?
3. If one of the birth parents is imprisoned, provide information regarding the case (e.g. nature of offense, location of detention, date of detention). What is the implication of the imprisonment to the relationship of the birth parents?
4. How many children did the birth parents have? If there is more than one child, please list the names, ages and whereabouts of all the children.

Questions about the relationship of the birth parents:

1. When was the last time the birth mother talked to or saw the child’s birth father?
2. What was the reason for the separation?
3. How did the birth mother feel about the separation?
4. What is/are the impact of the separation on the child?
5. Are the relatives of the child’s birth father aware of the birth mother and her child’s situation? If yes, how do they feel about the situation?
6. What are the birth mother’s future plans, if any?

If the child has older siblings who are not relinquished for adoption, include their reactions/feelings towards their siblings’ adoption.

Termination of Parental Rights

Instructions: Ask questions 1-10 from Annex A. Questions are directed towards both set of birth parents.
Annex D: Guide Questions for Married and Common-Law Partners

Instructions:

Ask questions 1-22 from Annex A for information about the child’s birth parents.

Questions about the relationship of the birth parents:

1. How did the birth parents meet?
2. How do the birth parents describe their relationship with each other?
3. If one of the birth parents is imprisoned, provide information regarding the case (e.g. nature of offense, location of detention, date of detention). What is the implication of the imprisonment to the relationship of the birth parents?
4. How many children did the birth parents have? If there is more than one child, please list the names, ages and whereabouts of all the children.

Questions about the relationship of the birth parents:

1. When was the last time the birth mother talked to or saw the child’s birth father?
2. What was the reason for the separation?
3. How did the birth mother feel about the separation?
4. What is/are the impact of the separation on the child?
5. Are the relatives of the child’s birth father aware of the birth mother and her child’s situation? If yes, how do they feel about the situation?
6. What are the birth mother’s future plans, if any?

If the child has older siblings who are not relinquished for adoption, include their reactions/feelings towards their siblings’ adoption.

Termination of Parental Rights

Instructions: Ask questions 1-10 from Annex A. Questions are directed towards both set of birth parents.
Annex E: Guide Questions for Abandoned Child

E.1. With Known Parent/s (When the child was born in a hospital, lying-in clinic, maternity clinic, delivered by a midwife, left to a person not related to the child)

On the child

1. Name of the hospital/clinic where the child was born.
2. Why was the child left at the hospital/clinic?
3. When was the child left (should specify date)?
4. What information was shared or given by the birth parents about the child (e.g. name, age, date of birth)?
5. What was the child’s physical and health condition when left in the hospital/clinic? Were there any distinguishing marks or malformation on the child?
6. What was the child’s behavior when left (e.g. fearful, anxious, crying)?
7. How long did the child stay in the hospital/clinic?

On the Child’s Family – This tackles the composition and pertinent background information on the biological family. The information can be obtained from the hospital staff (e.g. medical social worker, admitting section, nurses or co-patients) of the hospital where the child was left. The information should be presented chronologically as follows:

1. Demographic information on the birth parents.
2. Physical description of the birth parents: body build, height, complexion, color of eyes, shape of the nose and disability/deformity, if any.
3. Did anyone accompany the birth parent/s during admission at the hospital?
4. Did anyone visit the child and the birth parent/s while at the hospital?
5. What was the behavior of the birth parent/s prior to leaving the child?
6. What information did the birth parent/s provide, if any before leaving the hospital?
7. Was there any agreement between the birth parent/s and the hospital or neighbor regarding the child?
8. When was the child last visited by the birth parent/s?
9. Were the birth parent/s contacted since their last visit? If yes, indicate the date, purpose for contacting the birth parent/s and their response.
10. Where was the birth parent/s last known address?

**On the person who received the child**

1. Demographic information and physical description (e.g. name, age, address, occupation, work address, contact number etc.). (Note: The physical description/features on the actual custodian is necessary to allay suspicion whether the custodian is the birth parent).

2. How did the custodian establish the filiation of the person to the child? Information is necessary to rule out any suspicion that the child might be trafficked.

3. Description of the physical appearance of the person who left the child. Specify if the child has any resemblance to the person.

4. What is the relationship of the custodian to the child’s birth parent/s?

5. What reason/s did the birth parent/s give for leaving the child?

6. When or how long ago was the child handed over to the custodian?

7. What did the custodian immediately do after the child was handed over to him/her?

8. Did the custodian report the child’s circumstances to the authorities – barangay, DSWD, police?

9. If it took sometime to report, what are the reasons for the delayed reporting?

10. What prompted the custodian to accept the child?

11. What arrangements were made between the birth parent/s and the custodian?

12. What kind of child care was provided by the custodian to the child?

13. Did the birth parent/s ever return to get back the child?

14. When did the birth parent/s return? How many times did the birth parent/s return?

15. What information were given by the birth parent/s to the custodian when he/she returned?

16. Is there any other person who can validate the information given by the custodian of the child? Information is necessary to rule out any suspicion that the child might be trafficked. Get demographic information and contact details of the other person who has knowledge about the child. What does the other person know about the child and the birth parent/s?

17. If child stayed for several months with the custodian, ask about the developmental achievements or milestones i.e. age when
the child crawled, sit alone, stand, walk, talk, medical ailments and treatment, immunizations, hospitalizations (if any). If school age – age when the child start attending school, attitude towards school, relationship with peers and teachers, academic performance or if developmental or medical red flags have been observed etc.

E.2. Without Known Parents (Child is found in public places)

On the child

1. Where was the child found? Include a description of the environment or place found.
2. When was the child found (specify date and time)?
3. What was the child’s physical appearance/behavior when found (i.e. clean or unkempt, weak, sick, crying)? Were there things with her/him (i.e. clothing, toys etc.)? If newborn, what was the condition of the child (with umbilical cord still intact, cleaned-up, bluish, with discoloration, with placental scums, wrapped in baby blanket, towel etc.)?
4. Depending on the age of the child, obtain the following:
   - Identifying information (i.e. name, date of birth)
   - Who brought the child to the place where he/she was found?
   - What was the child doing in that place?
   - Who are the companions of the child?
   - What is the relationship of the child to the companions?
   - How did the child get to that place?
   - What are his/her recollection of birth family/siblings (i.e. name of parents, siblings, address?)
5. What was the approximate age of the child when found? If the child is not newborn, who made the approximation on the child’s age and the basis for approximating the age should be clearly specified.
6. Who found the child? Obtain demographic information of the finder
7. Why was the finder in that place?
8. How did the finder determine that the child was abandoned? What did the finder do (i.e. reported to the authorities)?
9. Is there any other person who can validate the information given by the finder of the child? Information is necessary to rule out any suspicion that the child might be trafficked. Get demographic information and contact details of the other person who has knowledge about the finder.
10. What efforts were undertaken to locate the child’s parents?
Annex F: Guide Questions for Involuntarily Committed Child

1. Who reported the child abuse incident to the authority?
3. Where did the abuse take place?
4. Who may have witnessed the abuse?
5. What triggered the report of the abuse?
6. What are the circumstances leading to the referral of the child to the child caring agency?
7. Who is the perpetrator? What is his/her relationship to the child?
8. What action/s has/have been done relative to the child’s situation?
9. Is there any support system/next of kin available to help care for the child? If yes, please provide the name and contact information.
10. Were there other children left in the home? Is there impending danger to any child left in the home?
11. Has a case been filed against the perpetrator? What is the status of the case?

A. Questions to the family regarding the perpetrator

1. Demographic information on the perpetrator including educational attainment, employment, income, housing.
2. Description of childhood experiences (i.e. upbringing experiences, discipline patterns, parenting practices of the perpetrator’s parents). Has there been history of substance abuse, alcohol abuse, and criminal history of the perpetrator?
3. What are the strengths and weaknesses of the perpetrator in relation to parenting capability?
4. How does the perpetrator describe his/her marital/common-law relationship (i.e. how they met, conflict resolution, decision making, communication styles, domestic violence)?

B. Questions to the Collaterals (Collateral contacts may include, but not limited to: individuals with first-hand information regarding the abuse, individuals with prior knowledge of the family who have directly observed family functioning, school professionals, physician or other health professionals, neighbors and extended family member(s) not in the household)
1. Are there any changes or untoward behaviors observed on the child and the parents? What are these changes?
2. Describe the functioning of the child’s family.
3. How do the parents discipline their child/ren?
4. Describe the parent/child interaction or relationship.
5. Is there any support system/ next of kin available to help care for the child? If yes, please provide the name and contact information.

C. Questions to the child (Note: Use interview, observation and other means to obtain information regarding the abuse)

The social worker should ensure that the child is comfortable and relaxed during the interview. The environment should be conducive for the interview.

Ask the child to narrate/describe the events of the abuse. Depending on the child’s ability to express, the social worker may use aids to help the child such as an anatomically correct doll or drawing.

Ask the child’s feelings/reactions in case adoption is not possible.
ANNEX G: Questions for the child

Depending on the age of the child, the social worker may ask the following:

1. What are the child’s attitudes, feelings and thoughts about adoption? What is the child’s understanding of his/her past and present situation? How does the child feel about having a family? What is a family for the child? Let the child describe his/her idea about the members of a family.
2. What does the child look forward to in the future, wishes, aspirations, and dreams for himself/herself?
3. What makes the child happy/sad? How does the child manifest emotions? Please give a description of the child’s mode of expressions (i.e. when angry, what does the child do? How is the child pacified?)
4. What is the child’s attitude towards discipline and correction? What behavioral modification or method of discipline is currently applied to the child? What works best for the child in terms of discipline and correction?
5. Is the child able to spontaneously express his/her feelings or does he/she need coaching or encouragement to open up?
6. How does the child relate with other children in the child caring agency? Does the child have a best friend?
7. How does the child perform in school? How does the child relate to his teachers and classmates?
8. If the child has a sibling, how is his relationship with him/her?
9. If the child is for inter-country adoption, what is the child’s understanding of life abroad? To minimize frustration or adjustment difficulty, the child should be informed of the realities of adoption and life abroad. The child must be made aware that the ultimate purpose of adoption is to have a family to care and love instead of gaining material things.

Questions to be asked from the child’s caregiver and other significant persons in the child caring agency or foster home:

1. Does the child respect adult authority? For the child who are the authority?
2. Does the child respect the rights of others? What does the child understand about rights? What rights does the child know and apply?
3. Does the child respect personal boundary? What does the child understand of personal things or ownership?
4. Does the child respect rules? What are the rules the child knows and what does it mean to the child?

5. Does the child have a sense of right and wrong? Ask the child to give examples.

6. How does the child relate with the children in the center or foster home? Who are the child’s playmates – younger or older than himself/herself?

7. Do you see the child correcting other children? How does the child correct his/her peers or younger children? When does the child correct his/her peers or other children?

8. Does the child understand cause and effect? Or consequence of actions? Please cite an example.

9. Does the child accept responsibility for his/her mistakes? What actions made to amend his/her ways or behavior when mistake or wrong doing is made?

10. Is the child kind to others? Ask the child to define or describe what kindness is.

11. How is the child’s relationship with his/her siblings (if applicable) and peers?

12. Does the child display aggression towards other children, adults, animals? What aggressive behaviors are seen and what triggers such? What does the child do when in an aggressive state i.e. hits back, throw things...etc.?

13. Does the child have behavioral concerns that the prospective adoptive parents have to know (i.e. lying or making up stories, getting things from other people, sleeping difficulty, bed-wetting, etc.)? For every behavioral concern noted, describe how the caregiver or foster parent/s address the issue/s. For bedwetting problems, describe the instances when the child bed wets i.e. had too much activity during the day, did not urinate before going to bed, afraid to go to the toilet. If the bed wetting happens often, the child might need to be seen by a medical doctor or a psychologist. Since when? How often in a week? What interventions to curbed bedwetting? Has the child been referred for medical or psychological evaluation for bedwetting? What is the diagnosis or results?

14. What is the child’s usual emotional state (i.e., frightened, excited, sad, etc.)? What incidents would trigger these emotions? What does the child do when such emotions occur? How does the caregiver handle such outburst of emotions?

15. How often does the child get sick? Record kinds of ailment frequently contracted, diagnosis for recurring ailment, medications given including dosage and frequency of intake and the child’s acceptance of the medication/s.
16. Is the child able to concentrate or complete a task? Record how long the child can sustain attention to a specific task/activity and what the child does when distracted? If the child has difficulty concentrating on a task, note the time the task/activity is given, the child’s interest, the companion of the child, understanding of the task/activity and what is expected of him/her.

17. Does the child have any fear? Note what causes the child’s fear, how he/she express fear and basis of his/her fear.
Resolution No. 17-004
Series of 2017

SUBJECT: RESOLUTION REGARDING MATCHING OF LEGITIMATE CHILDREN

WHEREAS, ICAB receives cases of children born within valid and subsisting marriages whose birth certificates indicate only the name of the birthmother;

WHEREAS, Article 164 of the Family Code of the Philippines provides that "children conceived or born during the marriage of parents are legitimate";

WHEREAS, Article 174 of the Family Code provides that legitimate children shall have the right to bear the surnames of the father and the mother;

WHEREAS, Article 167 of the Family Code provides: "the child shall be considered legitimate although the mother may have declared against its legitimacy or may have been sentenced as an adulterer";

WHEREAS, Article 170 of the Family Code provides: the action to impugn the legitimacy of the child shall be brought only by the father, or in very specific instances, by the father’s heirs, within: (a) one year from the knowledge of birth or its recording in the civil register if the husband or heirs reside in the city or municipality where the birth took place or was recorded; (b) two years if they reside outside the place of birth; and (c) three years if they reside abroad. If the birth was concealed or unknown, the period shall be counted from the discovery or knowledge of birth or fact of registration whichever is earlier;

THEREFORE BE IT RESOLVED THAT, if a legitimate child is up for matching, there should be issued a Certification of a Child Legally Available for Adoption (CDCLAA) declaring the child to be legally available for adoption or a Deed of Voluntary Commitment (DVC) signed by both father and mother.

IT IS FURTHER RESOLVED THAT, the above resolution should be disseminated to all Child Caring and Placement Agencies and to the DSWD for proper implementation.

Issued this 31st of May, 2017 in Quezon City.

JUDY M. TAGUIWALO
Chairperson, ICAB

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Board Member

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Turn-around Period of Case Management

1. For Abandoned or Dependent Child

Upon the child’s admission to the DSWD Center/institution or Child Caring Agency or referral of same to Provincial/City/Municipal Social Welfare and Development Office, the social worker shall undertake the following to gather information and documents pertinent to the case.

**Within the 1st month to 2nd month shall:**

(a) Secure colored photo of the child (at least two (2) pcs. 2x2 and whole body, 3R in size);

(b) Secure a certified true copy of Birth Certificate from the Local Civil Registrar, if available;

(c) Conduct home visit to last known/given address of parents;

(d) Send-out letter through registered mail with return card to last known address of parents or legal guardian;

- In case the parents, legal guardian/s or relative/s of the child accepted the letter but failed to appear on the specified date, the social worker should indicate such circumstance in the SCSR and proceed with the filing of the Petition and attach the file copy of the letter.
- In case of a registered mail, which has not returned after one month, the social worker may proceed with the filing of the Petition and attach the registry receipt.
- If the given address is insufficient, the social worker should still send a registered mail to such address. The registry receipt should be attached to the Petition.

(e) Secure a Police Report or barangay certification from the locality where the child was found or a certified copy of Tracing Report from the Philippine National Red Cross (PNRC), National Headquarters. The report should contain the facts and circumstances of abandonment or neglect, e.g., date, time, place and approximate age of the child when found and should states that despite due diligence, the child’s parents could not be found;
(f) Facilitate publication in one (1) newspaper of general circulation. Publication should preferably contain the child’s photo, name, sex, current age of the child and approximate age of the child when found, if available as well as date, place and time when the child was found, including the name, office and contact number of the petitioner. The whole copy of the newspaper containing the announcement should be attached to the Petition or Affidavit of Publication from the publisher that the case was published in their newspaper and the content of the publication; and

(g) Facilitate local or national radio or TV announcements on three (3) different airing dates (as much as possible, in three (3) different stations within one month); Secure a certification written on the station’s letterhead as prescribed, certified by the TV/Radio Program announcer/Traffic Manager/Traffic Clerk. The announcement should mention the child’s name, sex, current approximate age as well as the date, place, and time when the child was found. In case of TV announcements, the child’s photo should preferably be featured.

**On the 3rd month the social worker shall:**

a. Prepare a comprehensive Social Case Study Report (SCSR) using the prescribed format which should include the following data, if available:

   a.1. Factual details about abandonment or neglect by parents or other primary caregivers/legal guardians;
   
   a.2. Assessment of the bio-psychosocial development of the child;
   
   a.3. Quality of parenting/child rearing patterns of the child’s biological parents;
   
   a.4. Family composition and historical background of parents, work history and family relationship;
   
   a.5. Psychosocial intervention and services rendered to the child’s biological family;
   
   a.6. Current functioning of the child, physical and emotional response and behavioral manifestations to abandonment or neglect;
   
   a.7. Efforts of the social worker to locate and assess the child’s biological family; and
   
   a.8 Name and signature of the social worker who prepared the SCSR with his/her license number and validity date
In cases where there is/are information/s in the Social Case Study Report needing proof to substantiate the veracity of such information, submit additional requirements to support the report (e.g., Marriage or Death Certificate of the child’s biological parents, medical/psychological/psychiatric report, valid identification with signature of the parent to verify the signature in the DVC and other related Affidavits or Certification)

b. File a Petition for issuance of Certification supported with a comprehensive SCSR and complete documentary requirements, as enumerated under items a to g of the guidelines. Only one Petition shall be filed for sibling group.

c. Apply for a Certificate of Foundling at the Local Civil Registry where the child was found with the certified true copy of the Certification declaring the child as legally available for adoption and the child’s profile as supporting documents.

In case of a legitimate child but has been abandoned by one of the parents and the other parent would want to give up the child for adoption, the petitioner, in behalf of the parent who executed the DVC shall file a Petition for Certification with the Department.

For an illegitimate child, only the mother’s consent is necessary for processing the Certification.

The petitioner shall be responsible for paying the cost of notarization of the Petition and publication to locate the parents/relatives, except for independent placement where the person who has actual/physical custody of child shall shoulder the same.

2. For Surrendered Child

In all proceedings for adoption for voluntarily committed cases, series of counseling shall be provided by trained social workers to the biological parents or legal guardian to ensure that they are fully informed of the consequences of their decision to give up the child.

Within the 1st month to 3rd month upon admission/referral of the child in an agency/institution, the social worker shall:
a. Facilitate the signing of Deed of Voluntary Commitment (DVC) in three (3) copies (all original) and its notarization, if parents/guardian, after going through counseling, decide to give-up the child for adoption;

b. Secure a certified true copy of Birth Certificate of the child from the local civil registrar;

c. Conduct home visit to relatives at his/her/their given address/es to assess the capacities in performing their roles to the child;

d. Secure most recent colored photo (whole body, 3R in size) and photo of the child upon admission (whole body, 3R in size), if available; and

e. Prepare a comprehensive Social Case Study Report (SCSR) using the prescribed format indicating the following:

   1. Support services extended to biological parents of the child and assessment on the capacities of the parents in relation to their roles to the child;
   2. Series of counseling sessions provided to prevent the parents in giving up the child for adoption;
   3. Decision of the parent/legal guardian as a result of items 1 and 2 above.

f. File an Application for issuance of a Certification

3. For Neglected Child

For cases of substantial and continuous or repeated neglect, the social worker shall facilitate temporary placement and appropriate intervention to the child and his/her family. A Petition for involuntary commitment of the child shall be filed in court.

Within three months after the court granted the involuntary commitment of the child, an Application for issuance of Certification shall be filed to DSWD Field Office, supported by the court’s decision and certified copy of documents presented in court.

Process in Securing a Certification from the DSWD

1. Who shall file the Petition?

   The Head or Executive Director of a licensed or accredited child caring
or child placing agency or institution managed by the national or local government, non-governmental organization or provincial, city or municipal social welfare and development officer of local government units can file a Petition in behalf of an individual who has actual/physical custody of a minor to declare such child legally available for adoption

2. Where to File?

The Petition/Application together with the complete supporting documents shall be filed by the petitioner/applicant with the Field Office of the DSWD where the child was found, surrendered or abandoned.

In cases where the child was physically transferred outside the region where he/she was found, the Head of the DSWD Center/institution, Child Caring/Placing Agency or P/C/MSWDO shall file the Petition/Application with the DSWD Field Office where the DSWD Center/institution, Child Caring/Placing Agency or P/C/MSWDO is located and where the individual has transferred. Said DSWD Field Office shall forward the Notice of the Petition to the DSWD Field Office of the region where the child was found for posting.

3. When to File?

For abandoned and dependent children, the Petition shall be filed after but not less than three (3) continuous months from the time of abandonment or dependence of said child.

For voluntarily committed children, the Application shall be filed within three (3) months after the signing of Deed of Voluntary Commitment.

For involuntarily committed children, the Petition shall be filed within three (3) months after the judgment granting the involuntary commitment by the court.

4. How to File?

Filing of Petition for Involuntarily Committed Child

4.1. For Abandoned or Dependent Child

The following procedures shall be undertaken for abandoned or dependent child to be able to secure the Certification after three (3) continuous months of abandonment or dependence:
a. Filing of a Petition to the DSWD Field Office using the prescribed format

b. The Adoption Resource and Referral Unit (ARRU) shall review and examine if the Petition is sufficient in form and in substance, together with other documentary requirements, within three (3) working days upon receipt thereof. The duplicate set (photocopy) of documents shall be maintained at the DSWD Field Office.

The Petition shall have a control number, which shall be assigned by the ARRU, indicating the region and year when the Petition was filed before a number, which begins with 001 (e.g.: FO I-2009-001).

The Petition shall contain the following information:

i. Petitioner’s information (e.g., Name, age, citizenship, civil status, position, name of agency and address)

ii. Information about the subject minor (e.g., name, age, name and address of child’s present location/custodian and duration of his/her placement with the same)

iii. Information about the social worker who prepared the child study report (e.g., name, license number with validity period of the license, position and agency)

iv. Facts of neglect, abuse and/or abandonment as reflected in the social case study report

v. Activities done to locate the child’s family/relatives (e.g., Home visit, media publication, returned registered mail, police blotter or Barangay certificate or certificate of tracing report from Philippine National Red Cross)

vi. Date when the photos were taken (upon abandonment/admission and recent photo)

vii. The Petition should be sufficient in form and substance, otherwise it shall be returned to the petitioner within three (3) working days upon receipt of the Petition without prejudice to its re-filing. The petitioner should re-file the Petition immediately upon correction of inconsistencies/completion of required documents.

c. The Petition shall be forwarded to the Regional Director who shall order the posting through the P/C/MSWDO to post the Notice of
the Petition in the locality where the child was first found. The CCA/CPA may hand-carry the order of posting to the concerned P/C/MSWDO.

d. The Notice of Petition shall be posted for information of any interested person in conspicuous areas in the city/municipality where the child was found, such as but not limited to the city/municipal hall, health center, barangay hall, police station and post office, for five (5) consecutive days upon receipt of the order.

The Notice of Petition shall be legible with 2x2 photograph of the child upon admission/abandonment in a legal size paper. The content of the notice shall have translation in local dialect to ensure that the public in the locality understands the content of the notice. For sibling group, only one Notice of Petition shall be prepared.

e. Certificate of Posting shall immediately be issued by the authority who effected the actual posting. Such certificate of posting shall be submitted to the local Social Welfare and Development Office which will transmit the same to the Regional Director, after the 5-day period of posting has been completed. Fastest means such as priority mail, fax or e-mail shall be maximized or the CCA may pick-up and hand-carry the certificate of posting to the Regional Director to ensure compliance with the prescribed period for the issuance of the certificate of posting (within the day after the period of posting).

f. Within five (5) working days from the completion of posting, the Regional Director, upon finding merit in the Petition, shall render his/her recommendation on the Petition. Within two (2) working days from the time he/she signs the recommendation, the Regional Director forward the same with original supporting documents to the DSWD-Central Office.

g. Within four (4) working days from receipt of the Regional Director’s recommendation, the Adoption Resource and Referral Office (ARRO) shall enter the Petition in the databank and review the contents of the Petition and the completeness of supporting documents, and endorse the same to the Department’s designated lawyer/Legal Service.

h. Within two (2) working days from receipt of the Petition, the Department’s designated lawyer/Legal Service shall ensure
that the Petition is sufficient in form and substance and that all requirements thereof have been complied with, and return the documents to ARRO. The ARRO shall then prepare the transmittal of the documents to the Office of the Secretary through the Undersecretary for Operations and Capacity Building Group (OCBG) for the issuance of Certification.

If the Petition is insufficient in form or substance, it shall be returned to the petitioner by the ARRO immediately without prejudice to its re-filing. For a Petition that is thus re-filed, the Notice therefor must be posted again.

However, if the inconsistencies/lacking documents may be cured without materially affecting the Petition, the dossiers will not be returned to the petitioner. Instead, the petitioner shall be required to comply with the requirements without need of having to re-file a Petition. The reckoning date shall start from the completion of required documents.

i. Within two (2) working days from the receipt of the ARRO’s recommendation, the Secretary or his/her duly authorized representative shall issue two (2) original copies of Certification.

The Certification shall have the Secretary’s seal and a control number, indicating the year of issuance. The control number shall begin with the current year and with 001 (e.g.: 2009-001). The Certification signed by the Secretary or his/her duly authorized representative shall be forwarded to the ARRO.

If the child is for local and inter-country adoption matching, the original copy of Certification shall be retained with ARRO. ARRO shall inform the concerned petitioner once the Certification is signed and sends a copy of the same through fax or e-mail for their information.

If the child is independently placed to an individual who seeks to legalize the adoption, one original copy of Certification shall be forwarded to the petitioner for the child’s placement, while the other original copy shall be maintained with the ARRO for records purposes.

j. If necessary, a certified true copy of the Certification shall be forwarded to the petitioner to be attached in filing for the issuance of a Certificate of Foundling or Certificate of Live Birth.
(delayed registration), whichever is applicable with the Local Civil Registrar of the locality where the child was found/abandoned. The cost for its filing shall be shouldered by the petitioner.

The Certificate to be issued by the Department shall be the sole basis for the issuance of a Certificate of Foundling or Certificate of Live Birth (delayed registration), whichever is applicable by the Local Civil Registrar. The child’s profile shall be attached to the Certification for the local civil registrar to determine whether to issue a Certificate of Foundling or Certificate of Live Birth (delayed registration) to the child.

k. The decision of the Secretary in declaring a child legally available for adoption shall be appealable to the Court of Appeals within five (5) working days from receipt of the decision or Certification by the petitioner, otherwise same shall become final and executory.

4.1.2. For Abandoned or Dependent Child

The following procedures shall be undertaken within three (3) months after the judgment by the court granting the involuntary commitment:

a. Filing of Petition to the DSWD Field Office, together with the original copy of the Court Order re: Termination of Parental Authority and certified true copy of other supporting documents presented in court may be done within the three (3) months, provided that no adoption matching shall take place within the said period.

b. The ARRU shall review the Petition together with other supporting documents within three (3) working days, upon receipt thereof.

c. The Regional Director shall render his/her recommendation on the Petition within two (2) working days and shall transmit the same to the ARRO within two (2) working days from the time the Regional Director signs the recommendation.

d. Upon receipt, the ARRO staff shall enter in the databank and review the documents within three (3) working days before forwarding the same to the Secretary or his/her duly authorized representative for approval and signature in the Certification.
e. ARRO shall carry out the same procedure as stated in letter i under filing of Petition for abandoned or dependent child.

4.2. Filing of Application for Voluntarily Committed/Surrendered child

The following procedures shall be undertaken within three (3) months after the signing of the DVC by the parents or legal guardian to be able to secure the Certification:

a. Filing of Application to the DSWD Field Office, together with two sets of complete supporting documents, as enumerated in Appendix C (1 set original and 1 set photocopy). Filing may be done within the three (3) months after the signing of the DVC, provided that the child has not yet been matched to PAPs.

b. The ARRU shall review and examine the Application together with other documentary requirements within three (3) working days, upon receipt thereof. The duplicate set (photocopy) of documents shall be maintained at the DSWD Field Office (FO).

If the documents submitted to support the Application for issuance of Certification such as the notarized DVC, Social Case Study Report, birth certificate, photograph upon admission to the agency and most recent photograph of the child is lacking in form and substance, same shall be returned immediately to the applicant without prejudice to its re-filing.

Publication and posting of Application for issuance of Certification is not a requirement for voluntarily committed/surrendered children.

c. If the documents submitted is sufficient in form and substance the Regional Director shall render his/her recommendation on the Application and the completeness of supporting document within two (2) working days and shall transmit the same to the ARRO within two (2) working days from the time the Regional Director signs the recommendation.

d. Upon receipt, the ARRO staff shall enter in the databank and review the sufficiency of information and completeness of documents within three (3) working days before forwarding the same to the Secretary or his/her duly authorized representative for approval and signature in the Certification.

e. ARRO shall carry out the same procedure as stated in letter i under filing of Petition for abandoned or dependent child.
Annex I: Suggested Format of a comprehensive Social Case Study Report

I. IDENTIFYING INFORMATION

**Name** - Please indicate not only the child’s first and last name but also the middle name if he/she has one as stated in the Birth Certificate. For cases of foundling, please indicate the alias or a.k.a. or given first and last name of the child.

**Sex/Age**
**Date of Birth**
**Place of Birth**

**For Foundling:**

- **Given Date of Birth**
- **Date and Age when Found**
- **Place where Found**

**Date of Admission to the Agency**
**Date of Placement to Custodian (for FA/IP)**
**Birth Status (Legitimate/Non-marital Child)**
**Category (Surrendered/Abandoned/Foundling)**
**Date Surrendered/Declared Abandoned in Court**
**Present Whereabouts (Name of Custodian/Agency and Address)**

II. SOURCES OF INFORMATION AND CIRCUMSTANCES OF REFERRAL

Indicate what are the circumstances surrounding the referral or admission of the Child to the Child Caring Agency e.g. reason for referral; where the child was referred; who was responsible for referral; when was the referral made and when was the child finally admitted).

III. BACKGROUND INFORMATION

A. THE CHILD

**Description of Child and date upon Admission**

This should cover the following in specific, accurate and actual method:

- Age, personality, habits and other significant observations about the child upon admission.
- Data on anthropometric measurements of the child.
- Description of the child’s overall appearance to indicate whether
the child was properly cared for;

- Type of clothing and hygiene (i.e. clean or unkempt). (Graphic details should not be included, especially if it is negative).
- If the child is a foundling, the child’s condition/physical appearance (without including graphic details) and behavior when found.
- Information on who named the child and the significance of the name.
- Basic information about the finder (i.e. age, occupation, civil status) and rule out if he/she is related to the child.

**Developmental History of the Child**

This should include the following:

1. **Salient information on the child’s development history prior to admission to the Child Caring Agency** (i.e. circumstances of child birth that is type of delivery, place of birth, birth weight/length, head and chest circumference, result of newborn screening, immunizations received, etc.)

   Age of gestation in weeks must be on record if the child was born in a hospital, including Ballard, APGAR score.

   If the child was with the birth mother or stayed with relatives of institutions for some period prior to the admission, information from the concerned party should be included. Did the birth mother breastfeed the child?

2. **Medical History – Previous illness and treatment/medication given to the child.**

3. For a child ages 5 years old and above, include the highlights of the psychological evaluation (i.e. result of the psychological evaluation and interventions required). Child’s progress as a result of carrying out the recommendations of the psychologist should be discussed in this section.

4. **The developmental milestones, which the child achieved** (i.e. when did the child started to hold his head up, roll over, crawl, stand, walk, etc.) since his/her admission to the center. Information on the child’s developmental achievement is important as this will help determine if the child’s development is within normal limits. There should be a baseline assessment of what the child could already do at the time of admission so that
the prospective adoptive parents would know how the child has developed.

5. Information whether the child has begun toilet training must be included. If the child is being toilet trained, information about the progress must be specified (e.g. child can tell if he/she is wet; can sit on the potty; can indicate if he/she needs to go to the comfort room).

6. Activities of the child (e.g. in the home, center or foster home).

**Current Functioning of the Child** - This should cover how the child is in terms of his development physically, mentally, emotionally, socially at the time the Child Study Report was prepared.

1. The social worker should include how the child relate to other children, caregivers, strangers, or whether or not the child has developed emotional attachment to a specific person in the child caring agency. For older children, please include how they are being prepared for adoption and his/her attitude towards it.

2. Grade/year level; academic functioning (Strongest and weakest subject); perspective of authority must be discussed in this section.

3. Socio-Emotional Aspect- How is the child’s socio-emotional development? How does he/she interact with children and adults? What makes him sad? How is he/she pacified? What kind of discipline works well for him/her? Does he/she had any behavioral concerns that the parents have to know?

4. For children who are attending to play, occupational or speech therapy, information must be included as to the progress of the child after he/she has attended such intervention/s.

**Description of the Child’s Present Environment** - This includes present environment of the child. Description of foster family/center personnel where the child came from and his/her functioning/relationship with foster family/center personnel/PAPs (for IP cases) from the time of admission/placement with the family (for IP cases) to the child’s discharge for placement.

The date when the child was placed/transferred to the present custodian/child caring agency is vital to determine how long have the child been under the care and custody of the PAPs/child caring agency.
A. THE FAMILY- This tackles the composition and pertinent background information on biological family such as

- Physical description of the family, such as physical appearance of birth mother/father, body built, height, complexion, hair, eyes, nose and disability/deformity.
- Health history (physical and mental such as hereditary/non-hereditary illness/es, medication given and prenatal history)
- Education/occupation/income and earnings
- Personality, psychological and emotional make-up of the birth parent such as:
  1. Character/trait/how he/she is as a person
  2. Hobbies, interests, talents
  3. Quality of intra-familiar relationship, family dynamic (nature of marital relationship of birth parents, birth parents relationship with their children and siblings relationship)
  4. Information on the birth parents, such as number of their siblings and their relationship with each other; how the parents met, and if they were married or not, etc. If they have medical illnesses, medication that they took and if such illnesses hinders/affects their parental capability should be specified in the report. If a parent is detained in jail, the status of the case filed should be stated.
  5. Childhood experiences of birth parents (positive/negative that may have an impact on quality of parenting assessment of mental ability and level of intelligence/personality)

If the birth mother has history of substance abuse while pregnant, indicate the frequency, duration, and amount of substance consumption.

  7. Birth parent’s attitude towards the child during the time that he was still in her care.

IV. (TERMINATION OF PARENTAL RIGHTS)

  1. Assistance rendered to the birth parents- Poverty cannot be accepted as a sole reason for surrendering the child for adoption. Therefore, case management requires that in response to circumstances influencing the decision of the parents to relinquish their parental authority, an appropriate service/s
should be provided. The reasons for the failure of these services from assisting the parents to achieve this goal should be clearly stated in the report.

2. For victims or rape, counseling services must be include goals to help the birth mother in overcoming the trauma brought by sexual abuse and regaining of security and worth. Please specify what has been the intervention to help the birth mother recover from the sexual abuse. Where is the birth mother now?

3. Efforts exerted by the social worker to place the child with his relatives should be carefully considered.

4. Date when the birth parent/s signed the Deed of Voluntary Commitment and date if was notarized. (A valid ID of the parent/s should be presented before the notary public).

5. Counseling conducted by the social worker before, during and after the signing of the DVC. Include the dates and goals of the counseling. It should not be merely focused on orientation on the meaning of the DVC. The birth parent should be helped in processing the loss, grief, and trauma associated with relinquishing the child for adoption.

6. Social worker’s effort to prevent the child to be given up for adoption.

7. The following information must also appear under this section:

   (1) That the birth parent is aware that the Deed of Voluntary Commitment shall become irrevocable three months after he/she signed the same, thus, he/she has the time to reconsider his/her decision; (2) that the content of the DVC was explained to the birth parent in the vernacular that he/she understands.

(FACTS OF ABANDONMENT)

1. Cite the circumstances of abandonment, such as WHO found the child, WHERE he/she was found, WHEN he/she was found, how old was the child when found, WHAT was the condition of the child when found, HOW the finder facilitated placing the child to an institution/agency.

2. Efforts exerted by the social worker to locate the whereabouts of the birth parent(s)/family (indicate the date of media certification, newspaper publication, blotter reports, registered mail, etc.).

3. AO 12, series of 2011 requires home visit to the birth mother (or family member’s) last known address, if possible aside from sending a registered mail, as part of the exhaustion of efforts in
locating the child’s birth family.

V. **ASSESSMENT** - Summary statement on why the child needs adoption. Facts stated here should not be discriminatory and judgmental.

- Evaluate the overall accomplishments of the child and indicate it here. No need to summarize events leading to adoption.
- Include what the child become as a result of intervention of the child caring agency.
- What are the areas in the child’s development that the prospective adoptive parents have to follow up once they assume custody over the child?

VI. **RECOMMENDATION** - Summary statement to indicate the type of family that would be suitable given the parenting needs of the child.

The assessment should provide an overview of the child’s strength and weaknesses that the prospective adoptive parents should know as their guide in relating to the child and providing the child’s needs once they assume the child’s custody.

Prepared By:

(Signature)  
(Name of Social Worker)  
(License Number and Validity Date)
The Quick Guide cover is the winning entry during the ICAB’s 20th Anniversary poster making contest with the theme “20 Years of Building Families”. The poster illustrates the importance of love, dedication, teamwork and unity in finding permanent families for children and in building families through adoption.

The poster was designed and conceptualized by the ICAB staff.