



QC KABAHAGI CENTER FOR CHILDREN WITH DISABILITIES

CITIZENS CHARTER

2022 (1ST Edition)

Mandate

- a. U.N. Convention on the Rights of the Child, An international instrument that recognizes the full rights of children ratified by the Philippine Government in July 1990 which recognizes and upholds the inherent dignity and harmonious development of every child including developing and undertaking actions and policies that would protect and ensure that the rights of children to survival, development, protection and participation are respected.
- b. Section 11, Article 13, of the 1987 Philippine Constitution, declares that the “State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and social services available to all people at affordable cost including the persons with disabilities”.
- c. R.A. 7277 (1992). otherwise known as the “Magna Carta for Disabled Persons”, and amended with RA 9442 (2006), guarantees that persons with disabilities enjoy the same rights as any other citizen of the country by mandating relevant departments and agencies to meet the right based needs of people with disabilities through non-discriminating policies, programs, projects, and special benefits.
- d. R.A. 7160, known as the Local Government Code of 1991, mandates all local government agencies to provide social welfare services to uplift the plight of persons with disabilities.
- e. The Child and Youth Welfare Code (PD 603) Article 3, Section 10 states that every child has the right to the care, assistance, and protection of the State, particularly when his parents or guardians fail or are unable to provide him with his fundamental needs for growth, development and improvement
- f. The National policy on CBR, Section 1. Presidential Executive Order no. 437, states to adopt the Community Based Rehabilitation (CBR) program in delivering services to their constituents with disabilities and to allocate funds to support the program.
- g. Section 6 (8) of Ordinance No. SP-1915, S-2009 or the “Special Children’s Ordinance of Quezon City” states that the City shall provide easy access to educational and rehabilitation services to special children and their families
- h. Section 17 of Ordinance No. SP-2180, S-2012 or the “Quezon City Children’s Code of 2012” states that the Quezon City Government shall provide an integrated health service for children with disabilities which shall include early detection of disability and timely intervention
- i. Quezon City ordinance No. SP-2617, S-2017, entitled, “An Ordinance Institutionalizing A Comprehensive Program for Children with Disabilities”. Thereby Establishing A Center and Providing Funds Thereof and for other Purposes. With the objective of Strengthening the City’s efforts for children who are disabled, impaired, handicapped, and in need of special education as well as services for rehabilitation.
- j. Ordinance No. SP-2718, S-2018, “An ordinance changing the title, organizational structure and staffing pattern of the center for children with special needs and expanding its services, amending for the purpose of ordinance no. SP-2617, S-2017.”

II. Vision

The **Quezon City Kabahagi Center for Children with Disabilities** envisions a city that is inclusive, sustainable, empowering, and participatory where Persons with Disabilities have equal access to opportunities, rights, and privileges.

III. Mission

The **Quezon City Center for CWD** recognizes the rights of all children through its commitment in improving their quality of life through community empowerment, provision of services, and creation of equal access to health, education, livelihood, and social opportunities

IV. Service Pledge

Quezon City Kabahagi Center for Children with Disability is committed to upholding the rights of children with disabilities. We shall strengthen advocacy for an inclusive society where children with disabilities may develop their full potential. We shall provide quality and prompt delivery of service specific to the disability needs of the children. We shall ensure that qualified staff is available to provide supportive services. We shall strengthen our advocacy efforts towards the development of policies and practices that are for and by the Children with Disability and their families. We are dedicated to forging partnerships with relevant stakeholders that embrace the same thrust for inclusive development.

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I. QUEZON CITY UNIFIED ID PROCESSING

QCitizen Card will provide the city government a complete and accurate database of its residents. A definite number of every sector in its population will be determined that will make the city's services be allocated to them better. Since the QCitizen ID is prerequisite to all services, QC Kabahagi Center assists Children with Disabilities and their families secure this to facilitate service delivery.

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|--|---|------------------------|---|---------------------------|
| Office or Division: | Admin Unit | | | |
| Classification: | Simple | | | |
| Type of Transaction: | G2C - Government to Citizen and G2G - Government to Government | | | |
| Who may avail: | Children with disability residents of Quezon City | | | |
| CHECKLIST OF REQUIREMENTS | | | WHERE TO SECURE | |
| Barangay clearance or any other government-issued ID | | | Barangay LGU or concerned government agency | |
| 2 pcs. 2X2 I.D. picture / Signature | | | Applicant | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| FOR NEW APPLICANT APPARENT DISABILITY (WALK-IN) 1. Fill-Up the Manual registration of QC ID Application. | 1.1. Provide the QC ID Application Form 1.2 Review submitted documents | None | 15 minutes | Admin Unit Personnel |

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| <p>2. Submit the required documents to admin staff personnel for initial evaluation</p> | <p>2.1. Forward Complete documents to evaluator</p> <p>2.2 Evaluate and verify submitted documents</p> <p>2.3 Approved documents will endorse to registration to QC ID and start processing the request</p> | | <p>30 minutes</p> | |
| <p>3. Wait to be called for the processing and approved QC ID</p> | <p>3.1. Check the information</p> <p>3.2 Issue the claim form</p> | | <p>5 minutes</p> | |

2. Persons with Disability Registration (Children with disabilities)

The PWD Registration and Issuance of PWD ID are intended to persons with disabilities who are certified residents of Quezon City. Pursuant to Republic Act No. 9442 as an amendment to Republic Act 7277, otherwise known as the Magna Carta for persons with disability.

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|---|---|------------------------|---|---------------------------|
| Office or Division: | Admin Unit | | | |
| Classification: | Complex | | | |
| Type of Transaction: | G2C - Government to Citizen G2G - Government to Government | | | |
| Who may avail: | Children with disability residents of Quezon City | | | |
| CHECKLIST OF REQUIREMENTS | | | WHERE TO SECURE | |
| Certificate of Disability | | | Qualified doctor | |
| Barangay clearance or any other government-issued ID | | | Barangay LGU or concerned government agency | |
| 2 pcs. 2X2 I.D. picture / Signature | | | Applicant | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| FOR NEW APPLICANT APPARENT DISABILITY 1. Fill-Up the Philippine Registry Form (PRPWD) and QC ID Application for PWD | 1.1. Provide the PWD (PRFPWD) Form and QC ID Application form 1.2 Review submitted documents | None | 15 minutes | Admin Unit Personnel |

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| <p>2. Wait to be called for processed and approved the application</p> <p>3. Wait to be called for processed and approved the application</p> | <p>2.1 Forward Complete documents to admin staff</p> <p>2.2 Evaluate and verify submitted documents</p> <p>2.3 Encoding to qc e-services</p> <p>3.1 Coordinated to PDAO to attach the PWD ID No.</p> <p>3.2. Check the information</p> | | <p>30 minutes</p> <p>15 minutes</p> | |
| <p>FOR RENEWAL</p> <p>1. If Renewal Present old PWD ID</p> | <p>1.1 Provide form and review submitted documents</p> <p>1.2 Endorse to admin staff</p> | <p>None</p> | <p>5 minutes</p> | <p>Admin Unit Personnel</p> |

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| <p>2. Submit the required documents to admin personnel staff</p> | <p>2.1 Verify Submitted documents</p> <p>2.2 Encoding to qc e-service</p> <p>2.3 Endorse to Approving Officer</p> | | <p>30 minutes</p> | |
| <p>3. Wait to be called for processed and approved the application</p> | <p>3.1. Check the information</p> | | <p>15 minutes</p> | |

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| <p>FOR NON-APPARENT DISABILITY</p> <p>1. Fill-up / submit PRPWD form and QC ID Application form and other requirements</p> <p>2. Wait to be called for a processed and approved application.</p> | <p>1.1 Provide the requirements and review submitted documents</p> <p>1.2. Verify Submitted documents.</p> <p>2.1 Verify submitted documents</p> <p>2.2 Encoding to qc e-services</p> <p>2.3 Endorse to Approving Officer</p> | <p>None</p> | <p>30 minutes</p> <p>30 minutes</p> | <p>Admin Unit Personnel</p> |
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3. THERAPY AND REHABILITATION SERVICES FOR CHILDREN WITH DISABILITIES

Occupational Therapy, Physical Therapy, and Speech Therapy services are provided upon referral of a Developmental Pediatrician or Rehabilitation Physician. If the child is without a diagnosis, consultation is made with the resident Developmental Pediatrician or Rehabilitation Physician for appropriate referral to rehabilitation services.

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| Office or Division: | Health Unit | | | |
| Classification: | Complex | | | |
| Type of Transaction: | G2C Government-to-citizen | | | |
| Who may avail: | Children with Disabilities residing in Quezon City | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| Referral Form or assessment of doctor within the last 6 months (1 copy) | | Referring Rehabilitation Physician or Developmental Pediatrician | | |
| Quezon City Unified ID | | Online through Information and Technology Development Dept (ITDD) or Online and Walk-in through Kabahagi Center | | |
| Barangay Indigency for Medical Assistance | | Barangay Hall | | |
| 2 x 2 Photo of Child (1 copy) | | Any establishment | | |
| QC Kabahagi Application Form | | QC Kabahagi Center for Children with Disabilities | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Attend an interview for social worker screening. | 1. Review the information in the application form 2. Determine if client is within inclusion criteria for rehabilitation services in Kabahagi or to refer to other institution | None | 30 minutes | Social Worker |

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| | 3. Provide feedback for schedule of therapy/doctor consultation or referral to another agency | | | Admin Unit Personnel |
| 2. Coordinating with the schedule of the patient for dev ped/ rehab doctor evaluation | Inform the patient about the schedule, time duration and communication with devped | none | 10 minutes | Health Unit Personnel (OT, PT, SLP) |
| 3. Developmental pediatrician / rehab medicine assessment of the patient | Assessment of the patient's skills and determining baseline developmental levels | none | 1 hour | Developmental pediatrician/ rehabilitation medicine |
| 4. Coordinating/ Scheduling of patient/ decking for therapy services | Inform the patient about the schedule, time duration and communication with assigned therapist (PT/OT/SP) | none | 10 minutes | Health Unit Personnel (OT, PT, SLP) |
| 4.1. orientation to the therapy process in the center | | | 1 hour | Health Unit Head |
| 4.2 signing conforme sheet/ informed consent | | | 3 minutes | Health Unit Head |

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| 5. PT/OT/SP Therapy Intervention Process of patients | Establish baseline level of function for patients and goal setting with parents | none | 1 hour | PT/OT/SP staff |
| 5.1 PT/OT/ SP evaluation of patients | Provide appropriate techniques and parent training and education | | | |
| 5.2 PT/OT/SP intervention of patents | Re-evaluate if outcomes and goals were met | | | |
| 5.3 PT/OT/SP Re-evaluation of patients | | | | |

4. ASSISTANCE FOR EMPLOYMENT, LIVELIHOOD, EDUCATION AND OTHER MEDICAL SERVICES

Aside from the free therapy services that are being provided, the Kabahagi Center for Children with disabilities is partnered with other Agencies/Institution/Department to give them specific services that they need through income-generating and training programs and educational assistance.

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|--|---|--|----------------------------|-------------------------------|
| Office or Division: | ADMIN/HEALTH/EDUCATION/LIVELIHOOD UNIT | | | |
| Classification: | Simple | | | |
| Type of Transaction: | G2C – Government to Citizen G2G – Government to Government | | | |
| Who may avail: | Children with Disabilities and their families who have received services in Kabahagi Center | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| Recommendation Sheet (Education and Livelihood Services) | | Social Worker from Kabahagi | | |
| Referral Sheet (Health) | | Developmental Pedia from Kabahagi Admin Unit Rehabilitation Physician from Kabahagi Health Unit | | |
| Assent Form Consent Form | | Admin Unit | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Submit the necessary documents required by the relevant office. | Receive and check the submitted documents. | None | 5 minutes | Admin Unit Personnel |
| 2. Wait for the feedback form. | Line up for the recommended services | None | 5 minutes | Admin Unit Personnel |

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| 3. Wait for the message/call from the Kabahagi Health/Education/Livelihood Personnel Unit regarding the application. | Coordinate with a partner department/agency regarding the Services to be provided. | None | 5 minutes | Admin Unit Personnel |
| 4. Attend to the indicated schedule and location of event or activity | Ensure presence of Kabahagi client, provide assistance as necessary and document event | None | 30 minutes | Admin Unit Personnel |

5. SERVICE-LEARNING AFFILIATION

Students of affiliated Higher Education Institutions are sent to QC Kabahagi Center to observe and learn about practices of their profession in the community setting.

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| Office or Division: | Admin and Health Unit | | | |
| Classification: | Highly Technical | | | |
| Type of Transaction: | Government-to-Citizen (G2C) Government-to-Government (G2G) | | | |
| Who may avail: | Trainees from Affiliated Institutions | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| Endorsement Letter | | Affiliating institution | | |
| Memorandum of Agreement | | Affiliating institution | | |
| Medical Clearance Requirements | | Medical Trainee from Affiliated Institution | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Submit Letter of Intent | 1.1. Receive submitted documents 1.2. Secure approval from Mayor's Office | None | 10 mins | Admin Unit Personnel |
| 2. Submit MOA | 2.1. Seek feedback from Legal Department of Mayor's Office 2.2 Facilitate Signing of MOA | None | 15 mins | Admin Unit Personnel |

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| 3. Submit Letter of endorsement | 3.1 Receive submitted document 3.2 Prepare clients for decking | None | 15 mins | Admin Unit Personnel |
| 4. Report for General Orientation | Facilitate general orientation and give lectures on assessment tools and | None | 20 minutes | Health Unit |
| 5. In-service training on use of forms and documentation | Instructs service learners on use of forms and documentation | None | 2 hours | PT/OT/SP supervisors |
| 6. Feedback sessions for service learners | Provides appropriate feedback regarding performance and in provision of therapy services | None | 1 hour | PT/OT/SP supervisors |
| 7. Organizing community related activities 7.1 Submit proposal for the activity 7.2 Plan and execute the community activity 7.3 Activity evaluation | Service learners organize seminars capacity building activities and psychoeducation as supervised by the staff | None | 2 hours | PT/OT/SP supervisors |

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| 8. Writing reflection papers | Service learners reflect on their experience with their clients, families, and peers | None | 4 hours | PT/OT/SP supervisors |
| 9. Submit evaluation at the end of rotation | Facilitate evaluation forms | None | 3 minutes | Health Unit |

6. ISSUANCE OF RECORDS

The developmental pediatrician/ rehabilitation medicine assessment report is issued by the doctor upon assessment. It contains the diagnosis of the child as well as the functional outcomes and recommendations. Medical certificate is issued by the center if patients request it, which can be used to avail financial assistance and for other purposes like vaccination etc. The doctor signs the certificate. Therapy progress report is given to the parent at the end of every batch. It contains the information on the interventions given and the improvements and goals that were attained to the course of therapy

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|--|---|---|----------------------------|---------------------------|
| Office or Division: | HEALTH UNIT | | | |
| Classification: | Simple | | | |
| Type of Transaction: | G2C Government-to-Citizen | | | |
| Who may avail: | Parents of Children with Disabilities | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| A. Parents: 1. Request form for Assessment, Therapy Progress Report 2. QCPWD ID of the Client | | 1. Health Unit Personnel 2. Guardian of the Client | | |
| B. Authorized Representative: 1. Authorization Letter 2. Request form for Assessment, Therapy Progress Report 3. Copy of Government issued ID of the parent/s 4. Copy of the QCPWD ID of the Client 5. Copy of Government issued ID of authorized representative | | 1. Health Unit Personnel 2. Guardian of the Client 3. Government Agencies | | |
| CLIENT STEP | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Fill out the request form and attach the other requirements | 1.1. Receive the properly filled out request form for Medical Certificate, Assessment or Therapy Progress Report. 1.2. Check the availability of | None | 5 minutes 5 minutes | Health Unit Personnel |

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| | Client files and information. 1.3 Prepare and print the requested document . 1.4. Photocopy certified true copy of the original documents | | 5 minutes 5 minutes | |
| 2. Sign the receiving copy of the requested document/s. | Release the signed and stamped requested document/s. | None | 5 minutes | Health Unit Personnel |

FEEDBACK AND COMPLAINTS MECHANISM

| FEEDBACK AND COMPLAINTS MECHANISM | |
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| How to send feedback | Clients may fill up the Customer Service Survey Form in-person found at the reception area and drop it in the designated Suggestion Box or fill up this form online through a google form. |
| How feedbacks are processed | <p>Every Friday, the assigned personnel will open the drop box and consolidate the feedback form. Feedbacks requiring response are forwarded to the Administrative Unit to specify the proper division/personnel to take appropriate action.</p> <p>For inquiries and follow-ups, clients may contact Tel. No. 87101810</p> |
| How to file a complaint | <p>Complaints can be filed through walk-in or through e- mail. Email Address: qckabahagicetnerforcwd@quezoncity.gov.ph</p> |
| How complaints are processed | <p>Receiving staff will open emails on a daily basis and forward printed copy of the complaint/s to the Office Head; upon evaluation, the Office Head will forward the complaint to the proper division/staff for appropriate action.</p> <p>The complainant shall be informed of the action through a letter which may be sent through contact information given/sent by the complainant.</p> |
| Contact Information of ARTA, PCC, CCB | <p>ARTA: complaints@arta.gov.ph 8478 5093 PCC: 8888 CCB: 0908-881-6565 (SMS)</p> |