

# GENDER AND DEVELOPMENT OFFICE



# Service Office

## SOCIAL SERVICE



#### 1. PROCESSING OF LETTER REQUEST

These are documents received by the GAD Office from different offices, barangays, community organization and individual

| Office or Division:                    | Administrative Section                 |                                |            |                        |  |
|--|--|--------------------------------|------------|------------------------|--|
| Classification:                        | Administrative                         |                                |            |                        |  |
| Type of Transaction:                   | Request                                |                                |            |                        |  |
| Who may avail:                         | Department, Office, Schools, Barangays |                                |            |                        |  |
| CHECKLIST OF REQUIREMENTS              |  | WHERE TO SECURE                |            |                        |  |
| Request letters – Trainings and others |  | Office of the Requesting Party |            |                        |  |
| Accomplishment Reports / Liquidation   |  |                                |            |                        |  |
| Memos                                  |  |                                |            |                        |  |
| Invitations                            |  |                                |            |                        |  |
| Proposals/Quotations                   |  |                                |            |                        |  |
| Budget Request                         | · · · · · · · · · · · · · · · · · · ·  |                                |            |                        |  |
| GAD Work Program                       |  |                                |            |                        |  |
| Draft Letters for Approv               | al (GAD)                               |                                |            |                        |  |
| GAD Liquidation                        | , ,                                    |                                |            |                        |  |
| •                                      |  |                                |            |                        |  |
| CLIENT STEPS                           | AGENCY                                 | FEES TO                        | PROCESSING | PERSON                 |  |
|  | ACTIONS                                | BE PAID                        | TIME       | RESPONSIBLE            |  |
| Submit request,                        | Stamp                                  | None                           | 3-5mins    | Frontline Admin        |  |
| reports,                               | Logbook                                |                                |            | Staff                  |  |
| communication letters                  | Recording                              |                                |            |                        |  |
|  | Date /Time                             |                                |            |                        |  |
|  | Series #                               |                                |            |                        |  |
| Evaluation of Request                  | Forward to the                         | None                           | 3-5mins    | Frontline Admin        |  |
|  | Program Director                       |                                |            | Staff                  |  |
| Forward to Program                     | Action and                             | None                           | 1 day      | Program Director       |  |
| Director                               | Evaluation                             |                                |            |                        |  |
| Evaluation of                          | Approval                               | None                           | 1 day      | Administrative Officer |  |
| Program Director                       | RECORD                                 |                                |            |                        |  |
|  | /RELEASE /                             |                                |            |                        |  |
|  | NOTIFY / REPLY /                       |                                |            |                        |  |
|  | CONCERNED                              |                                |            |                        |  |
|  | STAFF                                  |                                |            |                        |  |
| Evaluation of                          | Disapproval                            | None                           | 1 day      | Administrative Officer |  |
|  | Disapproval<br>RECORD                  | None                           | 1 day      | Auministrative Officer |  |
| Program Director                       | /RELEASE /                             |                                |            |                        |  |
|  | NOTIFY / REPLY                         |                                |            |                        |  |



| Evaluation of<br>Program Director | Filing<br>RECORD<br>/RELEASE /<br>NOTIFY / REPLY | None | 1 day | Administrative Officer                   |
|-----------------------------------|--|------|-------|--|
| Evaluation of<br>Program Director | Assessment<br>Forward to Concern<br>Section      | None | 1 day | Administrative Officer<br>Concern Offier |

### 2. PAKAY: MEDICAL AND FINANCIAL ASSISTANCE

These are requests received by the GAD Office from women, men and children in need of assistance

| Office or Division:                   | Administrative Section                | n                    |                        |                 |  |
|---------------------------------------|---------------------------------------|----------------------|------------------------|-----------------|--|
| Classification:                       | Social Service                        |                      |                        |                 |  |
| Type of Transaction:                  | Medical and Financia                  | l Assistance         |                        |                 |  |
| Who may avail:                        | Department, Office, S                 | chools, Baran        | igays                  |                 |  |
| CHECKLIST OF RI                       |                                       | WHERE TO SECURE      |                        |                 |  |
| 1. Filled-up PAKAY Form (with contact |                                       | GAD Office           |                        |                 |  |
| details)                              | ·                                     |                      | Requesting Party       |                 |  |
| 2. Voter's ID or any Valid ID         |                                       | Treasury Office      |                        |                 |  |
| CARE CARD                             |                                       |                      | Office of the Barangay |                 |  |
| 3. Community Tax                      | 3. Community Tax Certificate (current |                      | oital / Doctor         |                 |  |
| year)                                 |                                       | 6. Hospital / Doctor |                        |                 |  |
| 4. Certificate of BAF                 | RANGAY Indigency                      | ·                    |                        |                 |  |
| (Original and issued                  | within three (3)                      |                      | _                      | 4.15.70         |  |
| months                                |                                       |                      |                        |                 |  |
| 5. Medical prescription               | / Abstract (latest),                  |                      |                        |                 |  |
| PROTOCOL, QUOTA                       | TION                                  |                      |                        |                 |  |
| Medical Certificate (latest)          |                                       |                      |                        |                 |  |
| 7. SOCIAL CASE ST                     | 7. SOCIAL CASE STUDY (IF NEEDED       |                      |                        |                 |  |
| FOR WOMEN IN CRIS                     | IS)                                   |                      |                        |                 |  |
|                                       |                                       |                      |                        |                 |  |
| CLIENT STEPS                          | AGENCY                                | FEES TO              | PROCESSING             | PERSON          |  |
|                                       | ACTIONS                               | BE PAID              | TIME                   | RESPONSIBLE     |  |
| Submit complete                       | Record                                | None                 | 3-5mins                | Frontline Admin |  |
| request                               | Interview                             |                      |                        | Staff           |  |
|                                       | Check                                 |                      |                        |                 |  |
|                                       | Requirements                          |                      |                        |                 |  |
|                                       |                                       |                      |                        |                 |  |
| Check Pakay System                    | Eligible                              | None                 | 3-5mins                | Project Officer |  |
|                                       | For Approval                          |                      |                        |                 |  |
| Check Pakay System                    | Not Eligible                          | None                 | 3-5mins                | Project Officer |  |



|                                | Return to Client   |      |                    |                 |
|--------------------------------|--|------|--------------------|-----------------|
| Forward to Program<br>Director | For Approval /<br>Disapproval  | None | 1 day              | Project Officer |
| Action of Program<br>Director  | -Certification of Indigency - Attachment of Endorsement Letter - Forward to Mayor's Office | None | 15 working<br>Days | Project Officer |
| Action of Program<br>Director  | Disapproved Refer to Other Fund Source   | None | 1 day              | Project Officer |

### 3. REQUEST FOR THE USE OF FACILITIES

These are requests received by the GAD Office for the use of facilities such as Conference Room, Resource Center and Vehicle

| Office or Division:  | Planning, Research and Education Section |                    |                    |                        |  |
|----------------------|--|--------------------|--------------------|------------------------|--|
| Classification:      | Administrative                           |                    |                    |                        |  |
| Type of Transaction: | Request                                  |                    |                    |                        |  |
| Who may avail:       | Department, Office, Schools, Barangays   |                    |                    |                        |  |
| CHECKLIST OF R       | REQUIREMENTS WHERE TO SECURE             |                    |                    |                        |  |
| Letter of Request    | Letter of Request                        |                    | Requesting Party   |                        |  |
| CLIENT STEPS         | AGENCY<br>ACTIONS                        | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE  |  |
| Submit letter of     | Stamp                                    | None               | 3-5mins            | Frontline Admin        |  |
| request              | Logbook                                  | 27/2017            |                    | Staff                  |  |
|                      | Recording                                |                    |                    |                        |  |
|                      | Date /Time                               |                    |                    |                        |  |
|                      | Series #                                 |                    |                    |                        |  |
| Submit letter of     | Check availability                       | None               | 3-5mins            | Frontline Admin        |  |
| request              |  |                    |                    | Staff                  |  |
| Forward to Program   | For Approval /                           | None               | 1 day              | Administrative Officer |  |
| Director             | Disapproval                              |                    |                    |                        |  |
| Forward to concern   | Approved                                 | None               | 1 day              | Administrative Officer |  |
| Section              | Disapproved                              |                    |                    |                        |  |
|                      |  |                    | I                  |                        |  |