

# **PERSONS WITH DISABILITY AFFAIRS OFFICE (PDAO) EXTERNAL SERVICE**

## 1. APPLICATION OF PERSONS WITH DISABILITY (PWD) IDENTIFICATION CARDS AND PURCHASE BOOKLETS

The office in compliance with the Republic Act 7277 (Magna Carta for Disabled Persons) is mandated to provide assistance to persons with disabilities in the City of Imus. And to maintain and regularly update the list of PWDs and issue individual PWD identification cards and purchase booklets;

<b>OFFICE OR DIVISION</b>	Persons with Disability Affairs Office (PDAO)
<b>CLASSIFICATION</b>	Simple
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizens
<b>WHO MAY AVAIL THE SERVICE</b>	<p>All Qualified and Registered Persons with Disability who are Residents of the City of Imus. The specified beneficiaries are as follows: The Department of Health updated and issued Administrative Order No. 2013-0005 entitled "National Policy on the Unified Registry Systems of the Department of Health." The revised Philippine Registry for PWDs Version 4 now enumerated the following types of disability:</p> <ul style="list-style-type: none"> <li>• <b>Deaf or Hard of Hearing</b> – refers to people with hearing loss, implies little or no hearing/ranging from mild to severe hearing loss, also known as hearing impairment means the complete or partial loss of the ability to hear from one or both ears with 26dB or greater threshold, averaged at frequencies '0.5, 1, 2, 4 kilohertz;</li> <li>• <b>Intellectual Disability</b> – a significantly reduced ability to understand new or complex information and to learn and apply new skills.</li> <li>• <b>Learning Disability</b> – persons who, although normal in sensory, emotional, and intellectual abilities, exhibit disorders in perception, listening, thinking, writing, spelling and arithmetic.</li> <li>• <b>Mental Disability</b> – disability resulting from organic brain syndrome and or mental illness (psychotic or non-psychotic disorders);</li> <li>• <b>Physical Disability</b> – is a restriction of ability due to too any physical impairments that affect a person's mobility, function, endurance, or stamina to sustained prolong physical ability, dexterity to perform tasks skillfully, and quality of life. Causes may be hereditary or acquired from trauma, infection, surgical or medical condition, and include the following disorders, namely: 1) Musculoskeletal or orthopedic disorders (2) Neurological disorders (3) cardiopulmonary diseases (4) Pediatric and congenital disorders.</li> <li>• <b>Psychosocial Disability</b> – any acquired behavioral, cognitive, emotional, or social impairment that limits one or more activities necessary to effective interpersonal transactions and other civilizing processes or activities to daily living such as but not limited to deviancy or anti-social behavior.</li> <li>• <b>Speech and Language Impairment</b> – one or more speech/language disorders of voice, articulation, rhythm, and/or the receptive and expressive processes of language;</li> <li>• <b>Visual Disability</b> – a person with a visual disability (impairment) is one who has impairment of visual functioning even after treatment and. or standard refractive correction and has visual acuity in the better eye of less than 6/18 for low vision and 3/60 for the blind, or a visual field of fewer than 10 degrees from the point of fixation. A certain level of visual impairment is defined as legal blindness. One is legally blind when your best-corrected central visual acuity in your better eye is 6/50 or worse or your side vision is,20 degrees or less in the better eye;</li> </ul>

- **Cancer (RA 11515)** refers to the genetic term for a large group of diseases that can affect any part of the body. Other terms used are malignant tumors and neoplasms. One defining feature of cancer is the rapid creation of abnormal cells that grow beyond their usual boundaries, and which then invade adjoining parts of the body and spread to other organs;
- **Rare Disease (RA 10747)** refers to disorders such as inherited metabolic disorders and other diseases with similar rare occurrences as recognized by the DOH upon recommendation of the NIH but excluding catastrophic (i.e. life-threatening, seriously debilitating, or serious and chronic) forms of more frequently occurring diseases.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<b>For Application of NEW PWD Identification Card</b>	
Duly accomplished Application Form	PDAO
Two (2) pcs. 1x1 ID picture	Client
Recent Certificate of Disability (indicating the disability due to illness)	Registered Doctor ( <b>SPECIALIZED</b> in the disability) / PDAO Officer / City Health Officer – Imus/ ANY GOVERNMENT PHYSICIAN (for <i>APPARENT DISABILITY ONLY</i> ) REQUIRED: ANY GOVERNMENT PHYSICIAN (for <i>NON-APPARENT DISABILITY</i> )
ONE VALID GOVERNMENT ISSUED ID (with IMUS Address)	Client
Blood Type (optional)	Client
Affidavit of Guardianship if the contact person or guardian is not an immediate family of patient	Client
<b>For RENEWAL of PWD Identification Card</b>	
Duly accomplished Application Form	PDAO
Two (2) pcs. 1x1 ID picture	Client
Updated Certificate of Disability (indicating the disability due to illness)	Registered Doctor ( <b>SPECIALIZED</b> in the disability) / PDAO Officer / City Health Officer – Imus/ ANY GOVERNMENT PHYSICIAN (for <i>APPARENT DISABILITY ONLY</i> ) REQUIRED: ANY GOVERNMENT PHYSICIAN (for <i>NON-APPARENT DISABILITY</i> )
ONE VALID GOVERNMENT ISSUED ID (with IMUS Address)	Client
Blood Type (optional)	Client
<b>For Replacement of LOST PWD Identification Card</b>	
Duly accomplished Application Form	PDAO
Two (2) pcs. 1x1 ID picture	Client
Notarized Affidavit of Loss	Notary Public
ONE VALID GOVERNMENT ISSUED ID (with IMUS Address)	Client
<b>For Replacement of DAMAGED PWD Identification Card</b>	
Duly accomplished Application Form	PDAO

Two (2) pcs. 1x1 ID picture		Client		
Notarized Affidavit of Mutilation		Notary Public		
ONE VALID GOVERNMENT ISSUED ID (with IMUS Address)		Client		
<b>For Correction of Discrepancy on PWD Identification Card</b>				
Duly accomplished Application Form		PDAO		
Two (2) pcs. 1x1 ID picture		Client		
Notarized Affidavit of Discrepancy		Notary Public		
ONE VALID GOVERNMENT ISSUED ID (with IMUS Address)		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the requirements	1.1 Verify and approve the submitted requirements.	None	2 minutes	Mary Ann S. Saniel; Richard A. Camama
	1.2 Encoding of client information to PRPWD.	None	3 minutes	Jacquelyn C. Silla; Mary Ann S. Saniel
	1.3 Process the request	None	6 minutes	Joerella L. Castillo; Marian Nicole C. Delizo; Jacquelyn C. Silla
2. Receive the PWD ID and booklet	2.1 Brief orientation on the use of PWD ID	None	1 minute	Joerella L. Castillo; Marian Nicole C. Delizo; Jacquelyn C. Silla
	2.2 Release the PWD ID with PWD Booklet	None	1 minute	Joerella L. Castillo; Marian Nicole C. Delizo; Jacquelyn C. Silla
Fill-out Client Satisfaction Rating Form				
<b>TOTAL</b>		<b>None</b>	<b>13 minutes</b>	

## 2. APPLICATION FOR FINANCIAL ASSISTANCES

The office in compliance with the Republic Act 7277 (Magna Carta for Disabled Persons) is mandated to provide assistance to the persons with disabilities in the City of Imus. And design and implement yearly work programs and projects in accordance with R.A. 7277 (Magna Carta for Disabled Persons), Batas Pambansa 344 (Accessibility Law) and the UN Convention on the Rights of PWDs (UNCRPD); Advocate for equal opportunity and accessibility of PWDs the programs for education, employment, health, socio-cultural and sports development;

<b>OFFICE OR DIVISION</b>	<b>Persons with Disability Affairs Office (PDAO)</b>	
<b>CLASSIFICATION</b>	Complex	
<b>TYPE OF TRANSACTION</b>	G2C - Government to Citizens	
<b>WHO MAY AVAIL THE SERVICE</b>	All Qualified and Registered Persons with Disability that are residents in the City Of Imus	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
<b>For Medical Assistance</b>		
<b>Original</b> and fully filled up <b>Barangay Indigency</b> of claimant (purpose of <b>FINANCIAL ASSISTANCE</b> )	Clients Respective Punong Barangay's Office	
<b>Original COMELEC Certificate</b> under the name of the claimant	COMELEC Office in the City of Imus	
Photocopy of claimant's ID (Back-to-back)	Client	
Photocopy of PWD ID (Back-to-back)	Client	
Original or Certified True Copy of the Medical Certificate/Clinical Abstract of the PWD (with License Number of the Doctor) <ul style="list-style-type: none"> <li>o With medical prescription (Photocopy)<b>or</b></li> <li>o With Laboratory tests/procedure requests (Photocopy)<b>or</b></li> <li>o With Treatment Protocol for chemotherapy and hemodialysis (Photocopy)<b>or</b></li> <li>o With tentative Hospital Bill</li> </ul>	Registered Doctor (specialized in the disability / City Health Officer - Imus	
<b>For Educational Assistance (upon announcement):</b>		
<b>Original</b> School Certificate of Enrollment	Respective Schools where the PWD is enrolled	
<b>Barangay Indigency</b> , under the name of the claimant purpose of <b>FINANCIAL ASSISTANCE</b>	Clients Respective Punong Barangay's Office	
<b>Original COMELEC Certificate</b> under the name of the claimant	COMELEC Office in the City of Imus	
Photocopy of claimant's ID (Back-to-back)	Client	
Photocopy of PWD ID (Back-to-back)	Client	
<b>For Mobility/Wheelchair Assistance</b>		
<b>Whole Body Picture</b> of the PWD beneficiary, in any size, where the apparent disability is recognizable	Client	

<b>Barangay Indigency</b> , under the name of the claimant purpose of <b>WHEELCHAIR ASSISTANCE</b>		Clients Respective Barangay Captain's Office		
<b>Original COMELEC Certificate</b> under the name of the claimant		COMELEC Office in the City of Imus		
Photocopy of claimant's ID		Client		
Photocopy of PWD ID		Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit the requirements with filled out PDAO Assistance Assessment form	1.1 Review, Interview, Received and Checked the requirements	None	3 minutes	Mariane Nicole C. Delizo Joerella C. Castillo
	1.2 Assess and Approve the requirements	None	2 minutes	Mary Ann S. Saniel Richard A. Camama
	1.3 Assessment and E-Registration of the social worker from the Office of the Aksyon Center and Prepare Transaction Slip.	None	5 minutes	Social Worker from the office of Aksyon Center
2. Proceed to process of Disbursement Voucher	2. Verify account and let the client sign to Intake Sheet	None	5 days	Joerella C. Castillo
3. Proceed to Treasury Department for the release and claim of cash assistance	3. Release financial assistance.	None	1 minute	City Treasurer's Office
Fill-out Client Satisfaction Rating Form				
<b>TOTAL</b>		<b>None</b>	<b>5 days, 11 minutes</b>	

## FEEDBACK AND REDRESS MECHANISM

❖ Please let us know how we have served you by accomplishing our Feedback Form and drop it in the suggestion box provided.

**You can reach us at:** cityofimuspdo@gmail.com; (046) 888 9910; (046) 888 9912 loc. 138

**Contact Person:** **Ms. Maria Fides B. Escalada**  
Officer In Charge

**Location:** Persons with Disability Affairs Office is located at the Upper Ground Level of the City of Imus Government Center, Malagasang I-G, City of Imus, Cavite

**Office Hours:** **8:00 A.M. to 5:00 P.M. Mondays to Fridays (No Noon Break)**