**CITIZEN’S CHARTER**

****

**LOCAL GOVERNMENT UNIT**

**JARO, LEYTE**

**FRONTLINE SERVICES**

**MUNICIPAL LICENSING SECTION**

* Issuance of Business Permit (New & Renewal)

**MUNICIPAL TREASURY OFFICE**

1. CTC – Renewal of Business

CTC – Regular Transaction

2. RPT Transaction

3. Issuance of A.F. # 51 – General Receipt

4. Branding/Transferring of Ownership of Large Cattle

5. Cash Ticket

6. Certification (Remittance, RPT Tax Clearance, etc.)

**MUNICIPAL ASSESSOR’S OFFICE**

1. Issuance of New Tax Declaration

2. Issuance of Certification of Assessment Record

3. Issuance of Certified Copies of Tax Declaration

4. Effect Transfer of Ownership

5. Appraisal and Assessment of Building, Machineries and other improvements

6. Make Correctional Revision on Real Property Assessment

**MUNICIPAL ENGINEERING OFFICE**

Issuance of Building Permit

**MUNICIPAL BUDGET OFFICE**

Budget Appropriation& Supplemental Budget

**MUNICIPAL CIVIL REGISTRAR’S OFFICE**

1. Registration of Birth

2. Registration/ Application for Marriage License

3. Petition for Correction of Clerical Error

4. Petition for change of First name (RA # 9048)

4. Issuance of Birth/Death/Marriage Certificate

**MUNICIPAL AGRICULTURAL OFFICE**

1. Technical Assistance on Animal Production/ Health Services

2. Advisory on Pest and Disease Management on Crops/Ocular Inspection

3. Technical Assistance on Island Fisheries

4. Techno-Gabay Program**MUNICIPAL SOCIAL WELFARE & DEVELOPMENT OFFICE**

1. Assistance to individuals in Crisis Situation

2. Case Study Repot/ Referrals to PCSO / DSWD

3. Issuance of Senior Citizen ID Card & Purchase Booklet

4. Issuance of Solo Parent ID Card

5. Issuance of ID Card / Booklet to Persons with Disability (PWD)

**MUNICIPAL HEALTH OFFICE**

1. Basic Curative Services

2. Safe-Motherhood & Family Planning (Reproductive Health Method

3. Prevention and Control of Communicable/ Infectious Diseases

4. Medico-Legal Services

5. Dental Service

6. Laboratory Services

7. Environmental Sanitation (EVS) Services

8. BEMONC Facility (Basic Emergency Obstetrics and Neonatal Care)

9. Barangay Medical Consultation

10. OPB (Philhealth Indigents)

**A. LICENSING OFFICE**

**THE STANDARD STEPS FOR THE REGISTRATION OF NEW BUSINESS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STEP** | **CLIENT** | **LICENSING ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1 | Submission of complete accomplishment application form with attached documentary requirements | Accept Application  One – time verification of documents | 15 mins. | 5 mins. | -Proof of Business Registration,  -Basis for computing Taxes,  -Occupancy Permits,  -Contract of Lease,  -and Barangay Clearance. | None | Marissa M. Varona  Joebel G. Garciola  Lucia M. Colaba  Alma D. Robel  Dianalyn D. Padero  Corazon G. Labrador |
| 2 | Assessment | One-time assessment of taxes, fees and charges | 15 mins. | 15 mins. | All documents from step 1 | None | ENGR. Julius B. Cativo **(BPLO)**  Marissa M. Varona  Joebel G. Garciola  Lucia M. Colaba  Alma D. Robel  Dianalyn D. Padero  All Revenue Collection Officer |
| 3 | One-Time payment of taxes, fees & charges, receipt of Official Receipt (OR) as proof of payment of Taxes, fees and charges imposed by the Municipality and BFP in securing Business Permit and other permits and clearance | Release approved Business Permit | 1 Day  after | 1 Day | All Documents from Step 2 | Tax Clearance – P50.00  Police Clearance – P100.00  Health Clearance – P50.00  Sanitary Permit – Based on Area Occupied  Garbage Fee – P200.00  Billboard Fee – Based on Size/Kind  Weights & Measures – Based on Capacity  Annual Electric Insp. Fee – P36.00  Annual Mechanical Insp. Fee – P20.00  Occupation Fee – P100.00  Miscellaneous Fee – P50.00 | Joebel D. Garciola  Lenivit M. Caones |

**THE STANDARD STEPS FOR THE RENEWAL OF BUSINESS PERMITS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STEP** | **CLIENT** | **LICENSING ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1 | Submission of complete accomplishment application form with attached documentary requirements | Accept Application  One – time verification of documents | 15 mins. | 5 mins. | - Basis for computing taxes, fees and charges  - Barangay clearance | None | Marissa M. Varona  Joebel G. Garciola  Lucia M. Colaba  Alma D. Robel  Dianalyn D. Padero  Corazon G. Labrador |
| 2 | Assessment | Assessment  One-time assessment of taxes, fees and charges | 15 mins. | 15 mins. | All Documents from step 1 | None | ENGR. Julius B. Cativo **(BPLO)**  Marissa M. Varona  Joebel G. Garciola  Lucia M. Colaba  Alma D. Robel  Dianalyn D. Padero  All Revenue Collection Officer |
| 3 | One-Time payment of taxes, fees & charges, receipt of Official Receipt (OR) as proof of payment of Taxes, fees and charges imposed by the Municipality and BFP in securing Business Permit and other permits and clearance | ­Release approved Business Permit | 1 Day  after | None | All Documents from Step 2 | Tax Clearance – P50.00  Police Clearance – P100.00  Health Clearance – P50.00  Sanitary Permit – Based on Area Occupied  Garbage Fee – P200.00  Billboard Fee – Based on Size/Kind  Weights & Measures – Based on Capacity  Annual Electric Insp. Fee – P36.00  Annual Mechanical Insp. Fee – P20.00  Occupation Fee – P100.00  Miscellaneous Fee – P50.00 | Joebel G. Garciola  Lenivit M. Caones |

**B. MUNICIPAL TREASURER’S OFFICE**

**CTC – RENEWAL OF BUSINESS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STEP** | **CLIENT** | **MTO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1 | a. Fill up data form (No Business – Ordinary CTC)  b. License Division for Assessment (with Business) | Issue Community Tax Certificate  (No Noon Break)  Issue Community Tax Certificate based on the assessment form Licensing Division | 2 mins.  5 mins. | 5 mins.  7 mins. | None  Assessment based on gross sales from the License Division | P30.00 (Jan. Feb.)  2% Penalty/mo. (Mar. to Dec.)  P1.00 for every 1,000.00 plus P5.00 basic comm. Tax (2% penalty/mo. Mar. to Dec.) | Manolo M. Enales  Ma. Lourdes Gonzales  Maricel Corazon RIbo  Sherlyn Jamorabon  Hermenigilda D. Calabia  Manolo M. Enales |

**RPT TRANSACTION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STEP** | **CLIENT** | **MTO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1 | a. Approach RCC for Computation of Taxes | Research & compute delinquent Taxes | 5 – 10 mins. | 15 mins. | Previous RPT receipts/Tax declaration/deed of absolute sale/Land Title | P50.00 verification fee of computed tax (no verification fee if computed tax is being paid on same date) | Juliana C. Lagado  Bernardita T. Chua  Judilito N. Corsanes  Paulina D. Abella  Armando P. Mesias  Ma. Lourdes N. Gonzales  Herminigilda D. Calabia  Edgar Raagas |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STEP** | **CLIENT** | **MTO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 2 | Approach front line service provider | Check if the payment of taxes are updated | 7 mins. | 10 mins. | Official receipt A.F. #56 Basic & SEF (Payment of Taxes)  Official receipt A.F. #51 General Receipt | P50.00/certificate  P15.00 - DST | Juliana C. Lagado  Bernardita T. Chua  Judilito N. Corsanes  Paulina D. Abella  Armando P. Mesias  Herminigilda D. Calabia  Edgar Raagas |

**ISSUANCE OF A.F. #51 – GENERAL RECEIPT / A.F. #54 – MARRIAGE LICENSE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STEP** | **CLIENT** | **MTO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1 | Approach assigned RCC | Issue Official Receipt for payment of dues | 3-5 mins. | 10 mins. | Previous official receipt (A.F. #51) | Depends on Fees & Charges | Juliana C. Lagado  Bernardita T. Chua  Judilito N. Corsanes  Paulina D. Abella  Armando P. Mesias  Herminigilda D. Calabia  Manolo M. Enales  Edgar Raagas |
| 2 | Approach front line service provider | Issue A.F. #54 for Marriage License | 5-7 mins. | 10 mins. | Required documents for marriage from MCR or other department concerned | P50.00 | Manolo M. Enales |

**BRANDING/TRANSFERRING OF OWNERSHIP OF LARGE CATTLE/HOG**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STEP** | **CLIENT** | **MTO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1 | Approach assigned RCC for appointment | Agreement of both parties, re: actual schedule of branding/transferring of ownership of large cattle | 5 mins. | 10 mins. | Brgy. Certification | P50.00 & penalty for late branding | Judilito N. Corsanes  Armando P. Mesias |
| **STEP** | **CLIENT** | **MTO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 2 | Approach assigned RCC | Branding of large cattle inspection/verification of large Catlle/ Hog for slaughter | 3 mins. | 2-3 mins. | Brgy. Certificate  Previous Certificate of Ownership  CTC for branding/transferring purposes | P150.00 (Branding)  P100.00 (Transfer)  P100.00 (Slaughter Fee)  P60.00 (Coral Fee)  P30.00 (Insp. Fee)  P80.00 (Slaughter House Fee)  P50.00 (Post Morterm)  P50.00 (LSDF)  P50.00 (Anti-Morterm)  P20.00 – penalty/year above 2 years old | Judilito N. Corsanes  Armando P. Mesias |

**ISSUANCE OF CASH TICKETS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STEP** | **CLIENT** | **MTO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
|  | Approach assigned RCC/front liner for issuance of cash tickets | Issue Cash Tickets | 1 min. | 2 mins. | None | P10.00/photocopy | Juliana C. Lagado  Bernardita T. Chua  Judilito N. Corsanes  Paulina D. Abella  Armando P. Mesias  Manolo M. Enales  Edgar Raagas  Raul Rescordado |

**VERIFICATION OF BUSINESS PERMITS & LICENSE**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **STEP** | **CLIENT** | **MTO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
|  | Approach assigned person for verification of required documents for business permits & licenses | Checks if all required documents are accomplished/signed and paid | 5 mins. | 7 mins. | Approved application form, registered salesbook from BIR, Brgy. Clearance, SSS Clearance, DTI Clearance | None | Milda L. Surban  Eulalia M. Garrido |

**CERTIFICATION OF PAYMENTS/REMITTANCES & PREMIUMS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STEP** | **CLIENT** | **MTO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
|  | Approach assigned person for application (remittance of payments/  premiums) | Issue Official Receipt (A.F. #51) | 5 mins. | 7 mins. | Official Receipt (A.F. #51) | P50.00 | Manolo M. Enales  Herminigilda D. Calabia  Sherlyn Jamorabon |

**C. MUNICIPAL ASSESSOR’S OFFICE**

**ISSUANCE OF TAX DECLARATION FOR TRANSFER OF OWNERSHIP, NEWLY DISCOVERED PROPERTY/IES**

**CORRECTIONAL REVISION, CONSOLIDATION AND SUBDIVISION OF LOTS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STEP** | **CLIENT** | **MASSO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1  2  3  4 | Approach the Front Desk In-Charge and tells his/her need  Makes inquiry of the requirements  or present documents to the attending personnel  Claims owner’s copy of the approved tax declaration | Front desk in charge indorses client to the concerned personnel  Evaluate/Validates Document/s, notifies client of any lacking requirement and do research on the subject property  Verification from records is made and  when Documents are already complied, FAAS & Tax Declaration are prepared, reviewed and signed and endorsed to the Provincial Assessor’s Office recommending approval thereof.  Approved Owner’s copy of Tax Declaration and Notice of New or Revised Assessment Form is issued | 5 minutes  20 minutes  15 days  2 days | 3 minutes  10 minutes  2 days  1 day | Certified Copy of duly registered transferring documents such as: Deed of Absolute Sale, Extrajudicial Partition/Settlement, Affidavit of Self Adjudication, Deed of Donation, Affidavit of Consolidation/Sherrif’s Certificate of Finality or Writ of Execution, Certificate Authorizing Registration (CAR), Title, receipts of Updated Real Property Tax and Transfer Tax Payments, other document/s that may be deemed necessary | 50.00 Service Fee  50.00 Cert. Fee  15.00 DST | Marisa Z. Espinosa  Elizabeth D. Gelig  Nelia M. Baltazar,  Elizabeth D. Gelig  Nelia M. Baltazar  Marisa Z. Espinosa, Lucena V. Relevo, Efren G. Palacio, Renato C. Cabalona, Gloria M. Costelo, Von Rolen B. Arguilles  Marisa Z. Espinosa,  Von Rolen B. Arguilles  Jeffrey C. Lagado  Efren S. Palacio |

**ISSUANCE OF CERTIFICATION AND CERTIFIED COPY OF TAX DECLARATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STEP** | **CLIENT** | **MASSO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1 | Approach the Front Desk in charge, present their need OR documents are presented | Front desk in charge indorses client to the concerned personnel | 5 minutes | 3 minutes |  |  | Marisa Z. Espinosa |
| 2 | Makes inquiry on the requirements  or presents documents if any | Evaluate/Validates Document/s, notifies client of any lacking requirement and do research on the subject property | 30 minutes | 10 minutes | TITLED PROPERTY:  a) Certified Copy of free patent, homestead, or miscellaneous sales application,  b) Certified Copy of TITLE issued by the Registry of Deeds,  c) Duly Approved Survey Plan,  d) Payment of ten (10) years back taxes and  e) Other documents that may be deemed necessary & ocular inspection report by the Municipal Assessor |  | Elizabeth D. Gelig  Nelia M. Baltazar |
| 3 | Accompanies inspection team | Conducts Ocular Inspection | 1 day | 1 day | UNTITLED PROPERTY:  a) Survey plan prepared by a duly licensed Geodetic Engineer duly approved by the Lands Management Bureau (LMB) of the DENR,  b) Certification from the CENRO stating among others the lands is within the land is within the ALIENABLE & DISPOSABLE area,  c) affidavit of ownership and/or duly accomplished Sworn statement, affidavit that  the applicant is in long, continuous and notorious possession of the property.  d) Certification from the barangay captain that the declarant is the present possessor and occupant of the land , certification of the adjoining owners duly sworn to by the barangay captain and/or Municipal Mayor, e) ocular inspection report by the Municipal Assessor.  BUILDING & OTHER STRUCTURE:  **a)** Copy of Approved Building Permit, Building Plan and/or Cert. of Completion or Cert. of Occupancy Permit,  **b)** notice of date of inspection, if the owner/administrator is not around during the discovery,  **c)** report of inspection of the building or structure,  **d)** accomplished Affidavit of Ownership or Sworn Statement of the market value of the property, in the absence o a building permit or certificates required under item (a) above  MACHINERY: Sworn Statement of the true current & fair market value of real properties , any documents that may be deemed necessary | 150.00 Inspection Fee | Elizabeth D. Gelig  Nelia M. Baltazar  Miguel S. Katangkatang  Jeffrey Joy C. Lagado, Efren G. Palacio  Marisa Z. Espinosa  Von Rolen B. Arguilles  Gloria M Costelo |
| 4 | None | Verification from records is made and  when Documents are already complied, FAAS & Tax Declarations for the lot and its improvements if there be any are prepared, reviewed signed and endorsed to the Provincial  Assessor’s Office recommending approval thereof. | 15 days | 2 days | 50.00 Service Fee | Elizabeth D. Gelig  Nelia M. Baltazar  Marisa Z. Espinosa  Efren G. Palacio  Marisa Z. Espinosa  Von Rolen B. Arguilles  Gloria M Costelo  Lucena V. Relevo |
| 5 | Claims owner’s copy of the approved tax declaration | Approved Owner’s copy of Tax Declaration and Notice of New or Revised Assessment Form is issued | 2 days | 1 day |  |  | Marisa Z. Espinosa  Von Rolen B. Arguilles  Jeffrey Joy C. Lagado  Efren S. Palaciio |

**REVISION OF TAX DECLARATION DUE TO CORRECTION, REAPPRAISAL/REASSESSMENT, SUBDIVISION OR CONSOLIDATION OF LOT/S**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STEP** | **CLIENT** | **MASSO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1 | Approach the Front Desk in charge | Front desk in charge indorses client to the concerned personnel | 5 minutes | 3 minutes |  |  | Marisa Z. Espinosa |
| 2 | Present the problem OR documents are presented | Interview the client, verify from records and evaluates the case and document if any is presented or advice client of the document their case needs | 20 minutes | 10 minutes | Certified copy of Legal document/s, approved Subdivision or Consolidation Plan, record/s on file, as the case may be and updated real property tax receipt | P 50.00 Service Fee | Elizabeth D. Gelig  Nelia M. Baltazar |
| 3 | Accompanies inspection team | Conducts ocular inspection when necessary | 1 day | 1 day |  | 150.00 Inspection fee  50.00 Certification fee  Fee 50.00 Service Fee  Subdiv/consoldt’n Fees :  150.00 Res. Land  200.00 Com. Land  175.00 Agri. Land | Elizabeth D. Gelig  Nelia M. Baltazar  Miguel S. Katangkatang  Jeffrey Joy C. Lagado, Efren G. Palacio  Marisa Z. Espinosa  Von Rolen B. Arguilles  Gloria M Costelo  Lucena V. Relevo  Renato C. Cabalona |
| 4 | Claims owner’s copy of the approved tax declaration | Verification from records is made and when documents that may be required are already complied, FAAS and tax declarations are prepared, reviewed, signed and endorsed to the Provincial Assessor’s Office recommending approval thereto  Approved Owner’s copy of Tax Declaration and Notice of New or Revised Assessment Form is issued | 15 days  1 day | 2 days  1 day |  |  | Marisa Z. Espinosa  Von Rolen B. Arguilles  Jeffrey Joy C. Lagado  Efren S. Palacio |

**ISSUANCE OF CERTIFICATION AND CERTIFIED COPY OF TAX DECLARATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STEP** | **CLIENT** | **MASSO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1  2 | Request for record | Research/ verification from records  Issue Certification of Real Property Holdings  **OR**  Issue Certified True or Photocopy of Tax Declaration/s | 30 mins.  25 mins. | 20 mins.  20 mins. | None  Receipt of updated payment of Real Property Tax | P50.00 Cert. Fee  P15.00 DST  P50.00/10.00 Cert. Fee  P15.00 DST | Lucena V, Relevo  Reynato C. Cabalona  Marissa Z. Espinosa  Gloria M. Costelo  Efren G. Palacio  Von Rolen B. Arguilles |

**ANNOTATION/CANCELLATION OF BAIL BOND, LIENS, ENCUMBRANCE, LEVY, FORFEITURE,**

**ADHERES CLAIM AND CANCELLATION OF ASSESSMENT FROM THE ROLL**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STEP** | **CLIENT** | **MASSO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1  2 | Presents the document/s | Evaluation of document/s and verification from records  **Annotate/Cancel** in the records | 15 minutes | 5 minutes | Certified Copy of duly registered documents by the Register of Deed (ROD) | P100.00 Annotation Fee | Elizabeth D. Gelig  Nelia M. Baltazar  Miguel S. Katangkatang  Lucena V. Relevo |

**D. BUDGET OFFICE**

**AVAILABILITY OF BUDGET APPROPRIATION AS PER APPROVED ANNUAL/SUPPLEMENTAL BUDGET**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STEP** | **CLIENT** | **MBO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1 | Submit to budget office disbursement voucher with the required Obligation Request (OR) | Verify if there is an available appropriation from the approved Annual/Supplemental Budget | 10 mins. | 5 mins. | None |  | Agnes M. Alvero  Cynthia Pedrosa |
| 2 | Wait for verification as to availability of Appropriation | Informs Client if there is an available appropriation and wait for the approval of the Budget Officer | 10 mins. | 5 mins. | None |  | Veronica S. Castillano  Cynthia Pedrosa |
| 3 | Wait for approval of the Budget Officer | Budget Officer evaluate and make final review and approved the same | 5 mins. | 5 mins. | None |  | Juancho C. Bonayon  *(Mun. Budget Officer)*  Veronica S. Castillano  *(Budget Officer IV)* |
| 4 | Barangay Budget Review  Submit Barangay Resolution | Records/Release/File | 5 mins. | 5 mins. | None |  | Antonio J. Camiller  Sonia A. Yunting |

**D. MUNICIPAL CIVIL REGISTRAR’S OFFICE**

**BIRTH REGISTRATIONS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STEP** | **CLIENT** | **MCR ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1 |  | Interview of the applicant/informant | 40 mins. | 5 mins. | None | None | Rinah G. Arguelles  (Admin. Asst. V) |
| 2 |  | Validation of documents presented, if any | 10 mins. | 5 mins. | a.) For on-time-birth registration, only Cedula is needed  b.) For Delayed Registration:  1.) Negative Certificate from NSO/PSA  2.) Voter’s Registration Record  3.) Baptismal Certificate or any other document proving birth date and birthplace  4.) Joint affidavit for delayed registration of birth  5.) Cedula | None | Rinah G. Arguelles  (Admin. Asst. V) |
| 3 |  | Typing the document and issued to the informant after review for-on-time birth registration (within one (1) month from the date of birth)  for delayed registration, documents will be released after ten (10) consecutive days posting period. | 5 mins. | 5 mins. |  | P 210.00 – Service Fee  50.00 – Subscription fee for joint affidavit  100.00 – Endorsement  60.00 – Certified true copy of birth  15.00 – Documentary stamp | Rinah G. Arguelles  (Admin. Asst. V) |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STEP** | **CLIENT** | **MCR ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1 |  | Interview of the applicant/informant | 40 mins. | 5 mins. | None | None | Rinah G. Arguelles  (Admin. Asst. V) |
| 2 |  | Validation of documents presented, if any | 10 mins. | 5 mins. | a.) For on-time-birth registration, only Cedula is needed  b.) For Delayed Registration:  1.) Negative Certificate from NSO/PSA  2.) Voter’s Registration Record  3.) Baptismal Certificate or any other document proving birth date and birthplace  4.) Joint affidavit for delayed registration of birth  5.) Cedula | None | Rinah G. Arguelles  (Admin. Asst. V) |
| 3 |  | Typing the document and issued to the informant after review for-on-time birth registration (within one (1) month from the date of birth)  for delayed registration, documents will be released after ten (10) consecutive days posting period. | 5 mins. | 5 mins. |  | P 210.00 – Service Fee  50.00 – Subscription fee for joint affidavit  100.00 – Endorsement  60.00 – Certified true copy of birth  15.00 – Documentary stamp | Rinah G. Arguelles  (Admin. Asst. V) |

**DEATH REGISTRATIONS**

**E. MUNICIPAL ENGINEERING OFFICE**

**ISSUANCE OF BUILDING PERMIT**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STEP** | **CLIENT** | **MEO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1 | Present document for application of Building Permit | Receives & records as per checklist of requirements appurtenance to Building Permit Application | 5-15 mins. |  | Application Form: 4 sets of Architectural, Civil, Structural, Electrical, Mechanical, Sanitary, Plumbing, Electronics & Interior Design Plans duly signed & sealed by the concerned professional; project cost estimate, design & structural analysis (plans below 20 sq. m. floor area are exempted); certified true copy of OCT/TCT Tax Declaration or current Real Property Tax Receipt |  | Ana Liza D. Garrido |
| 2 | Payment of corresponding fees to the Municipal Treasury | Assessment for corresponding fees, verification and evaluation of plans submitted by the MEO Staff | 15 mins. |  | Plans, Cost Estimate, Assessment Form, Order of Payment | Fees based on type of occupancy, Cost of Construction and Height of Building | ME  Building Official  MTO |

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| **STEP** | **CLIENT** | **MEO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 3 |  | Endorsement to the Bureau of Fire Protection | 15 mins. |  | 1 set of plans, cost estimate, order of payment (OR) & transmittal letter re-application for Building Permit |  | Chief of Local Fire Service |
| 4 | Claim for Building Permit | Final evaluation, issuance of Building Permit within fifteen (15) days from payment of the required fees by the applicant | 15 mins. |  | Approved copy of Building Permit, Electrical, Mechanical, Sanitary, Plumbing, Structural, Electronics& Interior Plans and copy of other documents submitted |  | Ana Liza D. Garrido |

**F. MUNICIPAL AGRICULTURE’S OFFICE**

**ADVISORY OF PEST AND DISEASES MANAGEMENT ON CROPS**

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| **STEP** | **CLIENT** | **MAO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1 | Proceed to the Municipal Agriculture’s Office | Interview clients with regards to the crops, the cultural management and pest and diseases occurrence | 1 hour | 10 mins. | None | None | Lilia Arandia  Nemesio A. Gonzales  Judy N. Calabia |
| 2 | Guide the MAO Staff to their farm | Ocular inspection/ field visitation, the client farm and problem analysis and validation  Instruct the client the necessary measure to control/ prevent the pest and diseases infestation | 2-4 hours  30 mins. | 1 hour  10 mins. | None  List of materials needed |  | Lilia Arandia  Nemesio A. Gonzales  Judy N. Calabia |
| 3 | Execute/Implement the necessary advisory | Field follow-up | 1-2 hours | 30 mins. | List of procured materials |  | -do- |

**TECHNICAL ASSISTANCE ON INLAND FISHERIES**

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| **STEP** | **CLIENT** | **MAO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1 | Proceed to Agriculture Office for consultation | Orient the client on proper production and management | 4-6 hours | 1 day | None | None | Lucila L. Barte |
| 2 | Guide AT to the pond site | Ocular inspection on the fishpond and make necessary recommendation | 4-6 hours | 1 day | None | None | Lucila L. Barte |
| 3 | Implementation of the recommended activities | Follow-up | Follow-up | 1-2 hours | 3 hours |  | Lucila L. Barte |

**TECHNICAL ASSISTANCE IN ANIMAL HEALTH SERVICES**

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| **STEP** | **CLIENT** | **MAO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1 | Proceed to the Municipal Agriculture Office for consultation to the MAO Staff | Interview the client with regards to the condition of the animals | 45 mins. | 15 mins. | None | None | Kenneth D. Morfe |
| 2 | Client purchase biologics if there is no available medicine in the office | AT Livestock proceed for disease diagnosis/ treatment and other related to animal health care  Follow-up treatment if necessary | Daily  4 hours | Holidays  1 hour | None  None | None  None | Kenneth D. Morfe |

**ANIMAL PRODUCTION ASSISTANCE SERVICES**

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| **STEP** | **CLIENT** | **MAO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1 | Proceed to MAO for inquiry consultation | Information dissimination and discussion on the matter | 1 hour | 3 hrs. max. | None | None | Noel O. Bertis –  *(Municipal Agriculturist)*  Kenneth D. Morfe |
| 2 | Consults MAO’s Staff on the proper production management practices | Production Management/ Assistance and Monitoring | 30 mins. – 1 hour | 5 hours | None | None | Kenneth D. Morfe |
| 3 | Guide the MAO’s Staff to the farmer serve | Actual production rendered  Conduct farmers classes on the proper animal production management practices | 30 mins.  1 hour | 3 hrs. max.  1 day | None  None | None  None | Kenneth D. Morfe  Kenneth D. Morfe |

**ASSISTANCE ON THE PROCUREMENT OF PLANTING MATERIALS**

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| **STEP** | **CLIENT** | **MAO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1 | Proceed to the Municipal Agriculture’s Office | Interview client on the needed planting materials. Advice client on how and where to procure the needed planting materials | 10-15 mins. | 20 mins. | None | None | Lilia A. Arandia  Nemesio A. Gonzales  Judy Calabia  Elisa Canaber |
| 2 | Procure the needed planting materials | Follow-up | 1-2 hours | 3 hours | None | None | MAO Staff  -do- |

**TECHNICAL ASSISTANCE ON CROP PRODUCTION**

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| **STEP** | **CLIENT** | **MAO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1 | Approach the Technical Staff/ Proceed to Municipal Agriculture’s Office | Discuss or if necessary/ demonstrate to the client the applicable package of technology on Crop Production | 1-2 hours | 3 hours | None | None | Lilia A. Arandia  Nemesio A. Gonzales  Judy Calabia  Elisa Canaber |
| 2 | Execute or implement the recommended practices | Follow-up | 1-2 hours | 3 hours | None | None | MAO Staff  -do- |

**PROVISION OF FARMER INFORMATION AND TECHNOLOGY NEEDS THROUGH TECHNO-GABAY PROGRAM**

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| **STEP** | **CLIENT** | **MAO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1 | Proceed to FITS Center | Have the client signed in the center logbook | 5-10 mins. | 10 mins. | None | None | FITS Staff |
| 2 | Inform the FITS Staff with regard to the farming information or technology he / she needs | Follow-up | 10-20 mins. | 30 mins. | None | None | FITS Staff  Judy N. Calabia  Regina Bertis  Angel Reazon  Marlon Albonida |

**DISPERSAL OF TILAPIA FINGERLINGS**

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| **STEP** | **CLIENT** | **MAO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1 | Proceed to the Municipal Agriculture’s Office for consultation | Interview the clients with regards to fishpond tilapia production | 1 hour | 15 mins. | None | None | Lucila L. Barte |
| 2 | Guide the assigned MAO Staff to inspect their fishpond | Ocular inspection/ field visitation to the client fishpond  Fill-up/ issuance of form for tilapia fingerlings requisition | 2-4 hours  45 mins. | 1 hour  10 mins. | None  Application Forms | None  None | Lucila L. Barte  Lucila L. Barte |

**G. MUNICIPAL SOCIAL WELFARE & DEVELOPMENT OFFICE**

**ASSISTANCE TO INDIVIDUALS IN CRISIS SITUATION**

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| **STEP** | **CLIENT** | **MSWDO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1 | Proceed to MSWD Office and Verbalize Request | Interview Client | 45 mins. |  | None | None | Rita E. Arañez  Amelita M. Margallo |
| 2 | Submit required documents | Verify documents | 15 mns. |  | * Barangay Certification * Photocopy of prescription from the attending physician | None | Rita E. Arañez  Amelita M. Margallo |
| 3 | Wait until the document is prepared | Prepare Disbursement Voucher and supporting documents | 30 mins |  | None | None | Lea A. Mapait |
| 4 | Wait for the communication regarding release of cash assistance as per advice from the MTO | Review and signing of documents | 2 days | 3-10 days | None | None | Cristina S. Conde  Juancho C. Bonayon  Judy G. Parado  Eulalia M. Garrido  Zharina D. Celebre |
| 5 | Sign acceptance of cash assistance at MTO/ MSWDO | Release of cash assistance at the MTO | 30 mins. |  | Community Tax Certificate | None | Nenette R. Caigoy |

**REFERRALS TO PCSO/DSWD**

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| **STEP** | **CLIENT** | **MSWDO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1 | Proceed to MSWDO and Verbalize Request | Interview Client | 45 mins. |  | None | None | Rita E. Arañez  Amelita M. Margallo |
| 2 | Client Presents Required Documents | Verify Documents | 15 mins. |  | * Referral Slip * Medical Abstract * Prescription from the attending physician | None | Rita E. Arañez  Amelita M. Margallo |
| 3 | Wait until the document is prepared | Prepare the Social Case Study Report | 1 day | 2 days | None | None | Rita E. Arañez  Amelita M. Margallo |
| 4 | Wait for the Release of Documents | Review and Signing of Social Case Study Report | 30 mins. |  | None | None | Cristina S. Conde |
| 5 | Sign Acceptance of the Document | Release the Social Case Study Report | 10 mins. |  | None | None | Lea A. Mapait |

**ISSUANCE OF SENIOR CITIZEN ID CARD AND PURCHASE BOOKLET**

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| **STEP** | **CLIENT** | **MSWDO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1 | Proceed to MSWDO and Verbalize Request | Issue Registration Form and List of Required Documents | 5 mins. |  | * Birth/Baptismal Certificate * Certification from the Barangay * Community Tax Certificate * 3 copies 1x1 Latest ID Picture * P5.00 Purchase Booklet | None | Ma. Angeles G. Morante |

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| **STEP** | **CLIENT** | **MSWDO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 2 | Client Presents Required Documents | Verify and record documents | 15 mins. |  | None | None | Amelita M. Margallo |
| 3 | Signs the Senior Citizen’s ID Card and Purchase Booklet | Accomplish Senior Citizen’s ID Card and Purchase Booklet | 5 mins. |  | None | None | Melania P. Matuguinas |
| 4 | Wait until the document is signed by LCE | Review an signing of Senior Citizen’s ID and Purchase Booklet by OSCA Head and LCE | 2 days | 3-10 days | None | None | Elena P. Cabalona  Zharina D. Celebre |
| 5 | Receive the Senior Citizen ID Card and Purchase Booklet | Release the Senior Citizen’s ID and Purchase Booklet | 5 mins. |  | None | None | Ma. Angeles G. Morante |

**ISSUANCE OF SOLO PARENT ID CARD**

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| **STEP** | **CLIENT** | **MSWDO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1 | Proceed to MSWD Office and Verbalize Request | Conduct Interview and Administer SOLO Parent Form I | 30 mins. |  | None | None | Rita E. Arañez |
| 2 | Client Present Required Documents | Verify Documents and Accomplish Solo Parent ID Card | 15 mins. |  | * Certification from the Barangay * 2 copies 1x1 ID Picture | None | Rita E. Arañez |
| 3 | Wait until the document is approved | Prepare Social Case Study Report | 2 days |  | None | None | Rita E. Arañez |
| 4 | Wait for the Notification to Claim ID Card | Review and Signing of Social Case Study Report | 2 days | 3-10 days | None | None | Cristina S. Conde |
| 5 | Sign Acceptance of the document | Release ID Card and purchase Booklet to Solo Parent | 10days |  | None | None | Melania P. Matuguinas |

**ISSUANCE OF ID CARDS AND PURCHASE BOOKLET TO PERSON WITH DISABILITIES (PWD)**

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| **STEP** | **CLIENT** | **MSWDO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1 | Proceed to MSWD Office and Verbalize Request | Conduct Interview and Administer Registration Form for PWD | 30 mins. |  | None | None | Melania P. Matuguinas |
| 2 | Submit Required Documents | Verify Documents and Accomplish ID Card/Purchase Booklet | 15 mins. |  | * Certification from the Barangay * Medical Certificate * 4 Pcs 1x1 ID Picture | None | Rita E. Arañez |
| 3 | Wait until the ID Card is accomplished | Signing of ID Card by the PWD Applicant and Punong Barangay | 1 day | 2-3 days | None | None | Melania P. Matuguinas |
| 4 | Wait for the Notification to Claim ID Card | Submit documents to Mayor’s Office for Signature | 3 days | 3-6 days | None | None | Lea A. Cabaltera |
| 5 | Sign Acceptance of the Document | Release ID Card and Purchase Booklet to PWD Applicant | 10 days |  | None | None | Melania P. Matuguinas |

**H. MUNICIPAL HEALTH OFFICE**

**BASIC CURATIVE SERVICES**

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| **STEP** | **CLIENT** | **MHO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 1 | * Approach MHO Personnel on duty * Bring folder (new patient) | General Medical Consultation for all ages including under 5 years old children   * Take record and register * Take vital signs * Consultation * Refer patient to 2nd level (if needed) * Refer patient to MHO (3rd level if needed) * Prescribe medicine * Release medicine * Doctor’s advise | New patient 5 mins.  Old patient 2-5 mins. | 5 mins.  - - - - - - - - | New patient folder  Old patient record  Prescription | None | MHO Personnel on duty  (RHM, RHHEALS)  PHN  MHO |
| 2 | * Approach MHO personnel on duty * Bring EPI Card for revisit children | **EPI** (Expanded Program on Immunization)   * Take record & register in the TCL * Take vitals signs * Perform immunization * Advice for next visit | New patient  5 mins.  Old patient  2-5 mins. | 5 mins.  - - - - - - - - | New Patient EPI Card | None | RHM, PHN, RNHEALS assigned |

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| **STEP** | **CLIENT** | **MHO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 3 | Approach MHO Personnel on duty | TB in children   * Record and register * Screen/History Taking * Ask for x-ray result (if needed) * Allocation of medicine & register * Release of medicines * Schedule for next visit for stock allocation | New patient  5 mins.  Old patient  2-5 mins. | 5 mins.  - - - - - - - - | New patient x-ray result  Patient TB record | None  None | MHO Personnel on duty  PHN *(TB Coordinator.)* |
| 4 | Approach MHO Personnel | TB in Adult   * Take record and register * Take vital signs * Case finding & screening * Sputum microscopy * Register for positive cases * Allocation & release for medicine * Advice for monthly follow-up | New patient  5 mins.  Old patient  2-5 mins. | 5 mins.  - - - - - - - - | New patient x-ray result or sputum result  Old Patient TB treatment records | None  None | MHO Personnel on duty  Med.Tech.  PHN *(TB Coordinator.)* |
| 5 | Approach Medical Staff (ER) | Treatment for Emergency Cases   * Record & register * Take vital signs * Screen patient for referral to 3rd level (MHO) or Hospital * Perform emergency measures (first aid for referral patient) * Make referral slip if needed * Prescribe of medicines * Advice for follow-up visit necessary | New patient  10-15 mins.  Old patient  10-15 mins. | Patient record  Referral Slip  10 mins.  Prescription |  | None | RHM  PHN  MHO *(with/ for referral patient*) |

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| **STEP** | **CLIENT** | **MHO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 6 | Approach Medical Staff | Consultation for Skin Diseases   * Register & record patient * Screen patient for any communicable diseases * Refer to 2nd level (PHN) * Refer to 3rd level (MHO) if needed * Prescribe medicines * Release of medicines * Advice for follow-up | 10-15 mins. | 10 mins. | Walk-in patient  -record/prescription referral from other health units: Referral |  | RHM/RNHEALS  PHN  MHO |
| 7 | * Approach medical staff * PhilHeath ID | **OPB (PhilHealth Indigents)**   * Register & record (for new client) * Retrieve record & register (for old patient) * Take vital signs * Consult patient * Refer to 3rd level (if needed) * Refer to 2nd level (if needed) * Prescribe medicines * Release of medicines * Advice for follow-up if necessary | New patient  5-10 mins.  Old patient  10-15 mins. | 5 mins.  5 mins. | Patient records  Prescriptions |  | RHM/RNHEALS  PHN  MHO |
| 8 | * Approach medical staff | **MEDICO-LEGAL SERVICES**   * Treatment of medico-legal cases (for physical, vehicular and other medico-legal related cases) * Interview patient * Register & record * Refer to MHO for physical & medical exam. | 10-15 mins. | 10 mins. | - - - - - - - - - - - - |  | Medical Secretary  MHO |
| **STEP** | **CLIENT** | **MHO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
|  | * Medical Certificate form for gov’t employee, teacher, etc. * Laboratory results * X-ray * U/A * Sputum * ECG/Neuro/ * Drug Test for employment * Request for autopsy exam. From PNP | * Record data for legal purposes * Prescribe meds if needed * Advice for follow-up check up if needed * Medical Certificate Examination * Register & record * Ask for laboratory results * Refer to MHO for medical exam. * Prescribe meds if necessary * Release of medical certificate * Autopsy examination (Post Mortem)   Ask for request from PN (request for autopsy examination)   * Interview client (relative of the victim) * Record & register * Perform autopsy examination * Record data for legal purposes * Schedule for the release of medico-legal report * Release of medical & medico-legal report * Ask for request for release of medico-legal report from PNP * or from the Treasurer’s Office | 5-10 mins.  30-45 ins. | 5 mins.  15 mins.  10 mns. | Patient’s record laboratory results  Prescription  PNP request  Patient records  PNP request  OR (Treasurer’s Office) |  | Medical Secretary  MHO    Medical Secretary  MHO  Medical Secretary  MHO |
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| **STEP** | **CLIENT** | **MHO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 9 | - - - - - - - - - - - - - | **COURT HEARING**   * Record and register incoming subpoenas * Schedule of court hearing/client * Ask for travel order per court hearing * Attend court hearing | 5-10 mins. | - - - - - - - - - - |  |  | Jocelyn N. Garrido  Ma. Lourdes F. Opinion |
| 10 | * Approach RHM assigned or RNHEALS assigned * Bring folder for new patient | **SAFE MOTHERHOOD & FAMILY PLANNING PRE-NATAL**   * Register New AP Clients * Retrieve record for old patient * Take vital signs * Issue pre-natal card/MCP Book * Issue birth plan * Perform Leopold maneuver * Administer TT inspection * Advice for laboratory examinations * Refer for any abnormality or danger signs noted * Schedule for next visit | New patient  10-25 mins.  Old patient  10-15 mins. | 5 mins. |  |  | Medical Secretary  MHO |

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| **STEP** | **CLIENT** | **MHO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 11 | * Bring Pre-Natal Card * Bring Ultrasound result if any for PhilHealth client present * MDR * PhilHealth Card | **DELIVERIES**  **WITH 24 HOURS ROOM IN**   * Register & record patient for active labor * Ask for pre-natal card/MCP Book * Examine the patient & take vital signs * Record data * Monitor for the progress of labor * Perform delivery of the baby * Perform post natal procedures & * New born care procedure * Observed for any post-partum complication * Prescribe meds/vitamins * Advice mother for personal hygiene * Give schedule for next visit | PRIMI  1-12 Hours  Multi  1-8 Hours | 2 Hours | PhilHealth Card & MDR for PhilHealth member |  | RHM’s  PHN’s |
| 12 |  | **POST NATAL & BREAST FEEDING (HOME VISIT)**   * Interview patient * Observe for any danger sign/ Refer if there’s danger sign noted * Take vital signs * Examine the patient * Record data * Give health education * Advice for family planning & EPI * Schedule for next home visit | 25 mins. | 5 mins. | Discharge  Slip | None | RHM’s  PHN’s |

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| **STEP** | **CLIENT** | **MHO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 13 |  | **FAMILY PLANNING (PILLS, DMPA, IUD, SDM, etc.)**   * Register & record patient data * Take vital signs * Examine & screen patient for the method to be used * Perform family planning procedure for DMP/IUD method * Give health teaching to the patient (effect & side effect for the method used should be discussed with the patient) * Schedule patient for the next visit | 30-45 mins. | 15 mins. | FP Record  (Form I) |  | RHM’s  PHN’s |
| 14 | * Approach MHO Personnel * Pap smear request | **PAP SMEAR (as per schedule)**   * Take data, history taking & record * Check vital signs * Give health teaching about the program * Perform Pap Smear procedure-record for any problem noted * Give prescription to the patient * Advice patient for next visits if needed | 15-20 mins. | 5 mins. |  |  | RHM’s  PHN’s (Trained) |

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| **STEP** | **CLIENT** | **MHO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 15 | * Approach MHO Personnel assigned (PHN) * Bring pre-marriage counseling form properly filled-up * Schedule for counseling | **PRE-MARRIAGE COUNSELING**   * Scheduled every Wednesday (afternoon) * Interview client for counseling * Give the overview/importance of pre-marriage counseling * Discuss safe motherhood program (pre-natal, FP, etc.) * Have a group discussion and interaction * Sign the marriage counseling form | 1-2 hours |  | PMC Form Certificate |  | RHM - Rosaura R. Diola |
| 16 | * Approach MHO Personnel (client should be listed in the masterlist) | **SPECIAL ACTIVITIES/PROGRAMS**   * Garantisadong Pambata (GP) and micronutrients supplementation program (twice a year: April & October) * Have a master list for children 0-6 years of age * Screen children for any health problem * Perform the GP Program * Record & report | (2 months)  April & October |  | Masterlist of 0-72 months children |  | RHM’s  BHW’s |

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| **STEP** | **CLIENT** | **MHO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 17 | * Approach MHO Personnel | * OPT program for children 0-6 years * Master listing of children 0-6 years * Weight the children * Record for any health problem noted * Record & report | January to March |  | Masterlist of 0-72 months children |  | RHM’s  BHW’s |
| 18 | * Approach MHO Personnel & have their name listed | **SCHISTOMIASIS MASS TREATMENT PROGRAM**   * Prepare medicines & other supplies needed for the program * Inform the Barangay for the said activity * Screen client * Record & take vital signs * If BP is high, give anti-hypertensive drugs & let the patient rest for few minutes and check BP, if it decreases proceed treatment, if not, re-schedule client for the next treatment * Give Schistomiasis medicine * Inform client for any possible reaction * Give health teaching & advocacy about the program * Record & report | Every July  2-5 mins. |  | Masterlist of 2-65 years old |  | MHO  PHN’s |

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| **STEP** | **CLIENT** | **MHO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 19 | * Bring sanitary permit form properly filled up * Bring for any Laboratory results (x-ray, etc.) | **ISSUANCE OF SANITARY PERMIT FOR BUSINESS LICENSE**   * Record & interview clients * Ask for the sanitary permit form * Ask for the needed laboratory result * Refer client to the MHO for physical & medical consultation * Record & report for any problem noted * Schedule client for the release of the permit | 5-10 mins. |  |  |  | MHO  RSI’s  Med-tech/Lab Aide |
| 20 | * Approach any medical personnel | **BRGY. MEDICAL CONSULTATION**   * Blood Letting   -Screening  -Blood Extraction   * Take clients data & record * Take vital signs * Consult patient * Prescribe medicines | 5-10 mins.  10 mins  5-10 mins. | 5 mins.  5 mins.  5 mins. |  |  | Blood Bank Team:  RHU Med-tech  NDPS  MHO  PHN’s  RHM’s |

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| **STEP** | **CLIENT** | **MHO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
|  |  | * Give health teaching & advices * Release medicines * Schedule patient for follow-up visit if needed * Record & report |  |  |  |  |  |
| 21 | * Approach any Health Personnel | **HEALTHY LIFESTYLE BP**  **Check-up & Monitoring (for hypertensive clients) and diabetic clinic for diabetic client monitoring**   * Take data & record for new clients * Retrieve data for old client * Check vital signs BP & weight * Perform Hemogluctest for diabetic client * Advice for next check-up | 10-15 mins. |  | Old patient  Patient Records |  | PHN’s  RHM’s  Med. Tech  NDPS |
| 22 |  | **EVS Services / Wash Program**   * Water Sampling * Prepare materials needed for water sampling * Barangay visitation * Prepare materials needed for water sampling * Prepare site for water sampling (for jetmatic pump/faucet) * Record & report * Bring collected water sample to IPHO for Laboratory examination * Follow-up to IPHO for result * Inform clients for the results * Give health teaching, advices to the clients * Record & report for any problem noted | 10-15 mins. | 5 mins. |  |  | Arvin D Aborita  Sanitary Inspectors |

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| **STEP** | **CLIENT** | **MHO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
|  | * Advice clients to get Death Certificate Form from MCR | * Salt Resting & Market Inspection (Also done every Sunday during Market Day) * Prepare materials to be needed for salt testing * Visits stalls in the market * Perform salt testing * Record & report data gathered * Death Registration * Interview relative & record data * Fill up death certificate form * Refer client to MHO for the Diagnosis & cause of death and for signature of the said documents * Schedule client for the release of the death certificate | 10-15 mins.  5-10 mins.  5-10 mins. | 5 mins.  5 mins. | Death Certificate |  | Arvin D Aborita  Sanitary Inspectors  Arvin D Aborita  Sanitary Inspector |

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| **STEP** | **CLIENT** | **MHO ACTIVITY** | **DURATION** | **ALLOWABLE PERIOD OF EXTENSION** | **REQUIRED DOCUMENTS** | **FEES** | **PERSON RESPONSIBLE** |
| 23 | * Approach Med. Tech. for Laboratory request | **LABORATORY SERVICES OFFERED**   * Sputum Microscopy * Blood Typing * Slit Smear * Platelet Count * Stool Exam. * CBC * HCT * Urinalysis * KOA * Pregnancy Test * RBC * Take data & record * Take vital signs * Performs Laboratory Test as per Client Request * Record results * Give health teaching to the client * Schedule for follow-up visit if needed * Newborn Screening   -24 Hrs. Delivery  -Newborn fully breastfeed before the NBS | 10-15 mins.  10-15 mins.  10-15 mins.  10-15 mins.  10-15 mins.  10-15 mins.  10-15 mins.  10-15 mins.  10-15 mins.  10-15 mins.  10-15 mins.  5-10 Mins. | 5 mins.  5 mins.  5 mins.  5 mins.  5 mins.  5 mins.  5 mins.  5 mins.  5 mins.  5 Mins. | PhilHealth ID Card  Request | None | Jocelyn Pagpaguitan  Med. Tech  Jocelyn Pagpaguitan  Med. Tech  Joey Quilaquil |
| 24 | * Approach Dental Aid for Listing | **DENTAL SERVICES**   * Oral Prophylaxis * Tooth Extraction * Pregnant Women (as per schedule) * Flouridization * Take data & record * Take vital signs * Perform dental services * Give prescription to the patient * Give health teaching * Schedule patient for follow-up if necessary * Record & report data | 5-10 mins  15-25 mins | 5 mins.  5 mins. | Dental Form | None | Dr. Marpa  Dentist  Rowena Superable  Dental Aide |

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**LOCAL GOVERNMENT UNIT**

**JARO, LEYTE**

**CITIZEN’S CHARTER**

**Revised 2015**