

**PERSONS WITH DISABILITY AFFAIRS OFFICE**

CITIZEN’S CHARTER

2020 (1st Edition)

1. **APPLICATION FOR MEMBERSHIP OF PERSON WITH DISABILITY**

**Description of the Service:** This Service facilitates the application for membership of person with disability.

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| **Office or Division:** | **PERSONS WITH DISABILITY AFFAIRS OFFICE (PDAO)** | | | | | | |
| **Classification:** | Simple | | | | | | |
| **Type of Transaction:** | G2C | | | | | | |
| **Who may avail:** | Person with Disability | | | | | | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** | | | | | |
| >**Barangay Certificate**  **>Medical Certificate/Certificate**  **of Disability**   * **Any Valid I.D./Birth Certificate** * **1X1 Picture (2 pcs)** | | Barangay Hall  Doctor/Physician(CHO/Medical Hospital)  Client | | | | | |
| **CLIENT STEPS** | **AGENCY ACTIONS** | **FEES TO BE PAID** | | **PROCESSING TIME** | | **PERSON RESPONSIBLE** | |
| * Inquire for Physical Therapy session. | Interview and assess patient/client as to their Physical Health condition.  PT Assistant will keep record of the patient’s health background and other documents.  Conduct the  Therapeutic Exercise session  Recommend patient to come back for further PT sessions and re-evaluation as to his/her functional development. | **None** | **5-10**  **Minutes**  **1-2 Hours** | | **Peter Paul B. Ratilla**  Physical Therapist  **Netton B. Valiente**  **Marjon B. Jotojot**  PT Assistant  under the direct supervision of  Peter Paul B. Ratilla | |

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| **FEEDBACK AND COMPLAINTS MECHANISM** | | | |
| How to send feedback | |  | |
| How feedbacks are processed | |  | |
| How to file a complaint | |  | |
| How complaints are processed | |  | |
| Contact Information of CCB | | CSC – Contact Center ng Bayan – 0908-8816-565 | |
| PCC | | Presidential Complaints Center - 8888 | |
| ARTA | | Anti-Red Tape Authority – 478-5093 | |