

AUXILIARY SOCIAL SERVICES TO PERSONS WITH DISABILITIES

I. OFFICE OR DIVISION

PROTECTIVE SERVICES DIVISION – COMMUNITY BASED PROGRAM

II. CLASSIFICATION

SIMPLE-COMPLEX

III. SCHEDULE OF AVAILABILITY OF SERVICE

MONDAYS TO FRIDAYS - 8:00 AM TO 5:00 PM

IV. WHO MAY AVAIL OF THE SERVICE

DSWD INTERMEDIARIES (LOCAL GOVERNMENT UNITS, NON-GOVERNMENT ORGANIZATIONS, PEOPLES’ ORGANIZATIONS, CIVIL SOCIETY ORGANIZATIONS, ACADEME) AND STAKEHOLDERS

WHAT ARE THE REQUIREMENTS	WHERE TO SECURE
<i>Provision of Assistive Device</i>	
1. MEDICAL CERTIFICATE (INDICATING THE SPECIFIC ASSISTIVE DEVICES NEEDED) (1 ORIGINAL OR CTC COPY)	ATTENDING PHYSICIAN (HOSPITAL, CLINIC, BARANGAY HEALTH)
2. BARANGAY CERTIFICATE OF INDIGENCY (1 ORIGINAL)	BARANGAY HALL
3. SOCIAL CASE STUDY REPORT/ CASE SUMMARY (1 ORIGINAL)	LOCAL SOCIAL WELFARE AND DEVELOPMENT OFFICE OR MEDICAL SOCIAL SERVICES
4. 2X2 PICTURE OR 1 WHOLE BODY PICTURE (1 COPY)	CLIENT
5. REQUEST LETTER (1 ORIGINAL)	CLIENT
*PROVISION OF THE ASSISTANCE IS STILL BASED ON THE RECORD OF AVAIMENT OF THE CLIETN AND ASSESSMENT OF SOCIAL WORKER *DOCUMENTS IS STILL SUBJECT FOR VERIFICATION AND ADDITIONAL DOCUMENTS MAY BE REQUIRED DEPENDING ON THE CASE	

V. HOW TO AVAIL OF THE SERVICE

CLIENT STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. PERSON WITH DISABILITIES OR FAMILY MEMBERS VISIT SWAD OFFICE OR FIELD OFFICE TO SUBMIT THEIR REQUIREMENTS	NONE	30 MINUTES	MARGIE D. PINTON ROMALE D. MONTECILLO

V. PROCESSING TIME

30 MINUTES

VI. FEEDBACKS AND COMPLAINTS MECHANISM

HOW TO SEND FEEDBACK	REQUESTOR TO FILL OUT THE CLIENT SATISFACTION SURVEY FORM AND EMAIL IT TO mdpinton@dswd.gov.ph
HOW FEEDBACKS ARE PROCESSED	FEEDBACK WILL BE CONSOLIDATED, TABULATED AND ANALYZED AS A BASIS FOR IMPROVEMENTS OR COMMENDATIONS.
HOW TO FILE A COMPLAINT	<p>COMPLAINTS CAN BE FILED THROUGH A LETTER ADDRESS TO THE REGIONAL DIRECTOR. MAKE SURE TO PROVIDE THE FOLLOWING INFORMATION:</p> <ul style="list-style-type: none">- NAME OF PERSON BEING COMPLAINED- INCIDENT- EVIDENCE <i>IF THERE'S ANY</i> <p>FOR INQUIRES AND FOLLOW-UPS, CLIENT MAY CONTACT THE FOLLOWING CONTACT INFO:</p> <p>TEL NO.: (032) 232-9505, (032) 233-0261, (032) 233-8785 LOCAL 17119 TELEFAX: (032) 231-2172 EMAIL: mdpinton@dswd.gov.ph</p>
HOW COMPLAINTS ARE PROCESSED	<p>COMPLAINTS RECEIVED ARE REVIEWED BY THE GRIEVANCE FOCAL. IT WILL BE RELAYED AND DISCUSSED DURING THE STAFF MEETING.</p> <p>A VALIDATION SHALL BE CONDUCTED IF NECESSARY, AS THE BASIS OF THE REPORT WHICH WILL BE SIGNED BY THE REGIONAL DIRECTOR. SUCH REPORT WILL BE SENT TO THE COMPLAINANT WITHIN THREE (3) DAYS UPON RECEIPT OF THE COMPLAINT VIA EMAIL OR SNAIL MAIL WHICHEVER IS APPLICABLE.</p> <p>FOR INQUIRES AND FOLLOW-UPS, CLIENT MAY CONTACT THE FOLLOWING CONTACT INFO:</p> <p>TEL NO.: (032) 232-9505, (032) 233-0261, (032) 233-8785 LOCAL 17119 TELEFAX: (032) 231-2172 Email: mdpinton@dswd.gov.ph</p>
CONTACT INFORMATION OF CCB, PCC, ARTA	<p>ARTA: complaints@arta.gov.ph 8478-5093/ 8478-5099</p> <p>PACe: pace@op.gov.ph 8888</p> <p>CCB: SMS: 0908-881-6565 Email: email@contactcenterbayan.gov.ph WEB: https://contactcenterngbayan.gov.ph FACEBOOK: https://facebook.com/civilservicegovph CALL: 165 65 (P5+VAT PER CALL ANYWHERE IN THE PHILIPPINES VIA PLDT LANDLINES)</p>