

External Services



2. Request for Issuance of Assistive Device

The office issues donated medical and assistive devices to all persons with disabilities who need such equipment

Office or Division:	Persons with Disabilities Affairs Office			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	1. Bonafide person with disabilities in General Santos City 2. Authorized representative of persons with disabilities in General Santos City			
CHECKLIST OF REQUIREMENT/S		WHERE TO SECURE		
1. Persons with Disability ID Card(not expired)-1 photocopy 2. Authorization Letter for representative - 1 copy 3. Client's whole body picture (if represented) that shows his/her disability and holding the current calendar- 1 colored printed copy 4. Doctor's prescription		1. Persons with Disabilities Affairs Office 2. Provided by applicant 3. Provided by applicant 4. City Health Office or Licensed Physician		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client or his/her authorized representative requests for medical and assistive device	1. Requests for persons with disabilities Identification Card and its photocopy	None	1 minute	<i>Administrative Aide II, Receiving Area, PWD Center.</i>
2. Client presents persons with disabilities Identification Card and submits its photocopy to PDAO. Picture of the client must be presented by the representative	2. Collects and assess the requirements submitted by the client/representative	None	2 minutes	<i>Administrative II, Receiving Area, PWD Center.</i>
	3. Records client's request with the necessary details and required documents	None	5 minutes	<i>Administrative Aide II, Receiving Area, PWD Center</i>
4. Client/authorized representative accepts the medical/assistive device	4. Endorses medical/assistive device to the client/authorized representative	None	2 minutes	<i>Administrative Aide II, and Donor (if donated-optional) at the PWD Center or designated venues of events</i>
	5. Takes photographs (if recipient is immobile, asks for his/her photograph using the donated device)	None	1 minute	<i>Administrative Aide II, Receiving Area, PWD Center</i>
5. Signs logbook for the receipt of the medical/assistive devices	6. Hands record of medical/assistive device beneficiaries to client for his/her signature	None	1 minute	<i>Administrative Aide II Receiving Area, PWD Center</i>

	TOTAL	None	12 minutes/ transaction	
END OF TRANSACTION				