



## 3. AUXILIARY SOCIAL SERVICES TO PERSONS WITH DISABILITIES

In support of the RA 7277 or the Magna Carta for Persons with Disabilities, the Department of Social Welfare and Development Office Field Office provides for auxiliary services for the sector. The provision of assistive devices is dedicated for the physical restoration of persons with disabilities to ensure their self and social enhancement. This also aims to promote their capability to attain a more meaningful, productive and satisfying way of life and for persons with disabilities to become self-reliant and contributing members of the society.

| Office or Division: Protective Services Division       |  |                                  |  |  |  |
|--|--|----------------------------------|--|--|--|
| Classification:  | Simple/Complex                               |                                  |  |  |  |
| Type of Transaction:                                   | G2C-Government to Citizen                    |                                  |  |  |  |
| Who May Avail:   | Persons with Disabilities who are in need of |                                  |  |  |  |
|  | assistive devices                            |                                  |  |  |  |
| FOR ASSISTIVE DEVICES                                  |  |                                  |  |  |  |
| CHECKLIST OF REQUIREM                                  | WHERE TO SECURE                              |                                  |  |  |  |
| Medical certificate (indicating the sp                 | ecific                                       | Attending physician (hospital    |  |  |  |
| assistive device needed)                               | clinic, barangay health worker)              |                                  |  |  |  |
| Barangay certificate of indigency                      |  | Barangay hall                    |  |  |  |
| Social case study report                               |  | Local Government Unit of Medical |  |  |  |
|  |  | Social Service                   |  |  |  |
| 2x2 picture or 1 whole body picture of the beneficiary |  | Client                           |  |  |  |
| Request letter   |  | Client                           |  |  |  |
|  | DICAL ASSIS                                  | TANCE                            |  |  |  |
| CHECKLIST OF REQUIREM                                  | IENTS  | WHERE TO SECURE                  |  |  |  |
| Medical certificate/abstract                           |  | Attending physician (hospital    |  |  |  |
|  |  | clinic, barangay health worker)  |  |  |  |
| Billing statement/prescription                         |  | Attending physician (hospital    |  |  |  |
|  |  | clinic, barangay health worker)  |  |  |  |
| One (1) valid ID                                       |  | Client                           |  |  |  |
| Barangay certificate of indigency                      |  | Barangay                         |  |  |  |
| Social case study report                               |  | Local government unit/medical    |  |  |  |
|  |  | social service                   |  |  |  |
|  | ATIONAL AS                                   |                                  |  |  |  |
| CHECKLIST OF REQUIREM                                  | IENTS  | WHERE TO SECURE                  |  |  |  |
| Certificate of enrollment                              |  | School                           |  |  |  |
| Valid school ID  |  | Client/school                    |  |  |  |
| Barangay certificate of indigency                      |  | Barangay                         |  |  |  |
| Social case study report                               | UDIAL ACCIO                                  | Local government unit            |  |  |  |
| FOR BURIAL ASSISTANCE                                  |  |                                  |  |  |  |
| CHECKLIST OF REQUIREMENTS                              |  | WHERE TO SECURE Funeral service  |  |  |  |
| Funeral contract                                       |  | Client                           |  |  |  |
| Valid identification card                              |  |                                  |  |  |  |
| Barangay certificate of indigency                      |  | Barangay                         |  |  |  |
| Social case study report                               | LIHOOD ASS                                   | Local government unit            |  |  |  |
| CHECKLIST OF REQUIREM                                  |  | WHERE TO SECURE                  |  |  |  |
| Project proposal                                       | ILMIO  | SLP/PWD Focal person             |  |  |  |
| Barangay certificate of indigency                      |  | Barangay                         |  |  |  |
| Social case study report                               |  | Local government unit            |  |  |  |
| Coolai case stady report                               |  | Local government unit            |  |  |  |





|  | as poor in (HH) Listahanan DSWD Field Office  |                    |                     |   |  |  |
|--|---|--------------------|---------------------|---|--|--|
| Persons with disabilit                                     | FFF   |                    |                     |   |  |  |
| CLIENT STEPS   | AGENCY ACTIONS  | S TO<br>BE<br>PAID | PROCESSIN<br>G TIME | PERSON<br>RESPONSIBL<br>E   |  |  |
| Persons with disabilities or family member seek assistance | For walk in clients, social worker/PWD focal person to conduct a brief interview and assessment on the needs of the persons with disabilities. General intake sheet is prepared by the social worker/focal person.  After interview and | Non<br>e           | 5 minutes 5 minutes | MORIAH P. TAMBURA SWO II/Persons with Disabilities Focal Person                         |  |  |
|  | assessment, the social worker/focal person together with the client, decide the services to be provided.  |                    |                     | MORIAH P. TAMBURA SWO II/Persons with Disabilities                                      |  |  |
|  | If for AICS (medical, educational, burial assistance), social worker/focal person will endorse client to CIS or SWADT.  |                    | 1 minute            | MORIAH P. TAMBURA SWO II/Persons  |  |  |
|  | If for livelihood assistance, social worker/focal person will endorse client to SLP.  |                    | 1 minute            | with Disabilities Focal Person  MORIAH P.   |  |  |
|  | If for assistive devices, the social worker/focal person provides a list of documentary requirements.   |                    | 2 minutes           | TAMBURA SWO II/Persons with Disabilities Focal Person  MORIAH P. TAMBURA SWO II/Persons |  |  |
| 2. Client  | Social worker/focal   | None               | 5 minutes           | with Disabilities Focal Person MORIAH P.  |  |  |
| submits the documentary requirements                       | person will screen the documents for authenticity.  | 140116             | o minutos           | TAMBURA SWO II/Persons  |  |  |





|                                   |  | 1    | T                                     | 1.1  |
|-----------------------------------|--|------|---------------------------------------|--|
|                                   | If incomplete, social worker/focal person will explain the need to complete the documents.  If complete, social worker/focal person  |      | 5 minutes 20 minutes                  | with Disabilities Focal Person  MORIAH P. TAMBURA SWO II/Persons with Disabilities |
|                                   | will prepare the Requisition and Issue Slip (RIS)  For devices such as wheelchairs, crutches, walker, canes, social worker/focal person  |      | 20 minutes                            | Focal Person  MORIAH P. TAMBURA SWO II/Persons with Disabilities                   |
|                                   | will prepare gate pass.  For devices such as hearing aid and prosthesis, social worker/focal person to process the disbursement of the assistance to service   |      | 3-5 working days                      | Focal Person  MORIAH P. TAMBURA SWO II/Persons with Disabilities Focal Person      |
|                                   | provider. Social worker/focal person to attach general intake sheet, certificate of eligibility and the documents for approval by the PSU/CBU/CBSS/Divisi on Chief and Budget Officer.                         |      |                                       | MORIAH P. TAMBURA SWO II/Persons with Disabilities Focal Person                    |
| 3. Client to claim the assistance | For wheelchairs, crutches, walker and canes, social worker/focal person to release the approved gate pass or RIS. Social worker to prepare the distribution sheet to be signed by the receiving person/client. | None | 5 minutes                             | MORIAH P. TAMBURA SWO II/Persons with Disabilities Focal Person                    |
|                                   | For hearing aid and prosthesis, social worker/focal person to inform service provider upon approval. Client to be provided with claim stub for claim of  |      | 5-7 working<br>days upon<br>approval. | MORIAH P.<br>TAMBURA<br>SWO<br>II/Persons  |





| the device from the service provider. |  | with Disabilities Focal Person |
|---------------------------------------|--|--------------------------------|
| TOTAL:                                | For wheelchair crutches, single canes = 1 hour minutes | e canes, quad                  |
|                                       | For hearing aid prosthesis = 3-                        |                                |

| В.  |  |  |        |           |                     |  |
|---|--|--|--------|-----------|---------------------|--|
| Office or Division:   | F  | Protective Services Division   |        |           |                     |  |
| Classification:   | 3  | Simple/Complex   |        |           |                     |  |
| Type of Transaction:  |  | G2G-Government to Government/NGOs  |        |           | nt/NGOs             |  |
| Who May Avail:  | F  | Persons  | s with | h D       | isabilities who are | e in need of assistive   |
|   | (  | devices  |        |           |                     |  |
| FOR G   | ROUP AF  | PPLICA   | OITA   | N F       | OR ASSISTIVE I      | DEVICES  |
| CHECKLIST OF REQUIREMENTS WHERE TO SECURE   |  |  |        | TO SECURE |                     |  |
| Medical certificate (indi-  |  | specific   | C /    | Atte      | ending physician (  | (hospital clinic, barangay   |
| assistive device needed   | /  |  | l      | hea       | alth worker)        |  |
| Barangay certificate of   | indigency  |  |        |           | rangay hall         |  |
| Social case study repor   | t  |  |        |           |                     | nit of Medical Social  |
|   |  |  |        |           | rvice               |  |
| 2x2 picture or 1 whole b  | oody pictu   | re of the  | e (    | Clie      | ent                 |  |
| beneficiary   |  |  |        |           |                     |  |
| Request letter  |  |  |        | Clie      | ent                 |  |
|   | A O EN   |  | FEE    |           |                     | DEDGOV   |
| CLIENT STEPS  | AGEN   |  | TO     |           | PROCESSING          | PERSON   |
|   | ACTIO  | NS   | BE     |           | TIME                | RESPONSIBLE  |
| 4 1011-/120   |  |  | PAI    | U         |                     |  |
| 7 1 (*!!o/N!/*/*)o  | Casial   |  | Nlan   |           | 2 haura             | MODIALID TAMBLIDA  |
| 1. LGUs/NGOs  | Social   | nool .   | Non    |           | 2 hours             | MORIAH P. TAMBURA  |
| submit list of  | worker/fc  |  | Non    |           | 2 hours             | SWO II/Persons with  |
| submit list of persons with   | worker/fo  | o  | Non    |           | 2 hours             |  |
| submit list of<br>persons with<br>disabilities in   | worker/fo<br>person to<br>screen a   | nd   | Non    |           | 2 hours             | SWO II/Persons with  |
| submit list of<br>persons with<br>disabilities in<br>need of assistive                          | worker/fo<br>person to<br>screen an<br>review th   | nd<br>ne   | Non    |           | 2 hours             | SWO II/Persons with  |
| submit list of persons with disabilities in need of assistive devices together                  | worker/for<br>person to<br>screen and<br>review the<br>submitted   | nd<br>ne<br>d  | Non    |           | 2 hours             | SWO II/Persons with  |
| submit list of persons with disabilities in need of assistive devices together with             | worker/for<br>person to<br>screen and<br>review the<br>submitted<br>documen  | nd<br>ne<br>d  | Non    |           | 2 hours             | SWO II/Persons with  |
| submit list of persons with disabilities in need of assistive devices together with documentary | worker/for<br>person to<br>screen and<br>review the<br>submitted<br>document<br>for  | nd<br>ne<br>d<br>nts   | Non    |           | 2 hours             | SWO II/Persons with<br>Disabilities Focal Person                                     |
| submit list of persons with disabilities in need of assistive devices together with             | worker/for<br>person to<br>screen and<br>review the<br>submitted<br>documen  | nd<br>ne<br>d<br>nts   | Non    |           | 2 hours             | SWO II/Persons with Disabilities Focal Person  MORIAH P. TAMBURA                     |
| submit list of persons with disabilities in need of assistive devices together with documentary | worker/for<br>person to<br>screen and<br>review the<br>submitted<br>document<br>for<br>authentic   | ond<br>ne<br>d<br>nts<br>city.   | Non    |           | 2 hours 5 minutes   | SWO II/Persons with Disabilities Focal Person  MORIAH P. TAMBURA SWO II/Persons with |
| submit list of persons with disabilities in need of assistive devices together with documentary | worker/for<br>person to<br>screen and<br>review the<br>submitted<br>document<br>for  | ond<br>ne<br>d<br>nts<br>city.   | Non    |           |                     | SWO II/Persons with Disabilities Focal Person  MORIAH P. TAMBURA                     |
| submit list of persons with disabilities in need of assistive devices together with documentary | worker/for person to screen as review the submitted document for authentic lf incomp   | ond<br>ne<br>d<br>onts<br>city.  | Non    |           |                     | SWO II/Persons with Disabilities Focal Person  MORIAH P. TAMBURA SWO II/Persons with |
| submit list of persons with disabilities in need of assistive devices together with documentary | worker/for person to screen as review the submitted document for authentic lf incomples ocial  | ond<br>ne<br>d<br>nts<br>city.   | Non    |           |                     | SWO II/Persons with Disabilities Focal Person  MORIAH P. TAMBURA SWO II/Persons with |
| submit list of persons with disabilities in need of assistive devices together with documentary | worker/for person to screen and review the submitted document for authentic lf incompacial worker/for  | nd ne d nts city. blete, cal   | Non    |           |                     | SWO II/Persons with Disabilities Focal Person  MORIAH P. TAMBURA SWO II/Persons with |
| submit list of persons with disabilities in need of assistive devices together with documentary | worker/for<br>person to<br>screen and<br>review the<br>submitted<br>document<br>for<br>authentical<br>If incomp<br>social<br>worker/for<br>person we<br>explain to<br>referring  | ond<br>ne<br>d<br>nts<br>city.<br>olete,<br>ocal<br>vill<br>o the<br>party | Non    |           |                     | SWO II/Persons with Disabilities Focal Person  MORIAH P. TAMBURA SWO II/Persons with |
| submit list of persons with disabilities in need of assistive devices together with documentary | worker/for person to screen and review the submitted document for authentical functional worker/for person we explain to serious to serious the | ond<br>ne<br>d<br>nts<br>city.<br>olete,<br>ocal<br>vill<br>o the<br>party | Non    |           |                     | SWO II/Persons with Disabilities Focal Person  MORIAH P. TAMBURA SWO II/Persons with |
| submit list of persons with disabilities in need of assistive devices together with documentary | worker/for person to screen and review the submitted document for authentical functional worker/for person we explain to referring the need complete   | ond ne d nts city.  ocal vill o the party to e the                         | Non    |           |                     | SWO II/Persons with Disabilities Focal Person  MORIAH P. TAMBURA SWO II/Persons with |
| submit list of persons with disabilities in need of assistive devices together with documentary | worker/for person to screen and review the submitted document for authentical lift incompanies ocial worker/for person we explain to referring the need  | ond ne d nts city.  ocal vill o the party to e the                         | Non    |           |                     | SWO II/Persons with Disabilities Focal Person  MORIAH P. TAMBURA SWO II/Persons with |





|   | If complete, social worker/focal person will review the documents submitted.  After screening, the social worker/focal person will prepare the voucher and |  | 5 minutes 20 minutes  | SWO II/Persons with Disabilities Focal Person  MORIAH P. TAMBURA SWO II/Persons with Disabilities Focal Person |
|---|--|--|---|--|
|   | ORS for approval.  The check is prepared for advise an signature of cashier and Regional Director.   |  | 1-2 working days  | MA. GENETTE<br>MARBAN<br>Cashier   |
| 2. Coordination with LGUs/NGOs on the release of the assistance | Coordination<br>on the<br>release of the<br>assistance to<br>the<br>concerned<br>referring<br>agency or<br>group.  | None   | 10 minutes  | MORIAH P. TAMBURA SWO II/Persons with Disabilities Focal Person  |
| 3. LGU/NGO to receive the assistance                            | The release of the assistance will be done through check payable to service provider.  | None   | Depending on<br>the availability<br>of the assistive<br>devices | MORIAH P. TAMBURA SWO II/Persons with Disabilities Focal Person  |
| TOTAL:  |  | 1-2 working days and 40 minutes (Depending on the availability of the assistive devices) |   |  |





| FEED                       | DBACK AND COMPLAINTS MECHANISM  |  |  |  |
|----------------------------|---|--|--|--|
| How to send a feedback     | Client Satisfaction Survey/Feedback   |  |  |  |
| How feedback is processed  | Consolidated every month and forwarded to concerned section if any.   |  |  |  |
| How to file a complaint    | Thru 8888 or Client Satisfactory Survey/Feedback  |  |  |  |
| How complaint is processed | Complaints are processed and acted upon 24 hours upon receipt.  |  |  |  |
| Contact Information        | ARTA: complaints@arta.gov.ph PCC: 8888  CONTACT CENTER NG BAYAN: SMS : 0908 881 6565 Call : 165 56         P 5.00 + VAT per call anywhere in the         Philippines via PLDT landlines Email : email@contactcenterngbayan.gov.ph Facebook : https://facebook.com/civilservicegovph/ Web : https://contactcenterngbayan.gov.ph/ |  |  |  |