# **CITY MAYOR'S OFFICE**

TYPE OF SERVICE	FEES	REQUIRED DOCUMENTS	PROCESSING TIME	PERSON RESPONSIBLE
INDIGENCY SERVICES  ● Medicines for free	None	Valid medical certificate, prescribed medicines, certificate of indigency, valid ID, and Barangay Certification	10 to 20 minutes	Indigency Staff
Hospital Bill Financial     Assistance (a certain percentage of the bill)	None	Valid Hospital Bill, Certificate of Indigency, Valid ID and Barangay Certification	2 to 3 days	Indigency Staff
Mortuary Financial Assistance (Senior Citizen)	None	Valid Death Certificate of the deceased senior citizen, Certificate of Indigency, valid ID and Barangay Certification	2 to 3 days	Indigency Staff
Financial Assistance for Laboratory/Diagnostic Fees/Charges	None	Valid quotation for the intended laboratory and or diagnostic procedure, Certificate of Indigency, Valid ID, and Barangay Certification	2 to 3 days	Indigency Staff
Burial Financial Assistance	None	valid Death Certificate of the deceased spouse/relative, Certificate of Indigency, Valid ID, and barangay Certification	2 to 3 days	Indigency Staff
Free Eye checkup/Eye Care services	None	Valid Certificate of Indigency, ID, and Barangay Certification	Depends on the Eye Specialist	CMO Staff/ Eye Specialist
Financial Assistance for Social and or Cultural Services of the 21-Barangays	None	Request letter duly signed by their respective Punong Barangay for financial assistance intended for their social and or cultural activities	2 to 3 days	Indigency Staff
ISSUANCE OF ENDORSEMENT/RECOMMENDATION LETTER				
<ul> <li>Endorsement letter for the office of the Hon. Representative, HON. GERARDO P. VALMAYOR, JR.</li> </ul>	None	Valid Medical Certificate, Secure a Case Summary from the CSWDO, valid ID, and Barangay Certification	5 to 10 minutes	Mr. Edwin G. Villamor and Ms. Ruth R. Bojos

CITIZEN'S CHARTER Escalante City, Negros Occidental, Philippines

Endorsement/recommendation	,	Valid ID, Barangay Certification,		
letter of the applicants for DepEd,	None	School Records and other	5 to 10 minutes	Mr. Edwin G. Villamor and Ms. Ruth R.
PNP, PCG, PA, BJMP, BFP, etc		documents relative to his/her		Bojos
		application		
ISSUANCE OF CERTICATE OF	None	Valid ID	5 to 10 minutes	Mr. Edwin G. Villamor
APPEARANCE				
RECEIVING OF COMMUNICATIONS,	None		5 to 10 minutes	Ms. Ruth R. Bojos
DOCUMENTS AND OR LETTERS				
REQUEST FOR SCHEDULED		Letter of request for appointment,		
MEETING OR COURTESY CALL WITH	None	meeting or courtesy call specifying	2 to 3 days	Ms. Ruth R. Bojos and Ms. Auvy Mae
THE CITY MAYOR		the date and time of the intended		Jarina
		appointment, meeting or courtesy		
		call		
EMPLOYMENT APPLICATION	None	Application Letter, PDS and	2 to 3 days	Ms. Ruth R. Bojos and Ms. Auvy Mae
		Resume		Jarina
CENTER FOR COLLABORATIVE				
SOLUTIONS' SERVICES FOR	None	Letter of Request specifying the	2 to 3 days	Mr. Rolyn T. Cabus and Edito Naniom
FARMERS, CARP BENEFICIARIES,		kind services	•	
FORMER REBEL AND INDIVIDUALS				
WHO ARE NEED OF THE SERVICES				

## **INDIGENCY SERVICES (MEDICINES FOR FREE)**

City Mayor's Office

## **HOW TO AVAIL OF THE SERVICE:**

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Client/Patient shall present a valid medical certificate, prescribed medicines, certificate of indigency, valid ID, and Barangay Certification	<ul> <li>Intake/Interview for validation of the required documents</li> <li>Posting of the client's data at the designated Logbook</li> <li>Purchases of medicines</li> <li>Distribution of medicines to clients</li> </ul>	10 to 20 minutes	Indigency Staff	None
		END OF TRANS	ACTION		

## INDIGENCY SERVICES (HOSPITAL BILL FINANCIAL ASSISTANCE (A CERTAIN PERCENTAGE OF THE BILL)

City Mayor's Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Client/patient shall present a valid Hospital Bill, Certificate of Indigency, Valid ID and Barangay Certification	<ul> <li>Intake/Interview for validation</li> <li>Posting of the client's data at the designated Logbook</li> <li>Voucher will be processed for that purpose</li> <li>Releasing of the cash/check to the client/patient</li> </ul>	2 to 3 days	Indigency Staff	None
		END OF TRANS	ACTION		

## INDIGENCY SERVICES (MORTUARY FINANCIAL ASSISTANCE (SENIOR CITIZEN))

City Mayor's Office

#### **HOW TO AVAIL OF THE SERVICE:**

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Client and or surviving spouse/relative of the deceased senior citizen shall present a valid Death Certificate of the deceased senior citizen, Certificate of Indigency, valid ID and Barangay Certification	<ul> <li>Intake/Interview for validation</li> <li>Posting of client's data at the designated logbook</li> <li>Voucher will be processed for the purpose</li> <li>Releasing of the cash/check to the client's</li> </ul>	2 to 3 days	Indigency Staff	None
		END OF TRANS	ACTION		

## INDIGENCY SERVICES (FINANCIAL ASSISTANCE FOR LABORATORY/DIAGNOSTIC FEES/CHARGES)

City Mayor's Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Client/patient shall present a valid quotation for the intended laboratory and or diagnostic procedure, Certificate of Indigency, Valid ID, and Barangay Certification;	- Posting of client's data at the	2 to 3 days	Indigency Staff	None
		END OF TRANS	ACTION		

## **INDIGENCY SERVICES (BURIAL FINANCIAL ASSISTANCE)**

City Mayor's Office

## **HOW TO AVAIL OF THE SERVICE:**

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Client/patient shall present a valid Death Certificate of the deceased spouse/relative, Certificate of Indigency, Valid ID, and barangay Certification	<ul> <li>Intake/Interview for validation</li> <li>Posting of client's data at the designated logbook</li> <li>Voucher will be processed for the purpose</li> <li>Releasing of the cash/check to the client's</li> </ul>	2 to 3 days	Indigency Staff	None
		END OF TRANS	ACTION		

## **INDIGENCY SERVICES (FREE EYE CHECKUP/EYE CARE SERVICES)**

City Mayor's Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Client/patient shall present a valid Certificate of Indigency, ID, and Barangay Certification	<ul> <li>The staff in-charged shall evaluate the documents submitted by the client</li> <li>The staff in-charged shall inform the clients of his/her schedule for eye checkup at Bacolod City</li> <li>All clients being scheduled for checkup on a certain date shall be transported to the Eye Doctor Specialist at Bacolod City</li> </ul>	Depends on the Eye Specialist	Marie Antonette B. Ocdinaria, Maricel S. Caberte and Dominador Nicos	None
		END OF TRANS	ACTION		

## INDIGENCY SERVICES (FINANCIAL ASSISTANCE FOR SOCIAL AND OR CULTURAL SERVICES OF THE 21-BARANGAYS)

City Mayor's Office

#### **HOW TO AVAIL OF THE SERVICE:**

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Client's barangay shall submit a request duly signed by their respective Punong Barangay for financial assistance intended for their social and or cultural activities	<ul> <li>The staff in-charged will received the said request</li> <li>Voucher will be processed for the purpose</li> <li>Releasing of the cash/check to the client's</li> </ul>	2 to 3 days	Indigency Staff	None
		END OF TRANS	ACTION		

# ISSUANCE OF ENDORSEMENT/RECOMMENDATION LETTER (ENDORSEMENT LETTER FOR THE OFFICE OF THE HON. REPRESENTATIVE, HON. GERARDO P. VALMAYOR, JR)

City Mayor's Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Clients/patient shall submit a valid Medical Certificate, Secure a Case Summary from the CSWDO, valid ID, and Barangay Certification	<ul> <li>The authorized staff will evaluate the requirements and assess the request of the client</li> <li>Release endorsement letter</li> </ul>	5 to 10 minutes	Mr. Edwin G. Villamor and Ms. Ruth R. Bojos	None
		END OF TRANS	ACTION		

# <u>ISSUANCE OF ENDORSEMENT/RECOMMENDATION LETTER</u> (ENDORSEMENT/RECOMMENDATION LETTER OF THE APPLICANTS FOR DEPED, PNP, PCG, PA, BJMP, BFP, ETC)

City Mayor's Office

#### **HOW TO AVAIL OF THE SERVICE:**

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Client shall present a valid ID, Barangay Certification, School Records and other documents relative to his/her application	<ul> <li>The authorized staff will evaluate the requirements and assess the request of the client</li> <li>Release endorsement letter</li> </ul>	5 to 10 minutes	Mr. Edwin G. Villamor and Ms. Ruth R. Bojos	None
		END OF TRANS	ACTION		

## **ISSUANCE OF CERTICATE OF APPEARANCE**

City Mayor's Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Client shall submit a valid ID and wait for the processing of his request	<ul> <li>The staff will evaluate the requirements and assess the request of the client</li> <li>The staff will inform the client to get their approved certificate</li> <li>The client will claim the Certificate of Appearance</li> </ul>	5 to 10 minutes	Mr. Edwin G. Villamor	None
		END OF TRANS	ACTION		

## RECEIVING OF COMMUNICATIONS, DOCUMENTS AND OR LETTERS

City Mayor's Office

## **HOW TO AVAIL OF THE SERVICE:**

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Client shall submit two (2) copies at the receiving clerk of letter/s and or communications with essential information about their concern and which contains Date, Time, contact of the client or person	<ul> <li>The clerk authorizing to receive the letters/communications shall affix his/her signature of the received letters, documents or communications</li> <li>The staff will give a copy of the said communications to the client</li> <li>The authorized staff will forward the said letters/communications to the Office of Mayor</li> </ul>	5 to 10 minutes	Ms. Ruth R. Bojos	None
		END OF TRANS	ACTION		

## REQUEST FOR SCHEDULED MEETING OR COURTESY CALL WITH THE CITY MAYOR

City Mayor's Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Client shall submit a request for appointment, meeting or courtesy call specifying the date and time of the intended appointment, meeting or courtesy call	<ul> <li>The authorized staff will receive the request and forwarded the same to the appointment secretary or in-charged</li> <li>The authorized staff will inform the client confirming the scheduled meeting/courtesy call</li> </ul>	2 to 3 days	Ms. Ruth R. Bojos and Ms. Auvy D. Jarina	None
		END OF TRANS	SACTION		

# EMPLOYMENT APPLICATION City Mayor's Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Applicants shall submit Application Letter, PDS and Resume to the Office of the Mayor	<ul> <li>Receiving Clerk will receive stamp on both original and receiving copy and release of receiving copy duly stamped with date, time and control for follow-up</li> <li>The staff shall forward the credentials of the applicant to the Human Resource Management Office for evaluation and screening</li> <li>Applicant/s will wait for the call of the staff for initial interview</li> </ul>	2 to 3 days	Ms. Ruth R. Bojos and Ms. Auvy D. Jarina	None
		END OF TRANS	ACTION		

# CENTER FOR COLLABORATIVE SOLUTIONS' SERVICES FOR FARMERS, CARP BENEFICIARIES, FORMER REBEL AND INDIVIDUALS WHO ARE NEED OF THE SERVICES

City Mayor's Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Client/s shall submit their request specifying the kind services to the authorized staff	<ul> <li>The receiving staff shall evaluate and assess the needs of the client/s</li> <li>The authorized staff will forward the said request to the head of the office for appropriate action</li> <li>The client is advised to wait for the call or text from the office incharged for further instructions</li> </ul>	2 to 3 days	Mr. Rolyn T. Cabus and Edito Naniom	None
		END OF TRANS	ACTION		

# **CITY VICE MAYOR and SP OFFICE**

TYPE OF SERVICES	FEES		REQUIRED DOCUMENTS	PROCESSING TIME	PERSON RESPONSIBLE
1. ISSUANCE OF FRANCHISE					
a. New Application	Business Permit Filing Fee Franchise Fee (3 yrs.) Mayor's Permit City Sticker Inspection Fee TOTAL	300.00 300.00 1,000.00 50.00 100.00 50.00 <b>P1,800.00</b>	a. Approved Resolution of Franchise opening b. Photocopy of CR & OR (2 copies)  - if 2 <sup>nd</sup> owner (notarized deed of sale)  - if w/out sidecar (notarized affidavit of change body design) c. Official Receipt of Payment d. Unit Inspection Report	21 DAYS 10 min. 25 days	SP & Vice Mayor TFB Officer (Joanna P. Lim) TFB Clerk (Corazon M. Legaspina) Treasurer's Office Office Staff
b. Renewal	Business Permit Filing Fee Franchise Fee (3yrs) City Sticker Inspection Fee TOTAL	300.00 300.00 1,000.00 100.00 100.00 <b>P 1,750.00</b>	Franchise Copy with authority to operate Photocopy of OR & CR ( 2 copies )	7 days 10 minutes	TFB Officer (Joanna P. Lim) TFB Clerk (Corazon M. Legaspina)
c. Additional Unit	Filing Fee City Sticker Inspection Fee TOTAL	300.00 100.00 50.00 <b>P450.00</b>	Franchise Copy with authority to operate Photocopy of CR & OR (2 copies)  - if 2 <sup>nd</sup> owner (notarized deed of sale)  - if w/out sidecar (notarized affidavit of change body design)	7 days 10 minutes	TFB Officer (Joanna P. Lim) TFB Clerk (Corazon M. Legaspina)
d. City Sticker	Business Permit City Sticker Inspection Fee TOTAL	300.00 100.00 50.00 <b>P 450.00</b>	Franchise Copy with authority to operate Photocopy of OR & CR ( 2 copies )	10 minutes	TFB Officer (Joanna P. Lim) TFB Clerk (Corazon M. Legaspina)
ISSUANCE OF DOCUMENTS     Certified Copies of SP documents, transcript and certifications		P 50.00 and P10.00/ seeding page	Written request (optional) Official Receipt of Payment	30 mins. 1 day	SP Secretary SP Secretary

## ISSUANCE OF FRANCHISE OF MOTORIZED TRICYCLE

City Vice Mayor and SP Office

## **HOW TO AVAIL OF THE SERVICES:**

## A. NEW APPLICATION/ADDITIONAL UNIT

STEP	APPLICANT/CLIENT	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (under normal circumstances)	PERSON IN CHARGE	TAXES AND FEES	FORM
1	Register with the TFB in-charge and get a list of required documents	Initial interview and give instruction to client regarding the details of requirements and fees	10 minutes	Joanna P. Lim Corazon M. Legaspina VM STAFF		
2	Proceed to Treasurer's Office for payment of fees	Receive Payment and issue official receipt	5 minutes	Rev. Collection Clerk, License & Fees Division		
3	Submit complete requirements to the City Tricycle Franchising Board	Check completeness of documents submitted including official receipt of payment of required fees, records in the logbook	10 minutes	Joanna P. Lim Corazon M. Legaspina VM STAFF		
4	Present Tricycle Unit for Inspection	Check unit for roadworthiness and issues Inspection Report	10 minutes	Joanna P. Lim Corazon M. Legaspina VM STAFF		
5	Present application to TFB staff for inclusion in the session	Act on the application of franchise	21 days	City Vice Mayor And Sangguniang Panlungsod		
6	Return to TFB the approved franchise resolution for issuance of MTOP	Prepare franchise for signature	Maximum 5 days	Member of the Tricycle Franchising Board		
7	Claim Approved Franchise at TFB	Issue Approved Franchise and City Sticker	5 minutes	Joanna P. Lim VM Staff		
8	Proceed to LTO ( Cadiz or San Carlos)					
		END OF TRANSACTION				

## **B. RENEWAL OF FRANCHISE**

STEPS	APPLICANT/CLIENT	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (under normal circumstances)	PERSON IN CHARGE	TAXES & FEES	FORM
1	Register with the TFB in-charge and get a list of required documents	Initial interview and give instruction to client regarding the details of requirements and fees	10 minutes	Joanna P. Lim VM staff		
2	Proceed to Treasurer's Office	Receives payment and issue official receipt	5 minutes	Rev. Collection Clerk, License & Fees Division		
3	Submit complete requirements with attached previously approved SP Franchise Resolution and Present Tricycle Unit for Inspection	Checks unit for road worthiness; Checks completeness of documents submitted including official receipt of payment of required fees, records in the logbook. Prepare renewal of Franchise and submit the same to the proper signatories.	1 day 3 days maximum	Joanna P. Lim VM staff		
4	Claim Approved Franchise at TFB Office	Issue Franchise (Renewal), & City Sticker	5 minutes	Joanna P. Lim VM staff		
	•	END OF TRANSAC	TION	•	•	

## C. ISSUANCE OF CITY STICKER

STEPS	APPLICANT/CLIENT	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (under normal circumstances)	PERSON IN CHARGE	TAXES & FEES	FORM
1	Register with the TFB in-charge and get a list of required documents	Initial interview and give instruction to client regarding details of requirements and fees	5 minutes	Joanna P. Lim VM staff		
2	Proceed to Treasurer's Office	Receives payment and issue official receipt	5 minutes	Rev. Collection Clerk, License & Fees Division		
3	Submit complete requirements and present Tricycle Unit for Inspection	Checks unit for Roadworthiness; Checks completeness of documents submitted including Franchise, Authority to Operate, OR & CR and official receipt of payment of required fees.	10 minutes	Joanna P. Lim VM staff		
4	Claim the City Sticker	Issue City Sticker	5 minutes	Joanna P. Lim VM staff		
		END OF TRANSACT	ON			

## D. ISSUANCE OF DOCUMENTS

STEPS	APPLICANT/CLIENT	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (under normal circumstances)	PERSON IN CHARGE	TAXES & FEES	FORM
1	Coordinate with the Secretary of his duly authorized representative of the needed document	Interview client regarding the purpose of the needed document and require the same to pay the corresponding fees to the treasurer's office	10 minutes	Atty. Suelyn O. Alarcon		
2	Proceed to Treasurer's Office	Receives payment and Issue official receipt	5 minutes	Rev. Collection Clerk, License & Fees Division		
3	Submit official receipt of payment to the Secretariat	Digitized documents- generate hard copy of the same and hand over to the client.  *Undigitized documents- scan from the books of Minutes or files of Adopted Resolutions as the case may be and generate a photocopy of the needed document.	30 minutes 1 Day	Atty. Suelyn O. Alarcon		

# **CITY ADMINISTRATOR'S OFFICE**

TYPE OF SERVICE	FEES	REQUIRED DOCUMENTS	PROCESSING TIME	PERSON RESPONSIBLE
Issuance of : - Business Permits	Per Ordinance	<ol> <li>Application Form duly filled up</li> <li>Brgy. Clearance</li> <li>Sanitary Permit / Health Cert.</li> <li>CENRO</li> <li>DTI / SEC / CDA Cert.</li> <li>Market Certification (for stallholders)</li> <li>Building Permit/Occupancy Permit (New) Zoning Certification (Old)</li> <li>Fire Clearance</li> </ol>	45 minutes	Admin Staff
- Mayor's Electrical Permit  Mayor's Cortification (O llow)	P 50.00	Application Form duly filled up     Authority to construct from the owner (duly notarized)     Tax Declaration     Certificate of Final Inspection from OBO (Engineering Office)     Brgy. Certification (Indigency)	5 minutes 5 minutes	Admin Staff Admin Staff
- Mayor's Certification (O-llaw)		1. Brgy. Certification (indigency)	5 minutes	Admin Staff
- Mayor's Permit (Fiesta)	P 300.00	1. Brgy. Clearance	5 minutes	Admin Staff
- Mayor's Permit (Motorcade/Parade/Rally/ Caravan Sale / Streamers Tarpaulin, Etc.)	Per Ordinance (depending on the type of activity)	Letter Request duly approved by the City Mayor / City Admin     Official Receipt	5 minutes	Admin Staff
- Mayor's Clearance (For Employment)	P 300.00	<ol> <li>Brgy. Clearance</li> <li>Police Clearance</li> <li>MTCC / RTC Clearance</li> <li>Prosecutor's Clearance</li> <li>Official Receipt</li> </ol>	5 minutes	Admin Staff
<ul> <li>Preparation of Certification of Marriage (solemnize by the City Mayor)</li> </ul>	Per Ordinance P 300.00	Marriage License (from the CCRO)     Joint Affidavit (for Article 34)	5 minutes	Admin Staff (Licensing Division)

## PROCESSING OF BUSINESS APPLICATIONS FOR NEW & RENEWAL AND ISSUANCE OF BUSINESS PERMITS

City Administrator's Office

STEP	APPLICANT/CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/complete Documentary Requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM
1.	File application and submit with all the necessary documents	Verify and validate the required documents & Encode all necessary data	5 minutes	Admin Staff (BPLO)		Business Permit Application Form
2.	Assessment / Payment of Tax Dues and Regulatory Fees	Issue Official Receipt	15 minutes	CTO Staff (Business Tax)	Per Ordinance	Assessment (Tax Order of Payment) Official Receipt
3.	Issuance of Business Permits	Print the Business Permit and forward to the City Mayor for signature	25 minutes	Admin Staff (BPLO)		Business Permit
		END C	OF TRANSACTION			

## **ISSUANCE OF MAYOR'S ELECTRICAL PERMIT**

City Administrator's Office

#### HOW TO AVAIL OF THE SERVICE:

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/complete Documentary Requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM
1.	Comply and submit all the necessary documents	Prepare / encode the Certification and forward to the City Administrator for signature	5 minutes	Admin Staff		Mayor's Electrical Permit
2.	Pay Certification Fee at the CTO	Issue Official Receipt	4 minutes	CTO Staff	P50.00	Official Receipt
3.	Present the receipt to the in- charge	Release the Permit	1 minute	Admin Staff		
		END (	OF TRANSACTION			

## **ISSUANCE OF MAYOR'S CERTIFICATION FOR O-ILAW**

City Administrator's Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/complete Documentary Requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM
1	Comply and submit all the necessary documents	Prepare / encode the Certification. Forward the same to the City Administrator for signature. Release the Certification.	5 minutes	Admin Staff	-	Mayor's Certification
		END	OF TRANSACTION			

# **ISSUANCE OF MAYOR'S PERMIT (FIESTA)**

City Administrator's Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER	DURATION OF ACTIVITY (w/complete			
		ACTIVITY	Documentary	PERSON-IN-CHARGE	TAXES & FEES	FORM
			Requirements)			
1.	Comply and submit all the necessary documents	Prepare / encode the Certification and forward to the City Administrator for signature	5 minutes	Admin Staff		Mayor's Permit
2.	Pay Certification Fee at the CTO	Issue Official Receipt	4 minutes	CTO Staff	P 300.00	Official Receipt
3.	Present the receipt to the in- charge	Release the Permit	1 minute	Admin Staff		
		END	OF TRANSACTION			

## ISSUANCE OF MAYOR'S PERMIT (MOTORCADE/RALLY/ PARADE/CARAVAN SALE/STREAMERS/TARPAULIN, ETC)

City Administrator's Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/complete Documentary Requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM
1.	Comply and submit all the necessary documents	Prepare / encode the Certification and forward to the City Administrator for signature	5 minutes	Admin Staff		Mayor's Permit
2.	Pay Certification Fee at the CTO	Issue Official Receipt	4 minutes	CTO Staff	Per Ordinance (depending on the type of activity)	Official Receipt
3.	Present the receipt to the in- charge	Release the Permit	1 minute	Admin Staff		
		END	OF TRANSACTION			

## **ISSUANCE OF MAYOR'S CLEARANCE FOR EMPLOYMENT**

City Administrator's Office

#### HOW TO AVAIL OF THE SERVICE:

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/complete Documentary Requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM		
1.	Comply and submit all the necessary documents	Prepare / encode the Mayor's Clearance for Employment and forward to the City Administrator for signature	5 minutes	Admin Staff		Mayor's Clearance for Employment		
2.	Pay Certification Fee at the CTO	Issue Official Receipt	4 minutes	CTO Staff	P 300.00	Official Receipt		
3.	Present the receipt to the in- charge	Release the Permit	1 minute	Admin Staff				
	END OF TRANSACTION							

## PREPARATION OF MAYOR'S CERTIFICATION (MARRIAGE LICENSE) – SOLEMNIZE BY THE CITY MAYOR

City Administrator's Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/complete Documentary Requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM
1.	Comply and submit all the necessary documents	Prepare / encode the Certification	5 minutes	Admin Staff		Mayor's Certification
2.	Pay Certification Fee at the CTO	Issue Official Receipt	4 minutes	CTO Staff	P 300.00	Official Receipt
3.	Present the receipt to the in- charge	Forward to the City Mayor for signature Forward the same to the Office of the CCR	1 minute	Admin Staff		
		END (	OF TRANSACTION			

## **CITY ASSESSOR'S OFFICE**

TYPE OF SERVICE	FEES	REQUIRED DOCUMENTS	PROCESSING TIME	PERSON RESPONSIBLE
Issuance of Property/No Property		- SPA / Authorization letter (if	7 minutes	Administrative & Assessment Record
Holdings	<b>₱</b> 100.00	representative)		Management Division
Issuance of Certificate of NO Improvements	<b>₱</b> 100.00	<ul> <li>SPA / Authorization letter (if representative)</li> </ul>	7 minutes	Administrative & Assessment Record Management Division
Issuance of Tax Declaration	₱ 100.00	- SPA / Authorization letter (if representative)	7 minutes	Administrative & Assessment Record Management Division
Research Fees:		,		
- For Current Year Records	<b>₱</b> 200.00		5 minutes	
		<ul> <li>SPA / Authorization letter (if</li> </ul>		Administrative & Assessment Record
- For Previous Year Records	<b>₱</b> 150.00	representative)	30 minutes	Management Division
- For Pre-War Records	<b>₱</b> 200.00		1 hour	
Request for Inspection:				
- Agricultural lot/ improvement	₱ 750.00 plus ₱ 10.00/ km in excess of 2 km. radius		3 days upon request	
		- Letter Request		Appraisal & Assessment Division/
- Office/ Commercial lot	₱ 800.00	2000. 1.10 4.000	3 days upon request	Assessment Operation & Evaluation
-Residential lot	<b>₱</b> 300.00		2 days upon request	Division
-Industrial lot	<b>₱</b> 1,000.00		3 days upon request	Tax Mapping Operation Division

TYPE OF SERVICE	FEES	REQUIRED DOCUMENTS	PROCESSING TIME	PERSON RESPONSIBLE
Certified Sketch Plan/ Tax Map	₱ 150.00 plus ₱ 2.00/sq. inch in excess of 150 sq. inch.		5 minutes	Tax Mapping Operation Division
Processing of Transaction: - Transfer of Ownership	<b>₱</b> 100.00	<ul> <li>TCT</li> <li>Deed of Conveyance</li> <li>Certificate Authorizing Registration (CAR)</li> <li>Tax Clearance</li> </ul>	10 minutes	Assessment Operation & Evaluation Division
-Subdivision	₱ 100.00 plus ₱ 5.00/lot in excess of 5 lots	- Approved Subdivision Plan	5 minutes / sub lots	Assessment Operation & Evaluation Division/ Tax Mapping Operation Division
- Consolidation	₱ 100.00 plus ₱ 5.00/lot in excess of 5 lots	- Approved Consolidation Plan	1 hour	Division Tax mapping Operation Division
-Reassessment	<b>₱</b> 100.00		3 days upon request	Assessment Operation & Evaluation Division

# TAX DECLARATION, CERTIFICATE OF PROPERTY/ NO PROPERTY HOLDINGS & CERTIFICATE OF NO IMPROVEMENTS (CURRENT & PRIOR YEAR)

City Assessor's Office

**CLASSIFICATION** : SIMPLE

**TYPES OF TRANSACTION**: G2C - Government to Citizen;

G2B - Government to Business; G2G – Government to Government

WHO MAY AVAIL : Real property owners; banks; government agencies; persons with legal interest in ownership of real properties

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Request for Tax Declaration & Certification		2 minutes	Administrative & Assessment Record Management Division	
2	Client pay to the Cashier			City Treasurer's Office	P 100.00
3	Present O. R. and wait for the request to be processed & received copy of Tax Declaration and Certification	Released General Tax Declaration/ Certification	5 minutes	Administrative & Assessment Record Management Division City Assessor – for signature	F 100.00
		END OF TRA	NSACTION	•	<u> </u>

## REQUEST FOR OCULAR INSPECTION

City Assessor's Office

**CLASSIFICATION**: SIMPLE

**TYPES OF TRANSACTION**: G2C - Government to Citizen;

G2B - Government to Business; G2G – Government to Government

WHO MAY AVAIL : Real property owners; banks; government agencies; persons with legal interest in ownership of real properties

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Submit letter request	<ul> <li>Received letter request</li> <li>Generate Field Appraisal &amp; Assessment Sheet of subject lot</li> <li>Set date and time for Inspection</li> <li>Advice client to pay inspection fee to the CTO</li> </ul>	5 minutes	Administrative & Assessment Record Management Division	Agricultural – P 750.00 Commercial – P 800.00 Industrial – P 1, 000.00 Residential – P 300.00
2	Client pay to the Cashier	·		City Treasurer's Office	
3	Wait at the subject property at date and time agreed	Conduct Ocular Inspection	Upon agreed schedule (maximum of 3 days)	Tax Mapping Division/ Assessment Operation Evaluation Division	
	·	END OF TRA	ANSACTION		

## SIMPLE TRANSFER OF OWNERSHIP

City Assessor's Office

**CLASSIFICATION**: SIMPLE

**TYPES OF TRANSACTION**: G2C - Government to Citizen;

G2B - Government to Business; G2G – Government to Government

WHO MAY AVAIL : Real property owners; banks; government agencies; persons with legal interest in ownership of real properties

STEP	APPLICANT / CLIENT ACTIVITY	n n		PERSON-IN-CHARGE	TAXES & FEES
1	Proceed to the City Assessor's Office and Submit all documents	- Received/ review documents submitted (photocopies)  - Title - Certificate Authorizing Registration - Deed of Conveyance - Transfer Tax Receipt - Tax Clearance - Advice Client to pay processing fee to the City Treasurer's Office	3 minutes	Assessment Operation Evaluation Division	Processing Fee
2	Client pay to the Cashier			City Treasurer's Office	Tax Declaration
3	Present O.R. and wait for the transaction to be processed.  Received the new Tax Declaration	Process transaction and generate new Tax Declaration	7 minutes	Assessment Operation Evaluation Division  Administrative & Assessment Records Management Division  City Assessor – for signing	P 100.00
		END OF TRANSACTION			

## SUBDIVISION/ CONSOLIDATION TRANSACTION

City Assessor's Office

**CLASSIFICATION** SIMPLE

**TYPES OF TRANSACTION** G2C - Government to Citizen;

G2B - Government to Business; G2G – Government to Government

Real property owners; banks; government agencies; persons with legal interest in ownership of real properties **WHO MAY AVAIL** 

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Proceed to the City Assessor's Office and Submit all documents	<ul> <li>Received/ review documents submitted</li> <li>Subdivision/ Consolidation Plan</li> <li>Advice Client to pay processing fee to the City Treasurer's Office</li> </ul>	3 minutes	Assessment Operation Evaluation Division	
2	Client pay to the Cashier			City Treasurer's Office	
3	Present O.R. and wait for the transaction to be processed.  Received the new Tax Declaration	Process transaction and generate new Tax Declaration	5 minutes per sub- lots	Tax Mapping Division  Assessment Operation Evaluation Division  Administrative & Assessment Records Management Division	

# **CITY TREASURER'S OFFICE**

TYPE OF SERVICE	FEES	REQUIRED DOCUMENTS	PROCESSING TIME	PERSON RESPONSIBLE
Issuance of     Community Tax Certificate (CTC):				
a. Individual	₱ 5.00 + ₱ 1.00/thousand	Sworn Statement of Income or Old Cedula	2 minutes./Taxpayer	Jasper M. Sagal
b. Corporate	₱ 500.00 + ₱ 2.00/ 5 thousand	Financial Statement (Income Statement)	2 minutes./Taxpayer	Mansueto O. Saratobias
One-time Assessment of taxes, fees, and charges		Unified Application form for New and Renewal of Business Permit with other supporting documents	2 minutes/application	Rainer Silva Gil Obrique
One-time payment of taxes, fees, and charges, issuance of Official Receipt as proof of payment.	May vary depending on the assessed payment dues	Unified Application form for New and Renewal of Business Permit with other supporting documents	2 minutes/application	Rainer Silva Gil Obrique
Registration of Large Cattle     a. New registration     b. Transfer of Ownership	₱ 50.00/head         ₱ 50.00/head	Certification from Barangay Captain Certificate of Ownership (previous owner)	5 minutes/registration	Rainer Silva Gil Obrigue
Computation/Collection of Real Property Taxes				
<ul><li>a. Payment of Taxes</li><li>a.1 Building</li><li>a.2 Land</li><li>a.3 Machineries</li></ul>	2% of the assessed value of the Property (1% for BASIC and 1% for SEF)	Receipt of the previous payment (if there is)	10 minutes/lot	Anecita Hinolan Elaine Melana Shieryl Mae Pios Jonathan Simporiano
b. Issuance of Tax Clearance	₱ 50.00/lot	Receipts of payments	6 minutes./lot	Anecita Hinolan Elaine Melana Shieryl Mae Pios Jonathan Simporiano Winie Faith Sacayan

## ISSUANCE OF REAL PROPERTY CERTIFICATE OF REDEMPTION

City Treasurer's Office

SCHEDULE OF AVAILABILITY OF SERVICE MONDAY – Friday 8:00 AM - 5:00 PM

All real property owners whose properties were sold at Public Auction WHO MAY AVAIL THE SERVICE 1. Official Receipts (Accountable form #56) Payment of Tax Dues WHAT ARE THE REQUIREMENTS

2. Official Receipts (Accountable form #51) Payment of Cost of Sale and interest

**DURATION** 15 minutes

STEP	APPLICANT/CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM
1	Secure Statement of tax dues with Cost of Sale and interest	Compute/Generate Statement of Tax due with cost of sale and interest	3minutes	Anecita Hinolan Elaine Melana Shieryl Pios		Statement of Tax due
2	Pay the Real Property tax due, cost of sale and interest	Issue Official Receipts for Real Property tax due, Cost of Sale and interest	5 minutes	RCC (RPT Section) RCC (Business Tax and other Fees Section)	Based on the data taken from the Statement of Tax Due	Official Receipts (Acct. Form # 56 and Acct. Form # 51)
3	Waiting for the Certificate of Redemption	Prepare the certificate of redemption and signed by the City Treasurer	7 minutes	RPT Section Head		Certificate of Redemption
		END OF TRA	NSACTION			

## **PAYMENT OF REAL PROPERTY TAX**

City Treasurer's Office

**SCHEDULE OF AVAILABILITY OF SERVICE** : MONDAY – Friday 8:00 AM – 5:00 PM

WHO MAY AVAIL THE SERVICE : All real property owners

WHAT ARE THE REQUIREMENTS : Statement of Real Property Tax Due

**DURATION** : 10 minutes

STEP	APPLICANT/CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM	
1	Identifies lot to be paid or present O.R. of previous payment (if there is) and secure updated Statement of Tax Due	Compute/Generate Statement of Tax due, open the Real Property Tax Collection System and accept payments from the client	5 minutes	Revenue Collector		Statement of Tax Due	
2	Pay the Real Property tax due and wait for the Official Receipt (Accountable Form # 56)	Issue Official Receipts to client upon payment of the tax dues	5 minutes	RCC (RPT Section)	Based on the data taken from the Statement of Tax Due	Official Receipts (Acct. Form #56)	
	END OF TRANSACTION						

## ISSUANCE OF REAL PROPERTY TAX CERTIFICATION/CLEARANCE

City Treasurer's Office

8:00 AM - 5:00 PM SCHEDULE OF AVAILABILITY OF SERVICE MONDAY – Friday

All real property owners that has paid the current year 1. Accountable form #56 WHO MAY AVAIL THE SERVICE

WHAT ARE THE REQUIREMENTS 2. (Accountable form #51

**DURATION** 6 minutes

STEP	APPLICANT/CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM	
1	Pay the Certification fee at other fees division and secure Accountable Form # 51 as proof of payment	Issue Official Receipt Accountable form # 51) to the client	2 minutes	Revenue Collection Clerk (Business and other Fees Division)	₱ 20.00/property	Accountable Form # 51	
2	Present the Accountable Form # 51 to the RPT Clerk or RPT Collector	Issue Tax Clearance/Certification	4 minutes	RPT Clerk RPT Collector Computer Operator		Tax Clearance or Tax Certification	
	END OF TRANSACTION						

## REQUEST FOR STATEMENT OF TAX DUE/DELINQUENCY

City Treasurer's Office

SCHEDULE OF AVAILABILITY OF SERVICE

MONDAY – Friday

8:00 AM - 5:00 PM

WHO MAY AVAIL THE SERVICE

All real property owners

WHAT ARE THE REQUIREMENTS

Notice of Assessment (from the City Assessor's Office)

**DURATION** 

7 minutes

STEP	APPLICANT/CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM
1	Present the Notice of Assessment requested from the City Assessor's Office	Compute/Generate Real Property Tax Statement /Notice of Delinquency	5 mins.	RPT Clerk RPT Collector Computer Operator		Notice of Delinquency & Statement of Tax Due
2	Waiting for the signed Statement of Tax Due or Notice of Delinquency	Section Head affixed his signature and then let it signed by the City Treasurer	2 mins	RPT Section Head /City Treasurer		Notice of Delinquency & Statement of Tax Due
		END OF TRA	NSACTION			

## **ISSUANCE OF COMMUNITY TAX CERTIFICATE (Individual & Business Taxpayers)**

City Treasurer's Office

SCHEDULE OF AVAILABILITY OF SERVICE : MONDAY – Friday 8:00 AM – 5:00 PM WHO MAY AVAIL THE SERVICE : Residents of Escalante City, 18 years old and above

Business taxpayers

WHAT ARE THE REQUIREMENTS : 1. Sworn Statement of income

2. Old Cedula

**DURATION** : 5 minutes

STEF	APPLICANT/CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM	
1	Fill out Sworn Statement of Income and present it to the Business Section Head for verification and signature or present old Cedula	client	2minutes	Business and Other Fees Section Head Revenue Collection Clerk	₱ 5.00 + ₱ 1.00/thousand	Sworn Statement of Income Community Tax Certificate	
	END OF TRANSACTION						

## **ISSUANCE OF COMMUNITY TAX CERTIFICATE (Business Corporations)**

City Treasurer's Office

**SCHEDULE OF AVAILABILITY OF SERVICE** : MONDAY – Friday 8:00 AM – 5:00 PM

WHO MAY AVAIL THE SERVICE : Business Corporation

WHAT ARE THE REQUIREMENTS : Financial Statement (Income Statement)

**DURATION** : 3 minutes

STEP	APPLICANT/CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM	
1	Present the Financial Statement of the Business to the Revenue Collector or Clerk	Receive payment and Issue Community Tax Certificate to the client	2 minutes	Revenue Collectors Clerk	₱ 500.00 + ₱ 2.00/thousand	Financial Statement / Community Tax Certificate	
	END OF TRANSACTION						

## REGISTRATION OF LARGE CATTLE

City Treasurer's Office

**SCHEDULE OF AVAILABILITY OF SERVICE** : MONDAY – Friday 8:00 AM – 5:00 PM

WHO MAY AVAIL THE SERVICE : Large cattle owner WHAT ARE THE REQUIREMENTS : 1. Barangay Clearance

2. Certificate of Ownership (if Transfer of Ownership)

**DURATION** : 5 minutes

STEP	APPLICANT/CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM	
1	Present Barangay Certification and Certificate of Ownership of previous owner (if transfer of Ownership)	Receive payment and issue Certificate of Ownership or Certificate and Record of Transfer	3 minutes	Revenue Collectors Clerk	₱ 5.00 –Cert. of Ownership ₱ 10.00 Transfer of Ownership	Barangay Certification / Certificate of Ownership/ Certificate and Record of Transfer	
2	Signed the Certificate of Ownership or Certificate and Record of Transfer together with the witness (Barangay Kagawad)	Signed the Certificate of Ownership or Certificate and Record of Transfer	2 minutes	Revenue Collectors Clerk		Certificate of Ownership/ Certificate and Record of Transfer	
	END OF TRANSACTION						

# CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE

TYPE OF SERVICES	FEES	REQUIRED DOCUMENTS	PROCESSING TIME	PERSON RESPONSIBLE
A. PUBLIC/EMERGENCY ASSISTANCE:     1. Stranded individuals:		Police Blotter, Referral letter (if any), Request, Intake initial assessment form, Valid I.D.	30 Minutes	Social Worker/s assisted intake Worker
Tracing of families		Police Blotter, Referral letter (if any), Request, Intake initial assessment form	30 Minutes	Intake Worker
Natural/man-made disaster victims		Barangay Certificate, CDRRM Certification, Bureau of fire Certification (if disaster caused by fire), Picture of the damaged house (if caused by fire/earthquake/landslide/flood/tsunami or storm-surge), Valid I.D.	30 Minutes	Intake Worker
4. Assistance for Hospital Bill		Barangay Certificate of Indigency, Endorsement/Assessment (Mayor's Office or Authorized Representatives, Hospital Bill, Client's Letter of Request, Medical abstract/ Certificate, Valid I.D. (Case Study Purposes)	30 Minutes	Intake Worker
Assistance to individual/families in crisis situation		Police Blotter, Referral, Barangay Certification, Valid I.D, Medical Abstract/Certificate, Laboratory Request, Prescriptions.	30 Minutes	Intake Worker
6. Information/Referral		Intake-initial assessment, Check documents (if any)	15 Minutes	Intake Worker
B. ELDERLY 1. Senior Citizen 's I.D		Residence Certificate/Community Tax, (1x1 I.D. Picture), Birth/Baptismal Certificate/Marriage Contract	30 Minutes	Honey Crist D. Rallos
Medical Purchase Booklet		Senior Citizen's I.D.	15 Minutes	
3. I.D. Replacement	1st P 25.00 2nd P 50.00 3rd P 75.00	Police Blotter, Brgy. Certification, 2pcs. (1x1 I.D. Picture Official Receipt from the City Treasurer's Office	30 Minutes	Honey Crist D. Rallos
4. Distribution of Birthday Gift		Senior Citizen's I.D issued by the Local Government of Escalante	Every month	

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CITIZEN 5 CHARTER Escalante City, Neg	ros Occidenta	i, Philippines		
C. PWD 1. PWD I.D.		PWD Registration form from CHO, 1X1 I.D. Picture	2 Working Days (case to case basis)	Ma. Glenn L. Roque, RN.
TYPE OF SERVICES	FEES	REQUIRED DOCUMENTS	PROCESSING TIME	PERSON RESPONSIBLE
<ul><li>D. MANAGEMENT OF CENTERS:</li><li>1. Women Center</li></ul>		Police Blotter, Referral (if any) Initial Assessment of Intake Worker (Filled-up VAWC form), Medical Certificate		Reathylle B. Quingco
2. Minding Center				
Youth Guidance Center		Police Blotter, Referral (if any), Medical Certificate, Birth Certificate of minor, Initial Assessment of Intake Worker.		Registered Social Worker
Senior Citizen`s Pavilion				
5. Day Care Centers		Birth Certificate of Pre-Schoolers		
E. MANAGEMENT OF CASES:  1. Abused Children/Children at Risk (CAR)  2. Women in difficult Circumstances/at		Police Blotter (if any) Initial Assessment of Intake Worker (Filled-up VAWC Form), Birth Certificate (if Minor), Medical Certificate  Police Blotter, Referral, Medical Certificate, BPO/TPO/PPO	Case to Case basis/ when the need arises	Registered Social Worker, Women and Children's Protection Desk Officer (PNP- WCPDO)
Risk/VAWC		, , , ,	_	
Children in Conflict with Law (CICL)		Police Blotter, Referral, (if any), Medical Certificate, Birth Certificate of minor, Initial Assessment of Intake Worker.		Registered Social Worker
Attendance to Court Hearing of Children/minors (as complainants, witnesses, accused)		Court Order/Court Subpoena	3 Hours (Maximum)	Registered Social Worker
Attendance to Minors who Execute     Affidavits		Police Blotter, Birth Certificate of Child, Medical Certificate, Intake Assessment	1 Hour	Social Worker/Authorized Representatives With PNP- WCPDO
Conduct Rescue Operation of     Abused Children		Court Order (if any), Birth Certificate of Child Medical Certificate, Referral (if any)	Case to Case Basis	
F. CASE STUDY: 1. Financial Assistance to Patients		Doctor`s Referral, Medical Abstract/Certificate, Referral Letters, and Written requirements (if any), letter of request from institution, Valid I.D, Hospital bill (hospital Assistance)	3 Working Days	Registered Social Worker

Social Assistance		Barangay Certificate of Indigency	30 Minutes	Intake Worker
Legal Assistance		Refer to Legal Office	10 Minutes	Intake Worker
TYPE OF SERVICES	FEES	REQUIRED DOCUMENTS	PROCESSING TIME	PERSON RESPONSIBLE
G. ISSUANCE OF CERTIFICATES:  1. Pre-Marital Counseling		Office Receipt from CTO (fee), Endorsement Letter from CCR (list of Couple-applicants), accomplished forms	5 Minutes (After Attendance of 1 day Seminar)	Aiza D. Velez, RN Assisted by Rhea L. Sarona, RSW Reathylle B. Quingco, RSW
2. Indigency		Referral, Legal Documents (Related Thereto), Barangay Certificate of Indigency, letter of Request, Valid I.D.	2 Working Days	Intake Worker
Clerical Errors Certificate of Live     Birth/Marriage	P 20.00	Official Receipt from CTO (fee), Barangay of Indigency, legal Documents (related thereto).	20 Minutes	Intake Worker

#### SERVICES TO CHILDREN/MINOR

City Social Welfare and Development Office

## A. MANAGEMENT OF CHILD ABUSE CASE HOW TO AVAIL OF THE SERVICE

STEP	APPLICANT/CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (with complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM
1	Case Presentation to Registered Social Worker/s	Intake Interview and Initial counseling.	1Hour	Social Worker/s	None	Intake Form
2	Refer case to PNP for Police blotter	Assist Client for Police Blotter	45 Minutes	Social Worker/s	None	C/O PNP
3	Refer case to Medico Legal	Assist Client for Medical Legal	2 Hours	Social Worker/s	None	C/O PNP
4	Refer client to Legal Action	Assist Client		Social Worker/s	None	
5	Undergo Counseling-Child & Child`s Family	Conduct Counseling for the Child and the Child's Family	1 Hour/Session	Social Worker/s	None	Case Management Form
6	Attend Court Hearings)if the case is filed for Legal Action)	Assist Client	2 Hour/Session	Registered Social Worker/s	None	Case Folder
		END O	F TRANSACTION			

#### B. REFERRAL FOR DOMESTIC/ INTER-COUNTRY ADOPTIONS FOR MINORS:

STEP	APPLICANT/CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (with complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM
1	Initial Interview	Intake Interview	1 Hour	Social Worker/s	None	Intake Form
2	Referral to DSWD Regional Office	Conducting of Referral	30 Minutes	Social Worker/s	None	Referral Form
	<u> </u>	END (	OF TRANSACTION			

## CITIZEN'S CHARTER Escalante City, Negros Occidental, Philippines C. SECURING OF PAPERS FOR MINORS TRAVELLING ABROAD:

#### **HOW TO AVAIL OF THE SERVICE**

STEP	APPLICANT/CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (with complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM	
1	Referral to DSWD Regional Office						
	END OF TRANSACTION						

#### E. MANAGEMENT OF CHILDREN/JUVENILE IN CONFLICT WITH THE LAW:

STEP	APPLICANT/CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (with complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM
1	Turn-Over/Presentation of Child/Case to Person/s in charge	Intake interview and initial counseling	1 hour	Social Worker/s	None	Intake Form
2		Contact Parents/Guardian (if They are not present during arrest)		Social Worker/s	None	
3	Determine Whether the minor is child at Risk or Child in Conflict with the Law for proper intervention	Counseling, Referral for Medical, financial, transportation and legal assistance		Social Worker/s		
4		Prepare case management Report & Plan to return JICL to Community		Social Worker/s		
5	Re-entry to Community	Conduct Follow-up activities in the community		Social Worker/s		
		END C	F TRANSACTION			

#### F. MANAGEMENT OF MINORS WHO VIOLATED "CURFEW ORDINANCE FOR MINORS":

#### **HOW TO AVAIL OF THE SERVICE**

STEP	APPLICANT/CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (with complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM
1	Turn-Over from Police to person/s in	Intake interview and initial	1 Hour		None	Intake Form
	charge	counseling				
2		Contact Parent/s Guardian	2 Hours		None	
3	Minor to stay temporarily at the Curfew	Counseling, referral for				
	Center for Minors for counseling and	implementation of				
	rehabilitation	community service activity				
4		Prepare Case Management				
		Report & Plan to return				
		violator/s to their families				
		FND OF	TRANSACTION	•		

#### **FAMILY WELFARE PROGRAM**

City Social Welfare and Development Office

## A. MANAGEMENT OF WOMEN IN ESPECIALLY DIFFICULT CIRCUMSTANCES:

STEP	APPLICANT/CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	(with complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM
1	Report Case to CSWD staff and present self for interview	Data gathering and initial counseling	Case to case basis	011111102		Intake form
2	Temporarily stay at the center (if perpetrator is a family member) for safety	Conduct counseling and referral	Case to case basis			
3	Referral for medical and legal assistance	Assist client	Case to case basis			
4	Attend center activities	Conduct Practical Skills Development Activities	Case to case basis			
		END OF	TRANSACTION			

#### **B. ISSUANCE OF SOLO PARENT ID:**

#### **HOW TO AVAIL OF THE SERVICE**

STEP	APPLICANT/CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (with complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM
1	Secure Application form at the CSWD Office	Inform client of needed documents; Death Certificate of Spouse (if married), birth Certificate of dependants, barangay Certificate, Valid I.D.	1 Hour	Russel Mahinay	None	Application Form
2	Submission of accomplished application form with attached documents.	Interview and assessment of applicants	1 Hour			
3	If qualified, return to office during scheduled issuance of Solo parent I.D.	Submit I.D to CSWDO & CMO for Signature	2 Working days (Maximum of 2 Weeks)			Solo Parent I.D
		END OF	TRANSACTION	•	•	

#### C. ISSUANCE OF CERTIFICATE OF PRE-MARRIAGE COUNSELING:

STEP	APPLICANT/CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (with complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM
1	Apply for Pre-Marriage counseling session at the CSWD Office	Data Gathering/assessment/sch eduling	20 minutes			
2	Submission of accomplished application form with attached documents.	Conduct of PMC	3 Hours			PMC Certificate
3	If qualified, return to office during scheduled issuance of Certificate	Issue PMC Certificate	20 minutes		P 50.00	PMC Certificate
		END OF	TRANSACTION	•	•	

#### D. ISSUANCE OF SENIOR CITIZEN'S I.D:

#### **HOW TO AVAIL OF THE SERVICE**

STEP	APPLICANT/CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (with complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM
1	Secure application form at the Senior Citizen Center (Senior Citizen`s Pavillion)	Inform client of needed documents; Birth certificate or Baptismal Certificate, valid I.D, 3 1X1 I.D Picture	1 Hour			Application Form
2	Submission of accomplished application from with attached documents.	Interview and assessment of applicants	1 Hour			
3	If qualified, return to office during scheduled issuance of Senior Citizen I.D.	Submit ID to CSWDO & CMO for signature	2 working Days (Maximum of 2 Weeks			Senior Citizens I.D.
		END OF	TRANSACTION	•	•	•

## E. ISSUANCE OF PERSON'S WITH DISABILITY (PWD) I.D:

STEP	APPLICANT/CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (with complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM
1	Secure application form	Refer to CHO	1 Hour			Application form
2	Submission of accomplished application form with attached documents.	Interview and assessment of applicants	1 Hour			
3	If qualified, return to office during scheduled issuance of PWD I.D.	Submit ID to CSWDO & CMO for signature	2 Working Days			PWD I.D.
		END OF	TRANSACTION	_		

#### **SERVICES FOR PERSON WITH DISABILITIES**

City Social Welfare and Development Office

#### A. PRACTICAL SKILLS DEVELOPMENT TRAINING:

#### **HOW TO AVAIL OF THE SERVICE**

STEP	APPLICANT/CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (with complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM
1	Secure application form at the CSWD Office	Provide application form	1 Hour			Application form
2	Submission of accomplished application form with attached documents.	Interview and assessment of applicants	1 Hour			
3	If qualified, return to office during scheduled PSD Seminar	Conduct PSD Seminar	3 Days			
		END OF	TRANSACTION		•	

#### **RELIEF ASSISTANCE**

City Social Welfare and Development Office

#### A. ASSISTANCE TO INDIVIDUALS IN CRISIS SITUATION:

STEP	APPLICANT/CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (with complete documentary requirements)	PERSON- IN- CHARGE	TAXES & FEES	FORM
1	Present case to CSWD Office/Personnel	Interview and assessment of application and giving instructions on needed documents; barangay certification, certificate of eligibility	1 Hour			Certificate of Eligibility
2	Submit required documents.	If applicant is qualified, prepare Case Study Report and Financial Documents for AICS	3 Days			Accounting Documents, Case Study
3	Return to CSWD Office to get assistance	Assist client claiming assistance to CTO	30 minutes			
	·	END OF TRANSACTION				

#### B. ASSISTANCE DURING NATURAL & MANMADE CALAMITIES:

#### **HOW TO AVAIL OF THE SERVICE**

STEP	APPLICANT/CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (with complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM			
1	Report Incident to CSWD Office	Initial data gathering & assessment	1 Hour	All personnel					
2	Submit required documents	Finalization of data gathering and preparation of Case Study Report	1 Hour	All personnel					
3	Return to CSWD Office to get assistance	Assist Client in claiming further assistance	30 minutes	All personnel					
	END OF TRANSACTION								

## **PSYCHIATRIC CLIENTS**

City Social Welfare and Development Office

#### A. ENDORSEMENT BY A FAMILY MEMBER:

STEP	APPLICANT/CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (with complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM	
1	Fill-up intake Form	Intake interview of Family Member	20 Minutes	Intake Worker	None	Intake Form	
2	Refer to CHO for Dr. Gayares	Prepare Referral	5 Minutes	Intake Worker	None	Referral form to CHO	
	END OF TRANSACTION						

#### B. ENDORSEMENT BY A CONCERNED CITIZEN:

STEP	APPLICANT/CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (with complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM
1	Concerned Citizen reports a Psychiatric Client	A. Interview whether the patient is violent or not. B.Refer the case of the Psychiatric patient to PNP for assistance and PNP will escort/assist the patient to CHO for medical intervention (CSWD will conduct family tracing for the turn-over of the patient to his family of community)	Case to case basis	PNP for rescue  CHO for medical intervention  CSWD for Family tracing	None	
		END OF	TRANSACTION			

## **CITY CIVIL REGISTRY OFFICE**

TYPE OF SERVICE	FEES	REQUIRED DOCUMENTS	PROCESSING TIME (complete documentary requirements)	PERSON RESPONSIBLE
Issuance of certified machine copies, transcription copies and certifications of  a. Births b. Marriages c. Deaths	- ₱ 40.00 - ₱ 40.00 - ₱ 40.00	Municipal Form Nos. 102, 103, & 97 Civil Registry Form Nos. 1A, 1B, 1C, 2A, 2B, 2C, 3A, 3B & 3C	10-15 minutes	Gerry Kim L. Olmedo Tito V. Tabelino Ma. Theresa M. Canoy
Registration of timely births, marriages and deaths.	Free of Charge	Municipal Forms 102, 103, & 97	5 minutes registration	Norma D. Jose (Birth) Jenelyn L. Canonigo (Marriage) Norvic Anthony P.Doromal (Death)
Delayed Registration of Births, Marriage & Deaths  a. Out of Town Registration b. In town Registration	- ₱ 100.00 - processing fee - Free of Charge	Municipal Forms 102, 103, & 97	10 days	Mabel S. Pangue (Out of Town Registration) Zonsayda P. Emnace (In Town Registration)
Registration of Legal Instruments  a. Legitimation / R.A. 9858 b. Acknowledgement under R.A. 9255	- ₱ 100.00 - ₱ 100.00	Municipal Form No. 102, Affidavit of Legitimation and Affidavit of Acknowledgment / Admission of Paternity	10 minutes 10 minutes	Amelia B. Villa

	1	1 / /		
Application for Marriage License	- 季 100.00 if both resident of Escalante - 季 150.00 if one is resident of Escalante - 季 200.00 if one of them is Foreigner	Municipal Form Nos. 90, 68, 92	10 days	Imelda D. Sulitas Gerry Kim L. Olmedo
Pre-Marriage Counseling	-₱50.00	Certificate of compliance	1 day	Gerry Kim L. Olmedo
Processing of Endorsement of a. Births b. Marriages c. Deaths	- 尹 100.00 - 尹 100.00 - 尹 100.00	Municipal Form Nos. 102, 103, & 97 Civil Registry Form Nos. 1A, 2A & 3A Endorsement letter	10 minutes	Jenelyn L. Canonigo Tito V. Tabelino
Processing of Supplemental Report of Births	- ₱ 100.00	Municipal Form No. 102, 103, 97 & affidavit of supplemental reporting	10-15 minutes	Mabel S. Pangue
Processing of PSA copy or SECPA thru BREQS.  a. Birth b. Marriage c. CENOMAR d. Death	- 尹 100.00 - processing fee  - 尹 155.00 - 尹 155.00 - 尹 210.00	Batch Request Query System (BREQS) Application form	5 minutes	Mabel S. Pangue Ma. Theresa M. Canoy
Petition for correction of entries in the Birth Certificate under R.A. 10172 (Sex and Birth day/month)	-₱155.00 -₱3,000.00 - filing fee  Note: No filing fee if indigent with Certificate of Indigency from CSWD	R.A. Form Nos. 1.1, 8.1, 9.1, 10.1 & medical certification	- 10 days posting - 5 days approval after 2 weeks publication	Eresvelyn D. Amaguin

Petition for change of first name in	- ₱ 3,000.00 - filing fee	R.A. Form Nos. 4.1, 8.1, 9.1,	- 10 days posting	Eresvelyn D. Amaguin
the Birth Certificate under R.A. 9048	Note: No filing fee if	10.1	- 5 days approval after 2 weeks	
9040	indigent with		publication	
	Certificate of		publication	
	Indigency from			
	CSWD			
Migrant Petition for correction of	- ₱ 1,000.00 - filing fee	R.A. Form Nos. 1.1, 2.1, 3.1, 8.1,	- 10 days posting	Eresvelyn D. Amaguin
entries in Birth, marriage and Death	- ₱ 500.00 - processing	9.1	- 5 days approval	
under R.A. 9048	fee			
	Note: No filing fee if			
	indigent with Certificate of			
	Indigency from CSWD			
Migrant Petition for change of first	- ₱ 3,000.00 - filing fee	R.A. Form Nos. 4.1, 8.1, 9.1,	- 10 days posting	Eresvelyn D. Amaguin
name in the Birth Certificate under	- ₱ 1,000.00 - processing	10.1	- 5 days approval	
R.A. 9048	fee			
	Note: No filing fee if			
	indigent with Certificate of			
	Indigency from CSWD			
Endorsement of granted petitions			15 minutes	Eresvelyn D. Amaguin
thru Court Order to PSA		- Court Order/Decisions		
a. Correction of Entries	- 季 100.00	- Finality		
b. Adoption	- ₱ 200.00	- Certificate of live births, marriages,		
c. Annulment	-₱300.00	and death with annotation		
dLegal Separation	- ₱ 300.00	- Certifications		
e. Presumptive Death	-₱200.00	- Endorsement letter		
Endorsement of affirmed petitions	- ₱ 100.00 - processing	- R.A. Form Nos. 1.1, 2.1, 3.1, 4.1,	10 minutes	Eresvelyn D. Amaguin
thru R.A. No. 9048 / R.A. No.	fee	11.1		
10172 to PSA (Correction and		- Certificate of Finality		
Change of First Name)		- Certificate of live births, marriages, and death with & w/o annotations		
		- Endorsement letter		

## PROCESSING OF TIMELY REGISTRATION OF MARRIAGE CERTIFICATE (WITH LICENSE AND UNDER ARTICLE 34)

City Civil Registry Office

STEP	APPLICANT/CLIENT	SERVICE PROVIDER	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON IN CHARGE	FEES	FORM
1	Present Marriage Certificate for registration	Receives the marriage certificate for registration and assigns registry number	3 minutes	Jenelyn L. Canonigo	Free of charge	Municipal Form No. 97
		Examine the Marriage Certificate for signature of the City Civil Registrar	5 minutes	Jenelyn L. Canonigo		
		Reviews, signs and registers the Certificate of Marriage	5 minutes	Juvy H. Sebua		
		Records Certificate of Marriage in the Register of Marriages	5 minutes	Jenelyn L. Canonigo		
		Segregates file copy for owner, LCR and PSA	3 minutes	Jenelyn L. Canonigo		
		Release owner's copy  END OF	3 minutes TRANSACTION	Jenelyn L. Canonigo		

## PROCESSING OF TIMELY REGISTRATION OF DEATH CERTIFICATE

City Civil Registry Office

STEP	APPLICANT/CLIENT	SERVICE PROVIDER	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON IN CHARGE	FEES	FORM
1	Present Death Certificate for registration	Receives the death certificate for registration and assigns registry number	3 minutes	Norvic Anthony P. Doromal	Free of charge	Municipal Form No. 103
		Examine the Death Certificate for signature of the City Civil Registrar	5 minutes	Norvic Anthony P. Doromal		
		Reviews, signs and registers the Certificate of Death	5 minutes	Juvy H. Sebua		
		Records Certificate of Death in the Register of Death	5 minutes	Norvic Anthony P. Doromal		
		Segregates file copy for the owner, LCR' PSA and Hospital or CHO	3minutes	Norvic Anthony P. Doromal		
		Release owner's copy	3 minutes	Norvic Anthony P. Doromal		
		EN	D OF TRANSACTION			

## PROCESSING OF FILING PETITIONS FOR CORRECTION OF CLERICAL ERROR UNDER REPUBLIC ACT NO. 9048

City Civil Registry Office

STEP	APPLICANT/CLIENT	SERVICE PROVIDER	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON IN CHARGE	FEES	FORM
1	Present the vital documents such as birth, death or marriage certificate sought to be corrected	Determines whether or not the documents which subject of the petition form a part of the civil register. Provide list of requirements for correction of clerical error.	5 minutes	Eresvelyn D. Amaguin		
2	Submit all necessary supporting documents for petition	Evaluates and checks submitted documents as to completeness	10 minutes	Eresvelyn D. Amaguin		
3	Pay filing fee to the City Treasurer's Office	Process payment and issue Official Receipt	5 minutes	City Treasurer's Office Staff	One thousand Pesos (尹1,000.00)	
4	Submit official receipt of filing fee to LCR office	Prepares petition and let the petitioner sign the petition form	10 minutes	Eresvelyn D. Amaguin		R.A. 9048 Form No. 1.1
5	Sign petition for correction of clerical error	Verify and subscribe petition	5 minutes	Juvy H. sebua		R.A. 9048 Form No. 1.1
6	Wait until petition be approved by PSA, Legal Division or may follow up at the office, 3 months or 4 months after the date of mailing of documents to PSA	Inform client when will the date of CCR decision and the submission of documents to PSA, Legal Division	3 minutes	Eresvelyn D. Amaguin		
		Processing of petition: Prepare and post Notice of Posting at the LCR, Bulletin Board	10 days posting	Eresvelyn D. Amaguin		R.A. Form No. 8.1

STEP	APPLICANT/CLIENT	SERVICE PROVIDER	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON IN CHARGE	FEES	FORM
		Issue Certificate of Posting, Record Book	5 minutes	Eresvelyn D. Amaguin		R.A. Form No. 9.1
		City Civil Registrar to render decision of the petition filed	Within five (5) working days after completion of posting	Juvy H. Sebua		
		Transmit a copy of the decision together with the records of the proceedings to the Office of the Civil Registry General (OCRG)	Within five (5) working days after completion of posting	Eresvelyn D. Amaguin		
		Affirmed Petition:  Prepare certificate of Finality upon receipts of the OCRG decision and annotates the document and Notify petitioner that petition has been approved by OCRG and issuance of duly annotated document can be requested in the office.	15 minutes	Eresvelyn D. Amaguin		R.A. Form No. 11.1
		ΕN	ID OF TRANSACTION			

## PROCESSING OF FILING PETITIONS FOR CHANGE OF FIRST NAME UNDER REPUBLIC ACT NO. 9048 AND CORRECTION OF CLERICAL ERROR UNDER REPUBLIC ACT NO. 10172

City Civil Registry Office

STEP	APPLICANT/CLIENT	SERVICE PROVIDER	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON IN CHARGE	FEES	FORM
1	Present birth certificate sought to be changed	Determines whether or not document which is subject of the petition form a part of the civil register in the office.  Provide list of requirements for change of first name.	5 minutes	Eresvelyn D. Amaguin		
2	Submit all requirements & supporting documents	Evaluates and checks submitted documents. When all documents are complete advice client to pay the filing for change of first name at the office of the City Treasurer.	10 minutes	Eresvelyn D. Amaguin		
3	Pay filing fee at the City Treasurer's Office	Process payment and issue official receipt	5 minutes	City Treasurer's Office Staff	₱ 3,000.00	
4	Submit official receipt of filing fee to LCR Office	Prepares petition and let the petitioner sign the petition form	10 minutes	Eresvelyn D. Amaguin		R.A. Form No. 4.1
5	Sign petition for change of first name	Verifies as to correctness and subscribes petition	5 minutes	Juvy H. Sebua		R.A. Form Nos. 4.1 & 1.1
		Provide 1 copy of notice for publication and advise petitioner to publish for 2 consecutive weeks.	5 minutes	Eresvelyn D. Amaguin		R.A. Form No. 10.1
		Issue and post notice for posting	10 days	Eresvelyn D. Amaguin		R.A. Form No. 8.1
		Issue Certificate of Posting	5 minutes	Eresvelyn D. Amaguin		R.A. Form No. 9.1

STEP	APPLICANT/CLIENT	SERVICE PROVIDER	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON IN CHARGE	FEES	FORM
6	Petitioner submits affidavit of publication and newspaper clippings	Check affidavit of publication and newspapers clippings	5 minutes	Eresvelyn D. Amaguin		
		City Civil Registrar renders decision of the petition filed, within five (5) working days after submission of affidavit of Publisher with newspapers clippings	5 minutes	Juvy H. Sebua		
		Transmit a copy of the decision with the records of the proceedings to the OCRG, within five (5) working days after City Civil Registrar's decision		Eresvelyn D. Amaguin		
		Affirmed Petition:  Prepare certificate of Finality upon receipt of the OCRG decision and annotates the document and Notify petitioner that petition has been approved by OCRG and issuance of duly annotated document can be requested in the office.	15 minutes	Eresvelyn D. Amaguin		R.A. Form No. 11.1
		<u> </u>	ANSACTION			

## PROCESSING OF REGISTRATION OF COURT DECREES

City Civil Registry Office

STEP	APPLICANT/CLIENT	SERVICE PROVIDER	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON IN CHARGE	FEES	FORM
	Present/submit the following:  5 machine copies of court order/decision and 5 machine copies of certificate of finality duly certified by the clerk of court	Receive and check if all documents are duly signed by the clerk of court	10 minutes	Eresvelyn D. Amaguin		
	Pay processing fee to the City Treasurer's Office	Process payment and issues official receipt	5 minutes	City Treasurer's Office	Legal Separation - ₱ 200.00 Annulment - ₱ 300.00 Adoption - ₱ 200.00 Correction of entries - ₱ 100.00 Presumptive death - ₱ 200.00	
		Processing Register Court Decree; prepares certification court decree recorded; annotates Birth/Marriage/Death; Photocopies of vital documents annotated	15 minutes	Eresvelyn D. Amaguin		
		Reviews, signs and certifies the registration and annotation	5 minutes	Juvy H. Sebua		
		Segregate copies for owner , LCR & PSA	3minutes	Eresvelyn D. Amaguin		
		Release of documents to client  END OF TRA	3 minutes	Eresvelyn D. Amaguin		

## CITIZEN'S CHARTER Escalante City, Negros Occidental, Philippines PROCESSING OF DELAYED REGISTRATION OF CERTIFICATE OF LIVE BIRTH AND APPLICATION UNDER R.A. NO. 9255 & R.A. NO. 9858 / LEGITIMATION

City Civil Registry Office

#### I. APPLICATION FOR DELAYED REGISTRATION

STEP	APPLICANT/CLIENT	SERVICE PROVIDER	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON IN CHARGE	FEES	FORM
1	Present CRS Form No. 1 & LCR Form 1B/1C together with the requirements	Evaluate and check all the requirements. Then, interview the applicant on the facts of birth.	10 minutes	Zonsayda P. Emnace / Tito V. Tabelino	Free of Charge	Municipal Form No. 102
2	Sign the Certificate of Live Birth Municipal Form 102	Review Certificate of Live Birth (COLB) draft.	5 minutes	Zonsayda P. Emnace		
		Issue claim slip and indicate therein the day of release of registered Certificate of Live Birth	3 minutes	Zonsayda P. Emnace		
		Post the application	10 days	Zonsayda P. Emnace		
		Receives Certificate of Live Birth & assigns registry number	5 minutes	Norma D. Jose		
		Review the Birth Certificate for signature of the City Civil Registrar	5 minutes	Zonsayda P. Emnace		
		Signs and Register the Certificate of Live Birth (COLB) after completion of posting period	5 minutes	Juvy H. Sebua		
		Record the Certificate of Live Birth (COLB) in the Register of Birth	3 minutes	Norma D. Jose		
		Release the owner's copy of registered Certificate of Live Birth (COLB)	3 minutes	Norma D. Jose		
	<u> </u>	END OF TI	RANSACTION	.1		

### II. APPLICATION FOR REGISTRATION UNDER R.A. NO. 9255 (AFFIDAVIT TO USE THE SURNAME OF THE FATHER) & R.A. NO. 9858 (LEGITIMATION)

0	APPLICANT/CLIENT	SERVICE PROVIDER	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON IN CHARGE	FEES	FORM
1	Present prepared Certificate of Live Birth (COLB) and the requirements	A. TIMELY APPLICATIONS (R.A. NO. 9255) Check and evaluate the COLB together with the requirements.	5 minutes	Norma D. Jose	Processing Fee- P100.00	Municipal Form No. 102
2	Sign the Certificate of Live Birth (COLB) and Affidavit to	Let the parents sign the applicants Certificate of Live Birth (COLB)	5 minutes	Norma D. Jose		
	Use the Surname of the father (AUSF)	Receive Certificate of Live Birth & assigns registry number	5 minutes	Norma D. Jose		
		Prepare and let the parents sign the Affidavit to Use the Surname of the Father	10 minutes	Amelia B. Villa		
		Record AUSF in the Book of Legal Instrument	5 minutes	Amelia B. Villa		
		Review the Birth Certificate for signature of the City Civil Registrar	10 minutes	Amelia B. Villa		
		Subscribe the affidavit and register the Certificate of Live Birth (COLB) after completion	5 minutes	Juvy H. Sebua		
		Record Certificate of Live Birth (COLB) in the Register of Birth	3 minutes	Norma D. Jose		
		Release owner's copy of the Certificate of Live Birth	3 minutes	Norma D. Jose		

		B. DELAYED APPLICATIONS (R.A. 9255 / R.A. 9858 / Legitimation)				
3	Present Certificate of Live Birth (COLB) in SECPA and the requirements	Check and evaluate the requirements.	5 minutes	Zonsayda P. Emnace	Processing Fee- P100.00	Municipal Form No. 102
4	Parents sign the required affidavit (Affidavit to Use the Surname of the Father – AUSF / Affidavit of Acknowledgement / Affidavit of Admission of Paternity – AAP)	Prepare the affidavit to Use the Surname of the Father / Affidavit of Acknowledgement / Affidavit of Admission of Paternity / Affidavit of Legitimation as required in the application	10 minutes	Zonsayda P. Emnace		
		Let the parents sign the affidavit	5 minutes	Zonsayda P. Emnace		
		Assign registry number in the affidavit and record in the Register of Legal Instrument	5 minutes	Amelia B. Villa		
		CCR subscribes the affidavit and certifies the necessary requirements	5 minutes	Juvy H. Sebua		
		Segregate documents	3 minutes	Amelia B. Villa		
		Release owner's copy of Certificate of Live Birth (COLB) together with a copy of the supporting documents  END OF TRANSACT	3 minutes	Norma D. Jose		

# CITIZEN'S CHARTER Escalante City, Negros Occidental, Philippines PROCESSING OF THE DELAYED REGISTRATION OF CERTIFICATE OF MARRIAGE

City Civil Registry Office

STEP	APPLICANT/CLIENT	SERVICE PROVIDER	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON IN CHARGE	FEES	FORM
1	Present requirements together with CRS Form No. 3 & LCR Form No. 3B or 3C	Check and evaluate the requirements	10 minutes	Zonsayda P. Emnace	Free of charge	Mun. Form No. 97
		Post the application	10 days	Zonsayda P. Emnace		
		Print the Certificate of Marriage	5 minutes	Zonsayda P. Emnace		
		Let the informant review the certificate	5 minutes	Zonsayda P. Emnace		
		Receive marriage certificate for registration and assign registry number	5 minutes	Jenelyn L. Canonigo		
		Review the Certificate of Live Birth for signature of the City Civil Registrar	5 minutes	Jenelyn L. Canonigo		
		Signs and registers the marriage certificate	5 minutes	Juvy H. Sebua		
		Record the Certificate in the Register of Marriage, and segregate it.	3 minutes	Jenelyn L. Canonigo		
		Release owner's copy of registered Certificate of Marriage	3 minutes	Jenelyn L. Canonigo		

## PROCESSING OF THE DELAYED REGISTRATION OF CERTIFICATE OF DEATH

City Civil Registry Office

STEP	APPLICANT/CLIENT	SERVICE PROVIDER	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON IN CHARGE	FEES	FORM
1	Present unregistered death certificate and other supporting documents	Check and evaluate the requirements	5 minutes	Zonsayda P. Emnace	Free of charge	Mun. Form No. 103 LCR Form 2A, 2B or 2C
2	Sign the Certificate of Death	Interview the informant and let him/her sign	10 minutes	Zonsayda P. Emnace		
3		Let the informant evaluate the printed certificate	5 minutes	Zonsayda P. Emnace		
4	Proceed to City Health Office	City Health Officer to sign the prepared Death Certificate	1 hour	Informant/ City Health Officer		
		Post the notice of application	10 days	Zonsayda P. Emnace		
	Return the Certificate of Death at City Civil Registry Office (CCRO)	Receive the certificate for registration and assign registry number	5 minutes	Norvic Anthony P. Doromal		
	,	Review the certificate for signature of CCR	5 minutes	Norvic Anthony P. Doromal		
		Signs and registers the Death Certificate	5 minutes	Juvy H. Sebua		
		Record the Certificate in the Register of Deaths	5 minutes	Norvic Anthony P. Doromal		
		Release owner's copy of registered Certificate of Death	3 minutes	Norvic Anthony P. Doromal		
		END OF TRA	ANSACTION			

## PROCESSING OF FILING OF MARRIAGE LICENSE

City Civil Registry Office

1			(w/ complete documentary requirements)			
	Present required documents for filing	Receives and validates the correctness of documents  Interviews both applicants	5 minutes	Imelda D. Sulitas / Gerry Kim L. Olmedo		
2	Pay to the City Treasurer's Office	Process payment and issue official receipt	5 minutes	City Treasurer's Office Staff	₱ 100.00 (if both residents of Escalante City) ₱ 200.00 (if one is a resident of Escalante City) ₱ 500.00 (if one is a foreigner)	
3	Convene at the Women Center, Habitat, Escalante City	Facilitate the session with the assigned topic "Marriage and Relationship" and the Importance of Civil Registration	half day (4 hours)	Gerry Kim L. Olmedo	<b>₱</b> 50.00	
4	Submit PMC Certificate of participation to the office	Type the Application for Marriage License and have it signed by both parties	10 minutes 10 days posting	Imelda D. Sulitas		Mun. Form 90, Form No. 68 & Form No. 92
		Reviews the documents as to Completeness	5 minutes	Imelda D. Sulitas		
		Subscribes the Marriage License and signs pertinent documents	5 minutes	Juvy H. Sebua	₱ 2.00	Accountable Form No 54
5	Counter checking the data in the document	Record the Marriage License Number in the Book of Register	5 minutes	Imelda D. Sulitas		
6		Release the owner's copy of the Marriage License	3 minutes  END OF TRANS	Imelda D. Sulitas / Gerry Kim L. Olmedo		

## **CITY PLANNING AND DEVELOPMENT OFFICE**

TYPE OF SERVICE	FEES	REQUIRED DOCUMENTS	Processing Time (Complete documentary requirements)	PERSON RESPONSIBLE
Issuance of Locational Clearance  Issuance of Zoning Certification for "O-ilaw" Program	Residential: ₱ 100.00 for ₱ 100,000.00 and below; ₱ 100.00 plus 1/10 of 1% in excess of ₱ 100,000.00.  Commercial: ₱ 1,000.00 for ₱ 100,000.00 and below; ₱ 500.00 plus 1/10 of 1% in excess of 100,000.00.  Institutional: ₱ 1,000.00 for ₱ 100,000.00 and below; ₱ 200.00 plus 1/10 of 1% in excess of 100,000.00.	<ol> <li>Proof of ownership / Rights over the Property, Any of the following:         <ul> <li>TCT</li> <li>Authority to Construct from the Lot owner</li> <li>Deed</li> <li>Lease Contract</li> <li>Tax Declaration / Tax Receipt</li> <li>SPA / Affidavit</li> <li>Construction, Renovation &amp; Repair</li> <li>Building Plans (5 sets) -                       * Estimates / Bldg. Specification *</li> </ul> </li> <li>Proof of ownership / Rights over the Property, Any of the following:         <ul> <li>TCT</li> </ul> </li> </ol>	8 minutes (complete documents requirements)  5 minutes	Engr. Leopoldo S. Seduco (CPDC)  Adanah Mari M. Tablero
		<ul> <li>Tax Declaration / Tax Receipt</li> <li>Authority to Construct from the Lot owner</li> </ul> 2. O- ILAW certification from the City Admin. Office (for indigent)		
Request for Socio- economic data / map	₱ 5.00 per page ₱ 10.00 per map (machine reproduction at clients expenses		4 minutes	Adanah Mari M. Tablero

## ISSUANCE OF ZONING CLEARANCE / CERTIFICATION City Planning and Development Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM
1	Present application documents	Check documents for completion: - Return incomplete documents for compliance - Assess required fees and advise client to pay to CTO for application with complete papers	2 minutes	Sheila May E. Inumerables/ Marites G. Cordero/ Onesimus C. Tuanzon/ Adanah Mari M. Tablero	None	
2	Pay to CTO the required fees and submit O. R. to CPDO in-charge	Receive O. R. and process clearance for approval	3 minutes	Sheila May E. Inumerables/ Marites G. Cordero/ Onesimus C. Tuanzon/ Adanah Mari M. Tablero	None	
3	Receive Locational Clearance	Release approved clearance	1 minute	Sheila May E. Inumerables/ Marites G. Cordero/ Onesimus C. Tuanzon Adanah Mari M. Tablero	None	
	,	END OF T	RANSACTION			

## REQUEST FOR DATA / MAP

City Planning and Development Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM
1	Fill up request form	Receive and evaluate clients request.	1 minute	Adanah Mari M. Tablero Sheila May E. Inumerables Marites G. Cordero Onesimus C. Tuanzon	None	
2	Pay to CTO required fee and present O. R. to CPDO in-charge	For data/map to be printed in the office, advise client to pay required fee release printed data/map	3 minutes			
3	Sign borrower's slip for documents to be reproduces	For data/map to be machine copied, make available documents for reproduction	2 minutes			
4	Return borrowed documents	Return back borrower's slip	1 minute			
		END OF	TRANSACTION	•		

## **CITY ENGINEER'S OFFICE**

(OFFICE OF THE BUILDING OFFICIAL)

TYPE OF SERVICE	FEES	REQUIRED DOCUMENTS	PROCESSING TIME	PERSON RESPONSIBLE
1. Processing and Issuance of Building Permit	Assessment of various fees depends upon the character of occupancy such us building floor area, the lot perimeter, the excavations for foundation, the quantity of plumbing and electrical fixtures and mechanical units and other required ancillary permits, and the like.	<ol> <li>Five (5) sets of building plans (blue printed copies) duly signed and sealed by licensed Civil Engineer, Architect, Professional Electrical Engineer, Mechanical Engineer and Master Plumber and other professional discipline with specifications and authenticated estimate of building cost;</li> <li>Photocopy of recent PTR &amp; PRC license of all professional designers certifying the building plans, each with corresponding specimen signature;</li> <li>Locational Clearance from the City Planning and Development Office;</li> <li>Fire clearance certificate from the Office of the City Fire Marshall for Building compliance of Fire Protection and Safety Requirements;</li> <li>Lot plan signed and sealed by a licensed Geodetic Engineer;</li> <li>Certified true copy of Transfer Certificate of Land Title (TCT);</li> <li>Deed of Sale or Contract of Lease duly constituted and notarized by a registered lawyer in case the applicant is not the registered landowner;</li> <li>Structural Design Computations duly signed and sealed by a Structural Engineer;</li> </ol>	5days	-Eng'r. Winny C. Wayco -Eng'r. Ferlen Jose -Eng'r. Jediael R. Lamayo - Cheryll T. Doromal

TYPE OF SERVICE	FEES	REQUIRED DOCUMENTS	PROCESSING TIME	PERSON RESPONSIBLE
		<ol> <li>Certified building foundation soil test duly performed signed and sealed by a specialist foundation engineer;</li> <li>Electrical Design of circuitry and load analysis duly signed and sealed by a Professional Electrical Engineer;</li> <li>Air Transportation Office (ATO) clearance for permissible height limit permit;</li> <li>Certification of the Bureau of Health and Technology;</li> <li>Environmental Compliance Certification or Certification of Non – coverage.</li> </ol>		
2. Issuance of Certificate of Occupancy	Assessment of various fees depends upon the character of occupancy	<ol> <li>Five (5) sets of as-built building plans (blue printed copies) duly signed and sealed by licensed designing Professional;</li> <li>Application for certificate of occupancy;</li> <li>Certificate of Completion duly signed and sealed by the in- charge of construction;</li> <li>Construction log book;</li> <li>Fire safety clearance from the City Fire Marshal; and</li> <li>Other related documents that may be required by the Building Official.</li> </ol>	2days	-Eng'r. Winny C. Wayco -Eng'r. Ferlen Jose -Eng'r. Jediael R. Lamayo - Cheryll T. Doromal

		,		1
3. Issuance of	₱ 324.00, None for the O-	Approved Locational clearance from City Planning and		
ancillary Electrical	ilaw beneficiary	Development Office(CPDO);		
Permit for applicants				
that are exempted		2. Certified true copy of TCT (for the lot occupied by the		
from securing the		applicant);		
Building Permit		2. Note in additional of colors and control to a control to		Fanis Winner C Warra
		3. Notarized deed of sale or lease contract or authority to	4	-Eng'r. Winny C. Wayco
		construct or certification given by the registered land owner /	1day	- Cheryll T. Doromal
		representative;		- Eng'r. Jonathan Bayona
		4. Appropriate electrical plan signed and sealed by a licensed		
		Professional Electrical Engineer (PEE);		
		Troidesiana Electrical Engineer (1 EE),		
		5. Photocopy of PTR and license of the PEE who signed and		
		seal the plan and is not residing in the city.		
4. Issuance of		Electrical plan signed and sealed by professional electrical		
certificate of final		engineer;		Eng'r Winny C Waysa
electrical inspection	None		1day	-Eng'r. Winny C. Wayco - Cheryll T. Doromal
	None	2. Application for Certificate of Final Electrical Inspection; and	Tuay	- Eng'r. Jonathan Bayona
				- Engl. Johathan Dayona
		3. Fire safety certificate from the city Fire Marshal		

NOTE: Processing time duration is based on the presumptive assumption that the submitted documents is fully complied with and is in order and the applicant has readiness to pay the fees.

## PROCESSING AND ISSUANCE OF BUILDING PERMIT

City Engineer's Office (Office of the Building Official)

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM
1	Visit the Office of Building Official for the requirements and for orientation	Provide Building Permit form together with all required ancillary permit forms, checklist of other required documents, and provide orientation of applicants	15 minutes	Engr. Jediael R. Lamayo	None	Building Permit form, Ancillary Permit form,
2	Submit the required requirements	<ul> <li>Receive and evaluate the documents;</li> <li>Site Inspection; and</li> <li>Assessment of payment for building and ancillary fees</li> </ul>	3 days(w/ complete documentary requirements)	-Eng'r. Winny C. Wayco Engr. Jediael R. Lamayo Eng'r. Ferlen Jose	None	Acknowledgem ent receipt
3	Payment of building fees to the City Treasure's Office and submit OR to the OBO person in-charge	Receive and evaluate the OR and process the approval of the permit	5minutes	Engr. Jediael R. Lamayo	As assess amount of fees	Assessment form with computation of required fees
4	Receive the Issued/Granted Building Permit and have the building permit no. and date of issue posted at the construction site	Issue and release the approved building permit.	3minutes	-Eng'r. Winny C. Wayco -Engr. Jediael R. Lamayo	None	Approved Building Permit
		END OF	TRANSACTION			

### PROCESSING AND ISSUANCE OF CERTIFICATE OF OCCUPANCY

City Engineer's Office (Office of the Building Official)

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM
1	Visit the Office of Building Official for the application of the certificate of occupancy permit	Provide application form and checklist of required documents	5 minutes	Engr. Jediael R. Lamayo	None	Application form
2	Submit the required requirements	<ul><li>Receive and evaluate the documents</li><li>Ocular inspection</li><li>Assessment of fees</li></ul>	1day	-Eng'r. Winny C. Wayco Engr. Jediael R. Lamayo Eng'r. Ferlen Jose	None	Acknowledgem ent receipt
3	Payment of fees to the City Treasurer's Office and submit OR of payment to the OBO person in-charge	Receive and evaluate the OR and process the approval of permit	5 minutes	Engr. Jediael R. Lamayo	As assessed amount of fees	Assessment form with computation of required fees
4	Receive the Issued/Granted Occupancy Permit	Issue and release the approved Occupancy permit.	3minutes	-Eng'r. Winny C. Wayco -Engr. Jediael R. Lamayo	None	Approved Building Permit
		END OF 1	RANSACTION			

### **ISSUANCE OF ELECTRICAL PERMIT**

City Engineer's Office (Office of the Building Official)

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM
1	Visit the Office of Building Official for the application of Electrical Permit	Provide application form and checklist of required documents	5minutes	-Eng'r. Winny C. Wayco	None	Application form and checklist
2	Submit the required requirements	- Evaluate the submitted requirements	2days	-Cheryll T. Doromal - Eng'r. Jonathan Bayona	None	Acknowledgem ent receipt
3	Payment of building fees to the City Treasure's Office and submit OR to the OBO person in-charge	Receive and evaluate the OR and process the approval of the permit	5 minutes		None for O-ilaw beneficiary, ₱324.OO for non- beneficiary	Assessment form with computation of required fees
4	Receive the Issued/Granted electrical Permit	Issue and release the approved Electrical permit.	3minutes	-Eng'r. Winny C. Wayco -Cheryll T. Doromal	None	Approved Electrical Permit

1			_		1	1 1		
	END OF TRANSACTION							
	END OF TRANSACTION							

### ISSUANCE OF CCCERTIFICATE FINAL ELECTRICAL INSPECTION

City Engineer's Office (Office of the Building Official)

#### **HOW TO AVAIL OF THE SERVICE**

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM
1	Visit the Office of Building Official for the application of Certificate Final Electrical Inspection	Provide application form and checklist of required documents	5minutes	-Eng'r. Winny C. Wayco	None	Application form and checklist
2	Submit the required requirements	<ul><li>Receive and evaluate the documents</li><li>Ocular inspection</li><li>Assessment of fees</li></ul>	1day	-Cheryll T. Doromal - Eng'r. Jonathan Bayona	None	Acknowledgem ent receipt
3	For non-beneficiary, go to the CTO for payment fees and submit OR of payment to the BO person in-charge	Receive and evaluate the OR and process the approval of the permit	5 minutes		None for O-ilaw beneficiary, ₱324.OO for non- beneficiary	-Assessment form with computation of required fees - Approved Electrical Permit( for O- ilaw beneficiary)
4	Receive the Issued/Granted electrical Permit	Issue and release the approved Electrical permit.	3minutes	-Eng'r. Winny C. Wayco -Cheryll T. Doromal	None	Approved Electrical Permit

END OF TRANSACTION

### **CITY HEALTH OFFICE**

TYPE OF SERVICE	FEES (Proposed Collection Fee for 2018)	REQUIRED DOCUMENTS	PROCESSING TIME	PERSON RESPONSIBLE
I. MEDICAL SERVICES  A. Medical Consultation  B. Issuance of Medical Certificate  C. Medico Legal  1. Post-mortem exam 2. Other cases  D. Death Certification	None  None  > ₱ 50.00 (for employed) > ₱ 20.00 (for student) > No fees for Indigent clients  > ₱ 150.00 > ₱ 50.00 > ₱ 20.00 (Student)  None	Referral note from the Brgy. Health Midwife Previous or current consultation record Consultation by physician  PNP request  Barangay Certificate or Death Certificate from hospital (for hospital death)	35 -90 min (case to case) 20 – 35 mins. 40 - 130 mins. (case to case) 15-20mins	Nurse Triage Dr. Peter Paul L. Hinolan Dr. Airel Jaye Guillamas  Arlyn C. Palma Gerald Son Dr. Peter Paul L. Hinolan Dr. Airel Jaye Guillamas  Arlyn C. Palma Gerald Son/Michellelle Ughayon Dr. Peter Paul L. Hinolan Dr. Airel Jaye Guillamas  Marissa Villasor Dr. Peter Paul L. Hinolan Dr. Airel Jaye Guillamas
II. DENTAL SERVICES  a. Tooth Extraction  b. Tooth filling (Temp)	₱ 100.00 None	Referral note from the Brgy. Health Midwife and ITR	45 – 60 mins	Dr. Rhizza Faye Barcenilla

CITIZEN'S CHARTER Escalante City, Negros Occidental, Philippines

CITIZEN 5 CITIKI EK ESCA	uante City, Negros Occiaental,	r nuippines		
III. LABORATORY SERVICES				
Laboratory tests & Electrocardiography (ECG)	refer to attached ordinance	Physician's request	Case to case depending on type of tests	Sheila Mae D. Negrido, RMT Ma. Isa Sabete, RMT
IV. ENVIRONMENTAL SANITATION OFFICE				
Processing of Sanitary permits/ health permits (Food and Non- food)	None	Recent ID picture 1x1 Stool & sputum exam with negative results	10-15mins.	Shila S. Cañonero, RN Richelle Galang
V. SOCIAL HYGIENE and VAWC CLINIC				
Social Hygiene examination and issuance of pink card	Gram staining 50.00 for non- VAWC case	Recent ID picture 1x1 Negative vaginal smear result Result for Interpretation	25 – 30mins.	Catherine C. Bautista, RN Dr. Peter Paul L. Hinolan Dr. Airel Jaye Guillamas
VI. PHYSICAL THERAPY				
All physical therapy Modalities Therapeutic Ultrasound ECG	30.00 24.00 (Senior Citizen) 200.00 160.00 (senior citizen)	Referral from Physician	Case to case (30-60 mins) Depending on Treatment modality	Wilnel D. Gamabo

CITIZEN'S CHARTER Escalante City, Negros Occidental, Philippines

CITIZEN'S CHARTER Esca	iante City, Negros Occiaenta	u, Pnilippines		
VII. DISEASE SURVEILLANCE	None	None	1-2hours. Case to case basis	Mary Joy Escala, RN
VIII. BLOOD DONATION SERVICE	None	Blood request from physician/ hospital Certification from barangay	15-25 mins.	Sheila Negrido, RMT
IX. OTHER SERVICES				
A. Infant Immunization Service	None	None	10-15mins.	Editha P; Dela Cruz, RM Emily Bascar, RM
B. Family Planning Services	None	Referral note from the Brgy. with FP form I properly filled up	15mins.	Zephanie Doromal, RM
C. Treatment of TB	None	None for first time client TB Tx card for registered TB client	10-15mins.	Jireh Cabus, RN
D. Newborn Screening Service	₱ 1500.00 (Expanded NBS)	Newborn Screening Request form from maternity or hospital	10-15mins.	Sheila Negrido, RMT
F. Medicine Dispensing Unit	None	Prescription from physician	10-15 mins.	Marlyn Fregil

# GENERAL MEDICAL CONSULTATION City Health Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM
1	Client secures Individual Treatment Record (ITR) from Medical Record Section (MRS)	Furnish new ITR to new or first timer client or retrieves old ITR from files for old clients	5 - 10 mins.	Arlene C. Palma Records Office Staff	None	ITR and Referral Form
2	Clients presents ITR at Consultation Triage Section (CTS)	Medical Interview     Noting down of client's medical complaints     Taking of vital signs & other important medical details	5-10mins.	Nurse Triage Assigned	None	ITR
3	Client is directed to physician consultation room	Physician examines and assesses the patient; Laboratory work up may be requested; Medications prescribed; Medical procedure may be performed.	15-20mins.	Dr. Peter Paul L. Hinolan Dr. Airel Jaye Guillamas	None	ITR
4	Client present doctor's prescription at DRUG ROOM	Pharmacist provides available prescribed medicines for the client with proper instruction	5-10 mins.	Marlyn Fregil	None	ITRand Doctor's Prescription

# ISSUANCE OF MEDICAL CERTIFICATION City Health Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM
1	Client presents at Medical Records section and ask for medical certification of fitness or current or previous illness	Secure ITR from Record's section with referral	10-15mins.	Arlyn Palma Gerald Son Records Office Personnel		ITR and Referral Form
2	Client present medical record to Triage Nurse	Triage Nurse fill up ITR and vital signs taking	3-5 mins.	Nurse Triage Assigned		
3	Client present medical record to physician for review and order of issuance of medical certificate back to physician for affixing of signature	Review of documents and affixing of signature of attending physician	5mins.	Dr. Peter Paul L. Hinolan Dr. Airel Jaye Guillamas	None	
4	Client pays for Medical certification fee at the cashier	Preparation of medical certification	5-10 mins.	Jerus Baligala	50.00 (20.00 for students)	
5	Present ITR to computer encoder for Issuance of medical certificate	Encoding and printing medical certificate	5 mins.	Arlyn Palma Gerald Son		
	-L	<u> </u>	END OF TRANSACTION		1	

# MEDICO – LEGAL SERVICES City Health Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM
A. Post Mortem E	xamination		<u> </u>			
1	Family member of victim presents at CHO with request letter for post mortem exam from PNP	Receives request and schedules the conduct of post mortem examination within the day	5-10 min	Nurse Triage	None	PNP post mortem request letter
2		Conduct of post mortem examination	45-60 min	Dr. Peter Paul L. Hinolan	None	
3		Preparation of post mortem examination report	45-60 min	Dr. Peter Paul L. Hinolan	P 150.00	
4		Releasing of medico-legal report	2-3min	Arlyn Palma Gerald son	None	
B. Other Medico I	egal cases (Rape, mau	ing, etc)				
1-2	Victim presents at the Follows general cons		r medico-legal exam from PNP			
3	Victim submits for physical examination and other examinations and work up	Performs physical examination to the client, (including vaginal and internal examinations to rape cases)	15-30 min	Dr. Peter Paul L. Hinolan Dr. Airel Jaye Guillamas	P 50.00 for non- indigent	PNP medico- legal exam request letter
4		Preparation of medico- legal report	20-30 min	Arlyn Palma Gerald son	None	
5		Releasing of medico-legal report	2-3 min	Arlyn Palma Gerald son	None	Medico- legal report
			END OF TRANSACTION			•

### **ISSUANCE OF DEATH CERTIFICATE**

City Health Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	(w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM
A. Deaths from H	lospital/ Medical clinic/	lying-in clinic				
1	Client presents Death Certificate from hospital to the Medical Record section	Review of Death Certificate for missed and missing entries	5 min	Marissa Villasor	None	Death certificate issued from hospital
2		Final review of death certificate	5 min	Dr. Peter Paul L. Hinolan Dr. Airel Jaye Guillamas	None	Death certificate
B. Deaths outsid	e medical authority (ho	use deaths, drowning, etc)				
1	Family/ Client informs Brgy Health Midwife (BHM) of death of family member (Brgy certification of death)	Interview of family member knowledgeable of death  Preparation of death certificate	30 min	Marissa Villasor	None	
2	Client brings the partially filled death certificate from barangays to the Medical Records Section at the City Health Office	Review of missed and missing entries in the death certificate	10 min	Marissa Villasor	None	Death Certificate
3		Interview of client for probable cause/s of death;	5 min	Dr. Peter Paul L. Hinolan Dr. Airel Jaye Guillamas	None	
4		Final review of death certificate	5 min	Dr. Peter Paul L. Hinolan Dr. Airel Jaye Guillamas	None	Death Certificate
			END OF TRANSACTION			

DENTAL HEALTH SERVICES
(Tooth Extraction & Temporary Filling)
City Health Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM
1	Patient secures Individual Treatment Record (ITR) from medical records section	Fill-up the general information of the patient	10 mins	Arlyn Palma Records Office Staff	None	
2	Present the Individual Treatment Record at the Consultation triage section	Interview:  Noting down of dental complaints  Taking of vital signs & other important details	10 mins	Nurse Triage	None	Individual Treatment Record
3	Present the Individual Treatment Record to the Dental section	Interview and evaluates patient's complaint;  Examine the oral cavity of the patient;	10 mins	Dr. Rhizza Faye Barcenilla		Individual Treatment Record
4	Tender payment at the cashier (for tooth extraction procedure)	Process payment and issue Official Receipt	2-5 mins	Jerus Baligala	₱ 100.00 per tooth extraction; none if tooth filling	
5	Present the Official Receipt to dental office for recording	Oral extraction proper;Give prescription and additional instructions	20 -30 mins	Dr. Rhizza Faye Barcenilla		Individual Treatment Record
6	Present prescription to Drug Room	Receive and find provision of prescribed medicines with instruction	5-10 m ins	Marlyn Fregil	none	ITR and Doctor's Prescription
_			ND OF TRANSACTION			

### **LABORATORY and OTHER DIAGNOSTIC SERVICES**

City Health Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM
1	Patient presents at the laboratory section (with laboratory request or request for electrocardiography from physician, hospital or others)	Processing of laboratory test request or ECG request	3-5 min	Nurse Traige	None	Laboratory test request or ECG request from physician, hospital and others
2	Payment of applicable laboratory test or ECG fees	Cashier processes payment and issues official receipt	2-3 min	Jerus Baligala	Pls refer to ordinance on laboratory fees	Laboratory request
3	Presents OR back to the laboratory section	Processing of laboratory test/s or ECG  Patient is informed when to come back for the result	case-to-case	Sheila Mae Negrido, RMT		
4		Releasing of result	1 min	Laboratory receptionist		
5	Interpretation of result/s for OPD patients with lab or ECG request to Physician	Nurse facilitates the interpretation of lab result to physician	5-10 mins	Nurse Triage Dr. Peter Paul L. Hinolan Dr. Airel Jaye Guillamas		Lab results and ITR
	<b>'</b>	<u> </u>	ND OF TRANSACTION	•	<u>'</u>	•

# SANITARY HEALTH PERMIT APPLICATION City Health Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM
1	Client fills up application form at the Environmental Sanitation Office Presents documents to sanitation office	Evaluation of documents;  Client instructed to submit for sputum and stool examinations (for food establishments) and sputum exam only (for non-food establishments)	5-10 min	Shila. Cañonero, RN Richell Galang	Refer to laboratory fee	
2	Client returns with laboratory results	Re-evaluation of documents and laboratory exam results	5-10 min	Shila. Cañonero, RN Richell Galang	None	Application form  Laboratory examination results
3		Issuance of Sanitary and health Certificates/ card	10 min	Shila. Cañonero, RN Richell Galang	40.00	
		ATTENDING TO S	ANITARY RELATED CO	OMPLAINTS		
1	Client presents complaint letter	S.I. received complaint letter submitted	3-5 mins.	Shila. Cañonero, RN Richell Galang	None	
2	Conducts ocular/ site inspection Drafting of Inspection report and submit to CTO for approval			Shila. Cañonero, RN Richell Galang		
		E	ND OF TRANSACTION			

# SOCIAL HYGIENE AND VAWC SERVICES City Health Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	Duration of Activity (w/ complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM
A. Walk-in Patients	/ Commercial Sex Workers					
1	Client secures Individual Treatment Record (ITR) from the records section	ITR is furnished to client	5-10 min	Arlene C. Palma Records Personne	None	None
2	Client presents ITR to Social hygiene nurse	Evaluation of client (physical examination, social hygiene procedures, etc.) Education to client Laboratory tests (i.e. Smearing of vaginal swabs) may be requested (Review of result if requested) Treatment of client	15-30 min	Catherine Bautista, RN  Dr. Peter Paul L.Hinolan Dr. Airel Jaye Guillamas	None	
		Client instructed for a follow-up check				Pink Card
3	Client presents for follow up and follows steps 1-2.	Re-evaluation of client's medical problem and laboratory results, if any.  Issuance of Hygiene/ Pink card	10-15 min	Catherine Bautista, RN	None	Laboratory results, if requested
B. Referred clients						
1	Client brings ITR to social hygiene clinic	Social hygiene nurse implements physician's direction or orders: educate client, perform hygiene procedures, etc.  Instructs client to present back to the	15-20 min	Catherine Bautista, RN	None	ITR
		physician				
2	Client goes back to physician	Final disposition and instructions are given  END OF TRANSA	10 min	Dr. Peter Paul L.Hinolan Dr. Airel Jaye Guillamas	None	ITR

# PHYSICAL REHABILITATION SERVICES City Health Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM
A. Walk-in patients (		pness in the extremities, arthritic pains)			<del>.</del>	
1	Presents complaints to physical therapist at the rehabilitation clinic	Assessment of physical problem; Application of physical treatment modality	Case to case	Wilnel D. Gamabo	None	None
		Patient is instructed when to come back for follow up treatment				
B. Referred Clients (		aresis, neck and back injuries, scoliosis, B			,	
1	For patients with referral notes from attending physician presents at the rehabilitation clinic	Interview of client and filling up of rehabilitation record/ form  Physical assessment of the client; Application of treatment modalities as	Case to case	Wilnel D. Gamabo	None	None
		directed by referring physician or physiatrist	40.45	100		
2	For patients without referral notes from attending physician or physiatrist, presents at the rehabilitation clinic	Interview of client and filling up of rehabilitation record/ form  Client is scheduled for the proper evaluation by visiting physiatrist held every first Wednesday of the month	10-15 min	Wilnel D. Gamabo	None	None
C. Psychiatric Cons	ultation (Consultation with rehabilita	ition physician)				
1	Client presents at Rehabilitation clinic	Interview of client	5-10 min			
2		Physical examination and assessment of client	15-30 min			
3		Application of treatment modalities as ordered by physiatrist Client is instructed when to come back for follow up treatment	Case to case			
		END OF TRANS	SACTION			

INFANT IMMUNIZATION SERVICES (performed in all Barangay Health Stations) City Health Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM
1	Mother secures Individual Treatment Record (ITR) and ECCD	Furnish ITR and ECCD card to first time clients or retrieve ITR from files for old clients	5 - 10 mins	Arlyn Palma	None	ECCD card for old client
2	Mother submits ECCD card and ITR to immunization services recorder assigned	Notes down the name of child in the Target Client List Book/submits ECCD card and ITR to Rural Health Midwife fro evaluation if immunization may be facilitated;  Delivery of Vaccination to qualified infant	15-20 min	Reyna Bette Mahilum, RN Edith Dela Cruz Emily Bascar	None	ECCD and ITR
	·	END OF TR	ANSACTION	·		

### **FAMILY PLANNING**

City Health Office& Barangay Health Station

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	(w/ complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM
1	Present referral slip from the barangay with	Perform thorough     physical and ocular     examination to the client;	30 mins.	Zephanie Doromal	None	Family planning form I (from referring Brgy
	family planning (FP) form I properly filled-up	Provide counseling     through informed choice     and voluntarism				Health Midwife)
		Clients chose method of FP				
		Fill up FP form I to complete data with client signature				
		5. Fill up the return slip portion of the referral form & return to the BHM through the client				
2	Return referral note properly filled up by the FP					
	coordinator to the					
	Barangay Health					
	Midwife (BHM) with instruction to					
	referring level					

### NATIONAL TUBERCULOSIS PROGRAM (NTP) SERVICES

City Health Office

HOW TO AVAIL OF		1		1		T
STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM
A: Patient with (+)	sputum exam					
1	Client secures Individual Treatment Record (ITR) from Medical Record Section (MRS)  Presents Referral note and Sputum exam result	Furnish new ITR to new or first timer client or retrieves old ITR from files for old clients	5 - 10 mins	Arlyn Palma Records Personnel	None	Referral note from     Brgy Health Midwife
2	Clients presents ITR at Consultation Triage Section (CTS)	Consultation nurse checks referral note and sputum exam result.  Conduct Medical Interview  Noting down of client's medical complaints  Taking of vital signs & other important medical details	10-15 min	Jireh Cabus	None	1. ITR 2. Sputum 3. exam result

CITIZEN'S CHARTER Escalante City, Negros Occidental, Philippines

CITIZEN 3 CITA	KILK Escalante City	<u>ı, Negros Occidental, Phil</u>	ιρριπες			
3	Patient directed to	Patient is enlisted in		Jireh Cabus		1. ITR
	Infectious/ NTP	NTP registry. Furnish				Sputum exam result
	clinic	NTP treatment card				
		and NTP ID card				
4	Patient together	Health education on	15-20 mins	Jireh Cabus	4	Patient together with
	with treatment	TB diseases including				treatment partner
	partner attends	mode of transmission				attends lecture on NTP
	lecture on NTP	of TB, treatment				Directly Observed
	Directly Observed	course, etc.				Treatment Scheme
	Treatment					
	Scheme					
5	Patient take in the	Re-enforcement of	5 mins	Jireh Cabus		
	first dose of NTP	actual treatment				
	drugs; NTP	process				
	Treatment partner					
	observes					
B. Patients with 1	B symptoms but (-)	sputum result				
1	Client secures	Furnish new ITR to	5 - 10 mins	Arlyn Palma	None	1. Referral note from
	Individual	new or first timer		Records Personnel		Brgy Health Midwife
	Treatment	client or retrieves old				
	Record (ITR)	ITR from files for old				
	from Medical	clients				
	Record Section					
	(MRS)					
	, ,					
	Presents Referral					
	note and Sputum					
	exam result					
2	Clients presents	Consultation nurse	10-15 min	Jireh Cabus	None	1. ITR
	ITR at	checks referral note				2. Sputum exam result
	Consultation	and sputum exam				
	Triage Section	result.				
	(CTS)					
		Conduct Medical				
		Interview				
		<ul> <li>Noting down of</li> </ul>				

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client's medical complaints  Taking of vital signs & other important	
● Taking of vital signs & other	
signs & other	
important	
medical details	
3 Client is directed Interview and physical 20 min Dr. Peter Paul L. None 1. ITR	
to Physicians examination of patient Hinolan 2. Sputum ex consultation clinic 2 Dr. Airel Jaye Guillamas	ım result
Provision of Emperic Provision of Emperic	
treatment	
Request for Chest X-	
ray	
4 Client comes back Re-evaluation of 20 min Dr. Peter Paul L. None Chest X-ray r	sult
with Chest X-ray patient Hinolan	
result • Continuation of Dr. Airel Jaye Guillamas	
treatment for X-	
ray (-) patient	
• For X-ray (+)	
patient, to step 5.	
5 Re-evaluation of 1-2 weeks TB Diagnostic None Chest X-ray r	sult
patient's x-ray by TB Committee (PHO)	
diagnostic committee	
in Bacolod.	
Patient is instructed to	
follow up in 2 weeks	
time	
6 Client's follow up If TBDC re-evaluation None	
is (+), patient is	
admitted to TB	
registry and follows	
Steps A2-A5.	
END OF TRANSACTION	

# BLOOD DONATION SERVICES City Health Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM
1	Client presents blood request from hospital/MD to Blood Donation Services Coordinator, together with the certification letter from the Brgy.signed by the Brgy.captain or his designate, allowing the family or guardian of patient to borrow blood from the Brgy. blood reserve.	Evaluation of documents;  Blood Donation Service coordinator prepares "communication letter to utilize blood" addressed to Corazon LocsinMontelibano Memorial Regional Hospital (CLMMRH)	10-15 min	Sheila Mae Negrido, RMT Dr. Peter Paul I. Hinolan	None	blood request from hospital/MD     certification letter from the Barangay
2		Client instructed to:	5-10 min	Sheila Mae Negrido, RMT Dr. Peter Paul I. Hinolan	None	
			END OF TRASANCTION			

### **NEWBORN SCREENING SERVICES**

City Health Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Newborn is brought at the newborn screening clinic at the CHO	Mother of newborn is given short lecture to understand the significance of newborn screening (NBS) and the NBS procedure.	20 min	Sheila Mae Negrido, RMT Edith Dela Cruz Emily Bascar	None
2	Payment for the purchase of NBS kit at the cashier	Cashier processes payment and issues Official Receipt (OR).	5 min	Jerus Baligala	₱ 1500.00 (Expanded NBS)
3	Guardian of NB presents OR to NBS nurse	Blood extraction and mounting to NBS kit.	20-30 min	Sheila Mae Negrido, RMT Edith Dela Cruz Emily Bascar	
4		Guardian/ mother of NB is informed when to follow up for the result of the test			
		END	OF TRASANCTION		

### **DISEASE SURVEILLANCE SERVICES**

City Health Office

	APPLICANT /	SERVICE	DURATION OF ACTIVITY			
STEP	CLIENT	PROVIDER	(w/ complete documentary	PERSON-IN-CHARGE	TAXES & FEES	FORM
	ACTIVITY	ACTIVITY	requirements)			
1	Brgy Health	Disease surveillance	30 min	Mary Joy Escala, RN	None	None
	Midwife (BHM)	nurse interviews the				
	informs Disease	BHM about the				
	surveillance nurse	reported case.				
	of the occurrence					
	of reportable	Disease surveillance				
	cases in the	nurse informs the				
	barangay	Disease surveillance				
		physician of the case				
2		Conduct of on-site	4-8 hours	Mary Joy Escala	None	None
		disease surveillance				
3		Making of report of	2-3 hours	Mary Joy Escala	None	None
		survey and on-site				
		surveillance				
		May call for				
		epidemiologic				
		conference for				
		analysis of situation				
		Confirmation report of				
		the case				

### MEDICINE DISPENSING UNIT

City Health Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM
1	Client presents prescription to Pharmacist or pharmacy assistant	Dispense the medicines available in the pharmacy to patients with proper label of drug, frequency of administration and other details.  Re-enforce verbal direction of drug administration and dosage given by physician.  Provide information to patients regarding prescribed drugs/medicines	5 mins.	Marlyn Fregil	None	Prescription
			END OF TRASANCTIC	)N		

## **CITY AGRICULTURE OFFICE**

STEP	TYPE OF SERVICE	FEES (P)	REQUIRED DOCUMENTS	PROCESSING TIME	PERSON RESPONSIBLE
1.	FITS Center Program  - (a farmer information technology system center for farmers, students and other clients  - Farmers library	No fees	None	30 minutes – 1 hour	Arsolene R. Cordova
2.	Techno Demonstration Farm Project <b>a.</b> Inbreed Rice Seeds Production Projects  - Rice Seeds Dispersal Project  b. OPV Corn Seeds Dispersal Program	No fees, but payment of same volume of rice seeds availed at harvest (PNPL)     No fees, but payment of same volume of corn seeds availed at harvest (PNPL)	No documents required - Reference of beneficiary is based on Registry System for basic Sector in Agriculture (RSBSA) No documents required Reference of beneficiary is based on farmers masterlist	20-30 minutes 20-30 minutes	Elmer P. Sabete Paulino C. Ape
	c. Freshwater Tilapia Hatchery  - Tilapia Fingerlings Dispersal Program	- NONE	<ul><li>Fish R</li><li>Endorsement/Barangay</li><li>Clearance from the City Mayor or Barangay Captain</li></ul>	10 minutes	Jenilyn M. Pabuaya
	d. Piggery - Piglet Dispersal Program 1. Fattening Purposes 2. Sow/Breeding Purposes	<ul> <li>P 200.00(Notarial Fee)</li> <li>P 3,000.00/head</li> <li>Payment must be done after harvest</li> <li>P 200.00(Notarial Fee)</li> <li>Two (2) heads piglet as payment</li> </ul>	<ul> <li>Endorsement from the City Mayor</li> <li>MOA/Contract</li> <li>Residence Certificate/Cedula</li> <li>Must be a registered farmer</li> </ul>	10 minutes	Harvey Uyhamco Arsolene Cordova
	Artificial Insemination (Swine)	-1 piglet or P 3,000.00	- None	1 hour	Harvey Uyhamco Arsolene Cordova
3.	Agricultural Machineries - Four-wheeled Rotavator - Combine Harvester - Walkbehind Transplanter - Rice Reaper	<ul> <li>P 3,500.00/ha</li> <li>10:2 (Two bags shall be required as city share for every 10 bags harvested)</li> <li>P 3,500.00/ha</li> <li>10:1 (One bag shall be required as city share for every 10 bags harvested)</li> </ul>	None	30 minutes	Jenilyn M. Pabuaya

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	Disease Provention Treatment				
4.	Disease Prevention/Treatment  1. Vaccination (carabao, cattle, swine, goat, poultry and dog)  2. Consultation/Treatment	None None	Request Letter from the Brgy.     Captain/Brgy. Council (mass vaccination/Brgy. Clinic)     Old vaccination certificate (dog)	15 minutes 1 hour	Harvey Uyhamco Arsolene Cordova
5.	Livestock Program - Cattle/Carabao Dispersal	- P 200.00 (Notarial Fee)	<ul><li>MOA/Contract</li><li>Residence Certificate/Cedula</li></ul>	10 minutes	Harvey Uyhamco Arsolene Cordova
6.	Fishing Boat Registration  1. Non-motorized boat a. Banca w/o sail b. Banca w/ sail	- P 50.00 - P 100.00	<ul> <li>Fish R</li> <li>Application for registration</li> <li>Barangay Certification or Ownership</li> <li>Cedula/Residence Certificate</li> <li>Boat Inspection report</li> <li>Digital Photos (Boat w/ the owner)</li> </ul>	1 day	Reynald F. Estera
	2. Motorized Boat  a. Engine with 10HP or less  b. Engine with 10.1 HP – 14.9 HP  c. Engine with 15HP and more	<ul><li>P 100.00</li><li>P 200.00</li><li>P 300.00</li></ul>	Fish R     Application for registration     Barangay Certification or     Ownership     Cedula/Residence Certificate     Boat Inspection report     Digital Photos (Boat w/ the owner)	1 day	Jenilyn M. Pabuaya
	3. Renewal/ Annual boat registration	The same fee as stated above	The same requirement as stated above	1 day	Jenilyn M. Pabuaya
7.	Fisherfolk Registration	None	Fill-up MFRS Form # 2     Digital Photo by the registered fisherfolk	30 minutes	Jenilyn M. Pabuaya
8.	Issuance of Certification to Farmers and Fisherfolks	P 100.00	<ul><li>Brgy. Clearance</li><li>Cedula</li></ul>	30 minutes	Jenilyn M. Pabuaya
9.	Issuance of Certification for the following fishing activities:  a. Fish Corral b. Fish Cage c. Fish Pen	P50.00 50.00 50.00	<ul> <li>Fish R</li> <li>Cedula/Residence Certificate</li> <li>Endorsement or Barangay</li> <li>Certification</li> <li>Inspection Report</li> </ul>	3 hours	Jenilyn M. Pabuaya

## INBREED RICE SEEDS DISPERSAL

City Agriculture Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM
1.	Check availability of certified seeds in the office	- Check farmers name in the masterlist under RCEF Program     - Check also if the client was registered under RSBSA Program of D.A	10-20 minutes	Elmer P. Sabete	None	None
2	Secure clearance from the Mayor's Office or Barangay Captain to avail Rice Seeds	Check clearance	10-20 minutes	Elmer P. Sabete	None	None
3	Present form or clearance signed by the City Mayor or Barangay Captain to the AEW in charge	Allow the farmers to sign on the office Logbook After signing the logbook, RCEF masterlist will also be signed by the client prior to the release of seeds.	10-20 minutes	Elmer P. Sabete	None	RCEF Masterlist Form

### OPV CORN SEEDS DISPERSAL

City Agriculture Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM
1.	Check availability of OPV Corn Seeds in the office	Check if client is masterlisted in the RSBSA - If not, enroll her/him in the RSBSA	20-30 minutes	Paulino C. Ape	None	RSBSA Form
2	If seeds are available, client may secure approval note from the Mayor's Office (Personnel Designate) to avail the program	Check the approved note     Allow applicant to sign on the masterlist form provided by D.A.	10-20 minutes 10-15 minutes	Paulino C. Ape	None	Acknowledgement Receipt/Masterlist Form on Corn Program
3	Present the approved form to the AEW in charge	After signing all documents release the OPV corn seeds to client based on the approved volume	10-20 minutes	Paulino C. Ape	None	None

### CITY AGRICULTURE FARM MACHINERY'S SERVICES

City Agriculture Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM
1.	Check at City Agriculture Office the availability of Agricultural Farm	Logbook client's name     Check logbook of farm     machineries services for possible	3-5 minutes 5 minutes	Jenilyn M. Pabuaya Jenilyn M. Pabuaya	None None	None None
	Machineries	vacant schedule  3. If found available, call the attention of driver or operator to validate the field of client as to area size, distance from station to farm area.  4. Possible disapproval of the services:  • Too hard and rocky area, were it could possibly damage the farm machineries  • Non-passable	1-2 hours	Jenilyn M. Pabuaya	None	None
2	If found approved secure note from the in charge for the rate of farm machinery's services vs. area validated.	Logbook the name of the client to tractor services logbook     Compute the rate/ha. based on the actual area on a piece of paper (Name, Farm size and amount) to be paid at Treasurer's	2-3 minutes 3-5 minutes	Jenilyn M. Pabuaya Jenilyn M. Pabuaya	Four-wheeled Rotavator P 3,500.00/ha  Combine Harvester 10:2 (Two bags shall be	None
		Office			required as city share for every 10 bags harvested)	

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				Walkbehind Transplanter P 3,500.00/ha  Rice Reaper 10:1 (One bag shall be required as city share for every 10 bags harvested)	
Client may pay to Treasurer's Office the rate of Farm Machinery's	Receive the O.R. of the client     Logbook the O.R. (Number and Amount)	3-5 minutes	Jenilyn M. Pabuaya	None	None
Services	3. Request fuel for Farm Machinery's Services for the particular services duly signed by the CAO, GSO, CMO and Department Heads/Assigned	30 minutes – 1 hour	Jenilyn M. Pabuaya	None	None
	Personnel 4. Withdraw fuel the next day for the Farm Machinery's Services based on the approved rate form.	15-30 minutes	Jenilyn M. Pabuaya	None	None
Wait for the Farm Machinery's Operator next day	Perform the said activity based on the duly approved Farm Machinery's Services services.	Depending on the size of farm		None	None
	Treasurer's Office the rate of Farm Machinery's Services  Wait for the Farm Machinery's Operator next	Treasurer's Office the rate of Farm Machinery's Services  2. Logbook the O.R. (Number and Amount) 3. Request fuel for Farm Machinery's Services for the particular services duly signed by the CAO, GSO, CMO and Department Heads/Assigned Personnel 4. Withdraw fuel the next day for the Farm Machinery's Services based on the approved rate form.  Wait for the Farm Machinery's Operator next  Wait for the Farm Perform the said activity based on the duly approved Farm	Treasurer's Office the rate of Farm Machinery's Services  2. Logbook the O.R. (Number and Amount) 3. Request fuel for Farm Machinery's Services for the particular services duly signed by the CAO, GSO, CMO and Department Heads/Assigned Personnel 4. Withdraw fuel the next day for the Farm Machinery's Services based on the approved rate form.  Wait for the Farm Machinery's Operator next  Perform the said activity based on the duly approved Farm  Depending on the size of farm	Treasurer's Office the rate of Farm Machinery's Services  2. Logbook the O.R. (Number and Amount) 3. Request fuel for Farm Machinery's Services for the particular services duly signed by the CAO, GSO, CMO and Department Heads/Assigned Personnel 4. Withdraw fuel the next day for the Farm Machinery's Services based on the approved rate form.  Wait for the Farm Machinery's Operator next  Perform the said activity based on the duly approved Farm  2. Logbook the O.R. (Number and Amount) 30 minutes – 1 hour Jenilyn M. Pabuaya 15-30 minutes  Jenilyn M. Pabuaya  Depending on the size of farm	Client may pay to Treasurer's Office the rate of Farm Machinery's Services  1. Receive the O.R. of the client 2. Logbook the O.R. (Number and Amount) 3. Request fuel for Farm Machinery's Services for the particular services duly signed by the CAO, GSO, CMO and Department Heads/Assigned Personnel 4. Withdraw fuel the next day for the Farm Machinery's Services based on the approved rate form.  Wait for the Farm Machinery's Operator next  Wait for the Farm Machinery's Operator next  Perform the said activity based on the duly approved Farm  A: P 3,500.00/ha Rice Reaper 10:1 (One bag shall be required as city share for every 10 bags harvested)  None  None  None  None  None

## TREATMENT, PREVENTION AND CONTROL OF DISEASES IN LIVESTOCK, POULTRY AND SMALL ANIMALS

City Agriculture Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM
1.	Approach our Brgy. Paravets or City Agri Office regarding consultation / treatment on things concerning their animal	Record the name, address of client & inquire regarding the service they want to avail	10 minutes	Paravets Livestock Technician	None	None
2	Inform/ request Paravet or Animal Disease Control Personnel regarding service they want to avail	Evaluate the need of the client and decide what to do regarding the request	5 minutes	Paravets Livestock Technician	None	None
3	Go home to assist technician regarding the request	Serve client's request	May vary 30 minutes to 2 hrs.	Livestock Technician	None	None
		END	OF TRANSACTION			

# CATTLE, CARABAO AND SWINE DISPERSAL City Agriculture Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM
1.	Approach City Agriculture's Office to know the requisites on how to avail the program	Inform the client the requirements needed on how to avail the program	10 minutes	Arsolene R. Cordova	None	None
2	Secure an endorsement from Brgy. Captain or from the Mayor's Office to be formally endorsed as recipient	Prepare contract between LGU and recipient	15 minutes	Brgy. Captain	None	None
3	Submit all pertinent documents relative to this project for the schedule of the distribution	Briefing applicant with the rules and regulations based on the agreed contract	20 minutes	Arsolene R. Cordova	P 200.00 notarial fee	Signed MOA/Contract
4.	Wait for the scheduled of distribution	Prepare and inform client for the schedule of distribution	1 Day	Arsolene R. Cordova	None	None
5.	Receive/Claim	Released/Dispersed	1 Day	Arsolene R. Cordova	None	None

# ARTIFICIAL INSEMINATION FOR SWINE City Agriculture Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM
1.	Request for A.I. of swine at the City Agriculture Office	- Record the name, address, and contact number of the client	15 minutes	Harvey Uyhamco	1 piglet or P 2,500.00 (after weaning)	Service record form
		<ul><li>Inform the client for the schedule of swine inspection</li><li>Conduct A.I. for swine</li></ul>	1 hour	Harvey Uyhamco		
		END	OF TRANSACTION			

# CATTLE, CARABAO AND SWINE DISPERSAL City Agriculture Office

	AVAIL OF THE SERVICE					
STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM
1.	Fill – up Application Form	<ul> <li>Assist the client in filling-in the application form</li> <li>Make and inform the client on the schedule for boat inspection</li> <li>Ask Contact No.</li> </ul>	10 minutes	Applicant and Jenilyn M. Pabuaya	None	Annex A
2	Submit all pertinent documents relative to this program	Receive and compile all the require documents	5 minutes	Jenilyn M. Pabuaya	None	None
3	Pay appropriate fees: A. Fees for initial registration - non – motorized boat banca w/ sail Banca w/o sail - motorized boat Engine w/ 10HP or less Engine w/ 10.1 HP to 14.9 HP Engine w/ 15 HP and more		30 minutes	City Treasurer's Office	P 100.00 P 50.00 P 100.00 P 200.00 P 300.00	
	B. Renewal of Registration	Renew boat registration	1 hour	Jenilyn M. Pabuaya	The same fee as stated above None	Annex A

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	C. Boat Inspection (including digital photos)	Conduct Boat Inspection	1 hour	Jenilyn M. Pabuaya		
4.	Submit official receipt of boat registration	<ul> <li>Encode all the data needed for boat registration</li> <li>Process all pertinent documents for approval of the LCE</li> </ul>	30 minutes	Jenilyn M. Pabuaya	None	None
5.	The client return at the City Agriculture Office to claim and sign the logbook for the release of the boat registration	Contact and inform the client regarding his/her boat registration	30 minutes	Jenilyn M. Pabuaya	None	
6.	Have a certificate of number issued					
	<ul> <li>Have the name and official number of the boat to be painted on the prescribed portion of the boat</li> </ul>	Release/Issue Boat Registration	10 minutes	Jenilyn M. Pabuaya	None	
	Renew Municipal Fishing boat registration every year					
		END (	OF TRANSACTION			

### FRESHWATER TILAPIA FINGERLINGS DISPERSAL

City Agriculture Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM
1.	Visit/approach Agricultures Office to know the requirements on how to avail the program	<ul><li>Inform client on the requirements needed</li><li>Allow the client to logbook</li></ul>	5 minutes	Jenilyn M. Pabuaya	None	None
2.	Secure clearance or endorsement from the barangay Captain or City Mayor's Office	Check the clearance	1 minute	Jenilyn M. Pabuaya	None	None
3.	Prepare Fishpond	If the area is suitable for fish culture, inform the client for the schedule of the fingerlings distribution		Jenilyn M. Pabuaya	None	None
4.	Submit all pertinent documents relative to this project for the schedule of fingerlings distribution	<ul> <li>Record on the tilapia dispersal logbook</li> <li>Inform the client on the schedule and his/her obligation during the distribution</li> </ul>	5 minutes	Jenilyn M. Pabuaya	None	None
5.	Receive/Claim the tilapia fingerlings disperse	<ul><li>Seining of tilapia fingerlings</li><li>Release or disperse tilapia fingerlings</li></ul>	2 hours 1 hour	Jenilyn M. Pabuaya	None	None
6.	Sign the logbook after the distribution	- Assist the client	2 minutes	Jenilyn M. Pabuaya	None	None

### **ISSUANCE OF CERTIFICATION FOR FISH CORRAL AND FISH CAGE**

City Agriculture Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM
1.	Must report to the Agri. Office that he/she engaging business in the coastal area	- Inspect the livelihood/project area	5 hours	Jenilyn M. Pabuaya	None	
2.	Secure barangay clearance					
3.	Obtain a certification	Issue a certification	15 minutes	Jenilyn M. Pabuaya	None	
		END	OF TRANSACTION	<u> </u>		

### <u>CITY ENVIRONMENT AND NATURAL RESOURCES OFFICE (CENRO)</u>

TYPE OF SERVICE	FEES	REQUIRED DOCUMENTS	PROCESSING TIME	PERSON RESPONSIBLE
Permit to cut trees	Php 500.00	Barangay Certification Land title/ CLOA/ Tax Declaration/Declaration of Heirship/DAR Cert./ Approved Plan Special Power of Attorney (Representative) PTA Resolution (School)	10 – 15 minutes	Receiving –Admin Section Inspection –NRMD Approval /Endorsement – CENRO Head
Rescue of wildlife captured or retrieval	None	Report or Information and Verification	Depending upon the situation	CENRO Head NRMD

### PROCESSING OF APPLICATION FOR CUTTING/ TRANSPORTING TREES

City Environment and Natural Resources Office

#### How to Avail of the Service:

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM
1	Submit documentary requirements	<ul> <li>Receives requests and documentary requirements</li> <li>Review and evaluate the documents</li> <li>Conducts actual inspection of the trees in the area and prepares inspection report and order of payment</li> </ul>	2-3 days (depending on the location of inspection area and the schedule of inspection)	CENRO Receiving Personnel  CENRO-HEAD Inspector		<ol> <li>Barangay Certification</li> <li>DAR Certification</li> <li>Tax Declaration</li> <li>Land Title</li> <li>Special Power of Attorney (SPA)</li> <li>Approved Plan Declaration of Heir ship</li> </ol>
2	Pays to the Business Division the certification fee	Issue of official receipt (O.R.)		Wilfredo C. Ruiz City Treasurer's Office	P 500.00	
3	Presents the O.R. Receives certificate of cutting trees	<ul> <li>Prepares and initial certificate and application to cut/transport trees</li> <li>Approves the certification</li> <li>Releases the certification</li> </ul>		Administrative Section  CENRO-HEAD Administrative Section		
			END OF TRANSACTION	Section		

NOTE: Applicants should forward all documents to the CENRO-Cadiz

## RESCUE OF WILDLIFE CAPTURED OR RETRIEVAL City Environment and Natural Resources Office

#### How to Avail of the Service:

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN- CHARGE	TAXES & FEES	FORM
1.	. Receive information	Record the received info conduct actual verification & document all possible undertakings		CENRO Receiving Personnel/ Administrative Section		
		Assessment of the actual condition of wildlife. Rescue if capable to do so (temporary custody of wildlife).	1 day (depending upon the situation)	NRMD CENRO HEAD	None	None
		Report to denr for final action	O OF TRANSACTION			

## <u>CITY HOSPITAL MANAGEMENT DEPARTMENT OFFICE</u>

TYPE OF SERVICE	FEES	REQUIRED DOCUMENTS	PROCESSING TIME	PERSON RESPONSIBLE
HEALTH SERVICES				
Emergency Room Service		Patient Information Form	10 to 30 minutes	ER Staff
Out- Patient		Patient Information Form	10 to 30 minutes	Triage Staff
MEDICAL SOCIAL SERVICES  • Admitted		Valid ID and other necessary documents	10 to 30 minutes	Social Worker Officer/ Assistant
Out- Patient		Patient Information Form	10 to 30 minutes	Triage and Social Worker Officer/ Assistant
MEDICAL RECORDS				
Certificate of Live Birth     (Married Parents)	P 25.00	Patient Information Form, Valid ID , Marriage Contract	5 to 15 minutes	Medical Records Staff
<ul> <li>Certificate of Live Birth (Not- Married Parents)</li> </ul>	P 25.00	Patient Information Form, Valid ID	5 to 15 minutes	Medical Records Staff
Certificate of Live Birth     (Single Parent)	P 25.00	Patient Information Form, Valid ID	5 to 15 minutes	Medical Records Staff
Death Certificate		Patient Information Form	5 to 15 minutes	Medical Records Staff
Medical Certificate – OPD	P 25.00	Patient Information Form, Valid ID	5 to 15 minutes	Medical Records Staff
Medical Certificate     (Admitted)		Patient Information Form, Valid ID	5 to 15 minutes	Medical Records Staff
Medical Certificate     (Discharged)	P 25.00	Patient Information Form, Valid ID	5 to 15 minutes	Medical Records Staff
Medico-Legal Certificate	P 25.00	PNP Letter Request	5 to 15 minutes	Medical Records Staff

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LABORATORY SERVICES  ■ Laboratory Examination		Laboratory Request	5 to 10 minutes	Medical Technologist
Blood Request		Blood request form	5 to 10 minutes	Medical Technologist
RADIOLOGIC SERVICES  • X-RAY	As per x-ray examination rates	X-Ray Request Form	5 to 10 minutes	Radiologic Technologist
PHILHEALTH SERVICES		MDR, Valid ID	5 to 10 minutes	PHIC Staff
PHARMACY SERVICES  • IN- Patient		Prescription duly signed by Physicians	5 to 10 minutes	Pharmacist
OUT-Patient		Prescription duly signed by Physicians	5 to 10 minutes	Pharmacist
NOCHP SERVICES		Patient Information Form, Valid ID	3 to 5 minutes	NOCHIP Coordinator
DENTAL SERVICES		Patient Information Form, Valid ID	5 to 15 minutes	Dentist

## **HEALTH SERVICES (EMERGENCY ROOM)**

City Hospital and Management Department

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Patient folks shall fill up information about the patient at the emergency room triage area	Assist patients in an emergency at the emergency triage area	5-10 minutes	ER Staff	
2	Patient folks fill up a declaration form in relation to COVID-19 protocols	Assist patient folks in filling up covid- 19 declaration form	5-10 minutes	ER staff	
3	Vital signs assessment	Get the essential vital signs of the patient such as BP, Weight, Oxygen stat,	5-10 minutes	ER staff	
4	Patients in an emergency will be taken care of	The medical specialists will look into the patient in an emergency - Pediatrics - OB-Gynecology - Surgery - Internal Medicines		Medical Specialist - Pediatrician - OB-gyne - Surgeon - Internist	
5	The patient is recommended for further laboratory or x-ray examination upon the recommendation of the attending physician	Conduct of requested Laboratory and X-ray request	20-30 minutes	Medical Technologist Radiologic Tech	As per request
6	Upon the assessment of the attending physician, the patient may be:  - Recommended for admission - May go home with medicines - Refer for further medications	- Admit the patient as per the recommendation of the attending physician - Provide take-home medicines and others may go home advises - Refers the patient to another health facility for further medications	10-20 minutes	Admitting Clerk Physician on duty Nurses on duty Other medical staff	
		END OF TRANS	ACTION		·

## **HEALTH SERVICES (OUT-PATIENT)**

City Hospital and Management Department

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	The patient shall fill up the information form at the triage area	Assist patient in filling up information forms	5-10 minutes	Triage staff (Nursing Attendant)	
2	Patients fill up a declaration form in relation to COVID-19 protocols	Assist patient in filling up covid-19 declaration form	5-10 minutes	Triage staff (Nursing Attendant)	
3	Vital signs assessment	Get the important vital signs of the patient such as BP, Weight, Oxygen stat,	5-10 minutes	Triage Staff (Triage Nurse)	
4	The patient shall undergo a consultation	Medical specialists conduct consultations with a patient - Pediatrics - OB-Gynecology - Surgery - Internal Medicines - Dental	15-20 minutes	Medical Specialist - Pediatrician - OB-gyne - Surgeon - Internist - Dentist	
5	The patient is recommended for further laboratory or x-ray examination upon the recommendation of the attending physician	Conduct of requested Laboratory and X-ray request	20-30 minutes	Medical Technologist Radiologic Tech	As per request
6	Upon the assessment of the attending physician, the patient may be:  - Recommended for admission - May go home with medicines - Refer for further medications	- Admit the patient as per the recommendation of the attending physician - Provide take-home medicines and others may go home advises - Refers the patient to another health facility for further medications  END OF TRANS	10-20 minutes	Physician on duty Nurses on duty Other medical staff	

## MEDICAL SOCIAL SERIVES (ADMITTED) City Hospital and Management Department

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Patients with expired PhilHealth will process the necessary documents to be enrolled for the point of service.	Provide forms to the patients' folks indicating the needed documents for compliance	10-15 minutes	SWO or SWA clerk	
2	Notification of the approval of the enrollment of patients' enrollment to Philhealth through the social welfare assistant office	Release the MDR of the patient upon approval of the enrollment of Philhealth	5-10 mins	SWO or SWA clerk	
3	The patients' folks will proceed to the pharmacy to submit the PHIC claim form for the recording of the claim's logbook.	The social services office shall provide the patients' folks with the PHIC claim which will be recorded by the Pharmacy staff in the PHIC claims logbook.	5-10 mins	Social services staff and pharmacy staff	
4	Patients' folks will proceed to billing section to settle the bill.	The billing section will issue passes for the patient to discharge.	5-10 mins	Billing section staff	
<u> </u>		END OF TRANS	ACTION		

## **MEDICAL SOCIAL SERIVES (OUT-PATIENT)**

City Hospital and Management Department

The patient shall fill up the information form at the triage area   Assist patient in filling up information forms   5-10 minutes   Triage staff (Nursing Attendant)	STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
relation to COVID-19 protocols  declaration form  Get the essential vital signs of the patient such as BP, Weight, Oxygen stat,  The patient shall undergo a consultation  Wedical specialists conduct consultations with a patient  - Pediatrics  - OB-gyne  - OB-gyne  - OB-gyne  - Surgery  - Internal Medicines  - Dental  Conduct of requested Laboratory and X-ray request  The patient proceeds to the SWA office for availing of the MAIP program.  The SWA staff shall sign the request to the respective section performed the necessary test.  Patient vital signs of the patient vital signs of the patient with as BP, Weight, Oxygen state,  Triage Staff (Triage Nurse)  Triage Staff (Triage Nurse)  Medical Specialist  - Pediatrician  - OB-gyne  - Surgero  - Internist  - Dentist  Conduct of requested Laboratory and X-ray request  As per request  Radiologic Tech  The SWA staff shall sign the request to the respective section performed the necessary test.  7 After the test is conducted the patient  Performed requested test for a 5-10 mins	1		· · · · · · · · · · · · · · · · · · ·		•	
patient such as BP, Weight, Oxygen stat,  The patient shall undergo a consultation  Medical specialists conduct consultations with a patient - Pediatrics - OB-gyne - Surgeon - Internist - Internist - Dentist  The patient is recommended for further laboratory or x-ray examination upon the recommendation of the attending physician  The patient proceeds to the SWA office for availing of the MAIP program.  The patient such as BP, Weight, Oxygen stat, Weight, Oxygen stat, Internist seconduct consultations with a patient - Pediatrics - Dental conduct of requested Laboratory and X-ray request  The patient shall undergo a consultation  Medical Specialist - Pediatrician - OB-gyne - Surgeon - Internist - Dentist - Dentist  Dential  Conduct of requested Laboratory and X-ray request  The SWA staff shall sign the request for services which will be presented to the respective section performed the necessary test.  The SWA staff shall sign the request for services which will be presented to the respective section performed the necessary test.  Performed requested test for a 5-10 mins	2			5-10 minutes		
consultations with a patient - Pediatrician - Pediatrician - OB-gyne - OB-gyne - OB-gyne - Surgeon - Internist - Internist - Dentist  5 The patient is recommended for further laboratory or x-ray examination upon the recommendation of the attending physician  6 The patient proceeds to the SWA office for availing of the MAIP program.  The patient proceeds to the SWA office for availing of the MAIP program.  Conduct of requested Laboratory and X-ray request  Conduct of requested Laboratory and X-ray request  The SWA staff shall sign the request for services which will be presented to the respective section performed the necessary test.  7 After the test is conducted the patient  Pediatrician - Pediatrician - OB-gyne - Surgeon - Internist - Dentist  Conduct of requested Laboratory and X-ray request  Solution  SWA staff  SWA staff  SWA staff  The SWA staff  Performed requested test for a  SHA staff  SWA staff	3	Vital signs assessment	patient such as BP, Weight, Oxygen	5-10 minutes	1	
laboratory or x-ray examination upon the recommendation of the attending physician  6 The patient proceeds to the SWA office for availing of the MAIP program.  The SWA staff shall sign the request for services which will be presented to the respective section performed the necessary test.  7 After the test is conducted the patient  Performed requested test for a  Radiologic Tech  SWA staff  SWA staff  SWA staff  SWA staff  SWA staff  For services which will be presented to the respective section performed to the respective section performed the necessary test.	4	The patient shall undergo a consultation	consultations with a patient - Pediatrics - OB-Gynecology - Surgery - Internal Medicines	15-20 minutes	<ul><li>Pediatrician</li><li>OB-gyne</li><li>Surgeon</li><li>Internist</li></ul>	
for availing of the MAIP program. for services which will be presented to the respective section performed the necessary test.  7 After the test is conducted the patient Performed requested test for a 5-10 mins	5	laboratory or x-ray examination upon the recommendation of the attending		20-30 minutes	I — — — — — — — — — — — — — — — — — — —	As per request
	6	·	for services which will be presented to the respective section performed	5-10 mins	SWA staff	
may now be discharged. patient END OF TRANSACTION	7	After the test is conducted the patient may now be discharged.	patient			

## **MEDICAL RECORDS (Certificate of Live Birth with Married Parents)**

City Hospital and Management Department

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	The patient shall fill up the needed information	Assist patient in filling up information forms	5-10 minutes	Medical Records Staff	
2	Payment for the Certificate of Live birth at the cashier. The OR shall be presented to the records section issuing clerk.	The cashier will issue an Official Receipt upon receiving of payment	5-10 minutes	Cashier	Php. 25.00
3	Encoding and printing of the Certificate of live birth.	Medical record staff encodes data and print copy of the Certificate of live birth	5-10 minutes	Medical records encoder	
4	The informant will sign the certificate of live birth	The parents or the authorized person will sign the certificate of live birth	3-5 minutes	Medical records staff	
5	Records section personnel will submit the certificate of live birth to the city civil registry office for registration.	Certificates are forwarded to the civil registry office	5-10 mins	Medical records staff	
6	Parent/s or authorized person will return after two weeks to claim the registered certificate of live birth.	Medical records staff will release the Certificate of live birth	5-10 mins	Issuing clerk	
		END OF TRANS	ACTION		

## **MEDICAL RECORDS (Certificate of Live Birth with Not- Married Parents)**

City Hospital and Management Department

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	The patient shall fill up the needed information	Assist patient in filling up information forms	5-10 minutes	Medical Records Staff	
2	Payment for the Certificate of Live birth at the cashier. The OR shall be presented to the records section issuing clerk.	The cashier will issue an Official Receipt upon receiving of payment	5-10 minutes	Cashier	Php. 25.00
3	Encoding and printing of the Certificate of live birth.	Medical record staff encodes data and print copy of the Certificate of live birth	5-10 minutes	Medical records encoder	
4	The mother will sign the certificate of live birth	The parents or the authorized person will sign the certificate of live birth	3-5 minutes	Medical records staff	
5	Parent/s will sign the waiver of no document presented	The medical record staff provides a waiver of no document presented	5-10 mins	Medical records staff	
6	Parents will personally submit the certificate of live birth to the city civil registry office for registration.	Advice parent/s to personally submit the Certificate to the civil registry office	5-10 mins	Medical records staff	
7	Parent/s or authorized person will return after two weeks to claim the registered certificate of live birth.	Medical records staff will release the Certificate of live birth	5-10 mins	Issuing clerk	
		END OF TRANS	ACTION		

## MEDICAL RECORDS (Certificate of Live Birth Single Parent)

City Hospital and Management Department

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	The patient shall fill up the needed information	Assist patient in filling up information forms	5-10 minutes	Medical Records Staff	
2	Payment for the Certificate of Live birth at the cashier. The OR shall be presented to the records section issuing clerk.	The cashier will issue an Official Receipt upon receiving of payment	5-10 minutes	Cashier	Php. 25.00
3	Encoding and printing of the Certificate of live birth.	Medical record staff encodes data and print copy of the Certificate of live birth	5-10 minutes	Medical records encoder	
4	The mother will sign the certificate of live birth	The parents or the authorized person will sign the certificate of live birth	3-5 minutes	Medical records staff	
5	Records section personnel will submit the certificate of live birth to the city civil registry office for registration.	Certificates are forwarded to the civil registry office	5-10 mins	Medical records staff	
6	Parent/s or authorized person will return after two weeks to claim the registered certificate of live birth.	Medical records staff will release the Certificate of live birth	5-10 mins	Issuing clerk	
		END OF TRANS	ACTION		

## **MEDICAL RECORDS (Death Certificate)**

City Hospital and Management Department

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	The patient shall fill up the needed information	Assist patient in filling up information forms	5-10 minutes	Medical Records Staff	
2	Encoding and printing of the Death Certificate.	Medical record staff encodes data and print copy of the Death Certificate.	5-10 minutes	Medical records encoder	
3	The informant will process the registration of the death certificate at the City Civil Registry Office.	The informant or the authorized person will sign the certificate of live birth	3-5 minutes	Medical records staff	
4	Registration and release of the Death Certificate	The Civil registrar's office will release the death certificate after it was registered.	5-10 mins	Issuing clerk	
		END OF TRANS	ACTION		

## **MEDICAL RECORDS (Medical Certificate - OPD)**

City Hospital and Management Department

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	The patient shall go to the OPD section and ask for the consultation record.	OPD staff shall retrieve the patients' consultation record	5-10 minutes	OPD Staff	
2	Encoding and printing of the Medical Certificate.	Medical record staff encodes data and prints the Medical Certificate	5-10 minutes	Medical records encoder	
3	Payment for the Medical Certificate at the cashier. The OR shall be presented to the records section issuing clerk.	The cashier will issue an Official Receipt upon receiving of payment	5-10 minutes	Cashier	Php. 25.00
4	Present the official receipt to the medical records to claim the medical certificate	Issuance of medical certificate upon received of the official receipt as proof of payment	3-5 minutes	Medical records staff	
5	The medical certificate shall be forwarded to the OPD for the signature of the physician.	Facilitate the signature of the physician on the medical certificate	5-10 mins	OPD staff	
6	Medical Certificate release	OPD staff release the medical certificate  END OF TRANS	5-10 mins	Issuing clerk	

## **MEDICAL RECORDS (Medical Certificate - Admitted)**

City Hospital and Management Department

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	The patient's folks are advised to return to the nurse station to request a medical certificate	Medical record staff shall give instructions to the patients' folks	5-10 minutes	Medical Record Staff	
2	Important data and information shall be filled up on the medical certificate slip.	The nurse on duty shall correctly fill up information at the medical certificate slip	5-10 minutes	Station nurse on duty	
3	Encoding and printing of the Medical Certificate.	Medical record staff encodes data and prints the Medical Certificate	5-10 minutes	Medical records encoder	
4	The medical certificate shall be forwarded to the OPD or ER for the signature of the physician.	Facilitate the signature of the physician on the medical certificate	5-10 mins	OPD/ER staff	
5	Medical Certificate release	OPD staff release the medical certificate  END OF TRANS	5-10 mins	Issuing clerk	

## <u>MEDICAL RECORDS (Medical Certificate - Discharged)</u>

City Hospital and Management Department

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	The patient or folks shall provide data that includes the name of the patient and discharge date.	Facilitate the filling up of data of the patient	5-10 minutes	Medical record staff	
2	Payment for the Medical Certificate at the cashier. The OR shall be presented to the records section issuing clerk.	The cashier will issue an Official Receipt upon receiving of payment	5-10 minutes	Cashier	Php. 25.00
3	Present the official receipt to the medical records to claim the medical certificate	Issuance of medical certificate upon received of the official receipt as proof of payment	3-5 minutes	Medical records staff	
4	Encoding and printing of the Medical Certificate.	Medical record staff encodes data and prints the Medical Certificate	5-10 minutes	Medical records encoder	
5	The medical certificate shall be forwarded to the OPD or ER for the signature of the physician.	Facilitate the signature of the physician on the medical certificate	5-10 mins	OPD/ER staff	
6	Medical Certificate release	OPD staff release the medical certificate	5-10 mins	Issuing clerk	
		END OF TRANS	ACTION		

## <u>MEDICAL RECORDS (Medico-Legal Certificate)</u> City Hospital and Management Department

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES					
1	Submit the letter request of the PNP to the medical records issuing clerk	Receive and validate the letter request of the PNP	3-5 minutes	Medical record staff						
2	Payment for the Medico-legal at the cashier. The OR shall be presented to the records section issuing clerk.	The cashier will issue an Official Receipt upon receiving of payment	5-10 minutes	Cashier	Php. 25.00					
3	Present the official receipt to the medical records to claim the medical certificate	Issuance of medical certificate upon received of the official receipt as proof of payment	3-5 minutes	Medical records staff						
4	Medico-legal Certificate signed by the doctor shall be released	OPD staff release the medico-legal certificate	5-10 mins	Issuing clerk						
		END OF TRANSACTION								

## PATIENTS DISCHARGE FLOW

City Hospital and Management Department

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	The attending physician issues a May Go Home (MGH) order.	Issues may go home order	3-5 minutes	Attending Physician	
2	Patients chart at the Pharmacy for charges of medicines and other supplies	Bill charges for medicines and other supplies	5-10 minutes	Pharmacy staff	
3	The patients' folks settle bills at the billing section	Provide discharge slips	5-10 minutes	Billing section staff	
4	The patient's folks will fill-up the patient satisfaction survey form	Provide Patient satisfaction survey form to patients' folks	5-10 mins	Information clerk	
5	Discharge slips were presented to the nurse station for discharge	Receive the discharge slip and discharge the patient	5-10 mins	Nurse on duty	
6	Giving Going Home instructions to the patient	The nurse on duty shall provide the going-home instructions for the patients	5-10 mins	Nurse on duty	
7	The patient will be discharged from the hospital. A discharge slip was presented to the guard on duty.	Discharge and clear the patients	3-5 mins	Guard on duty	
	-	END OF TRANS	ACTION		<u>.                                      </u>

## **LABORATORY SERVICES (LABORATORY EXAMINATION)**

City Hospital and Management Department

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Get laboratory requests from the attending physician	Check and receive laboratory requests	3-5 minutes	Medical Technologist on duty	
2	Go to the laboratory section for the scheduling of laboratory tests and other instructions	Give instructions and schedule for the conduct of laboratory test	5-10 minutes	Medical Technologist on duty	
3	Payment for the laboratory fees at the cashier. The OR shall be presented to the records section issuing clerk.	The cashier will issue an Official Receipt upon receiving of payment	5-10 minutes	Cashier	As per laboratory tests request rates.
4	Go back to VGDH-Laboratory on the scheduled date for blood extraction	The Medtech will extract blood for laboratory test	5-10 minutes	Medical Technologist on duty	
5	Laboratory results released	Release results as per scheduled	5-10 mins	Issuing clerk	
		END OF TRANS	ACTION		

## **LABORATORY SERVICES (BLOOD REQUEST)**

City Hospital and Management Department

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Get blood requests from the attending physician with complete patient information	Check and receive blood requests	3-5 minutes	Medical Technologist on duty	
2	Go to the laboratory section for the QA stamp and wait for further instructions	Provide instructions to the patient's folks and put the QA stamp on the blood request.	5-10 minutes	Medical Technologist on duty	
3	Ask for barangay certification from the patient's barangay	The barangay shall issue a barangay certification for the patient's blood request	5-10 minutes	Barangay Captain	
4	Ask for a Blood certificate from the city health office	CHO issues a blood certificate to the requesting person for a blood request	5-10 minutes	CHO Staff	
5	Go back to VGDH -Laboratory and present the blood request and certificates to the Medtech on duty for further instructions	Evaluate the documents and requirements needed for the blood request and provide the necessary instructions	5-10 minutes	Medtech on duty	
6	Blood request release	Release the requested blood as per the availability of blood  END OF TRANS	5-10 minutes	Medtech on duty	

## **RADIOLOGIC SERVICES (X-RAY)**

City Hospital and Management Department

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Submit an X-ray request from the attending physician to the X-ray in charge	Receive and evaluate x-ray examination request	3-5 minutes	Radtech, X-ray Aide	
2	Receive the charge slip and pay the corresponding amount to the cashier	Issues charge slips and provide instructions to the patient	5-10 minutes	Radtech, X-ray Aide	
3	Payment of the charges for the x-ray examination at the cashier	The cashier receives payment for the x-ray examination and issues an official receipt	5-10 minutes	Cashier	As per x-ray examination rates
3	Go to the NOCHP coordinator for NOCHP members or to SWA for indigent patients	The NOCHP and SWA coordinators will sign on the charge slip indicating that charges will be covered.	5-10 minutes	NOCHP, SWA	
4	Present charge slip signed by NOCHP, SWA, or present official receipt issued by the cashier	Receive and evaluate charge slips or OR and prepare for the conduct of an x-ray examination	5-10 minutes	Radtech, x-ray aide	
5	Conduct the x-ray examination	x-ray examination conducted on the patient	5-10 minutes	Radtech	
6	Release of x-ray result	Release the result of the x-ray examination	5-10 minutes	Radtech, X-ray aide	
		END OF TRANS	ACTION		

## PHILHEALTH SERVICES

City Hospital and Management Department

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY  (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Present patients' Member Data Form (MDR) or Philhealth ID for checking the validity	Evaluate and checked the validity of MDR presented	3-5 minutes	PHIC Staff	
2	Fill up the PHIC member registration form or PMRF  - For 4Ps or pantawid members, provide 4Ps certificate  - For lifetime members, provide senior citizens' ID, marriage certificate, or birth certificate  - For the dependent, provide a birth certificate or marriage contract	Facilitate in filling up the member registration form (PMRF)	5-10 minutes	PHIC Staff	
3	Member or representative proceeds to PHIC Sagay for the release of updated MDR.	Receive MDR from members' representatives for processing	5-10 minutes	PHIC Staff	
		END OF TRANSACT	TON		

## **PHARMACY SERVICES (IN- PATIENT)**

City Hospital and Management Department

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Submit the prescription signed by the physician to the pharmacist on duty	-Receive and check prescriptions for completeness and validity	2 minutes	Pharmacist on duty	
		-Charge prescriptions to patient's account in HOMIS and print charge slips.	5 minutes	Pharmacist on duty	
		-Prepare Medicines	10 minutes	Pharmacist on duty	
		-Dispense medicines to Nurse/ Nursing Attendant/ Patient folks and double checking of the received medicines.	10 minutes	Pharmacist on duty	
		END OF TRANS	ACTION		<u> </u>

## **PHARMACY SERVICES (OUT- PATIENT)**

City Hospital and Management Department

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Submit the prescription signed by the physician to the pharmacist on duty	Receive and check all prescriptions if medicines are available and valid:	2 minutes	Pharmacist on Duty  Pharmacist on Duty	
		If available, it will be dispensed immediately after the prescribed medicines have been noted.	5 minutes	Pharmacist on Duty	
		If not available;		Filailiacist oil Duty	
		<ul> <li>Return the prescription to the patient/watcher if medicines are not available and instruct them to buy the medicines outside.</li> </ul>	2 minutes		
2	Go to the cashier for payment	If medicines are available determine the total amount payable and return it to the medical bursteness for neuroset to the second s	2 minutes	Pharmacist on duty  Pharmacist on duty	
		patient/watcher for payment to the cashier	2 minutes	Pharmacist on duty	
		<ul> <li>Advice indigent patients to proceed to SWA/NOCHP for evaluation and approval of free medicines.</li> </ul>		Pharmacist on duty Pharmacist on duty	
		<ul> <li>Patient's folks back to the pharmacy for the medicines</li> </ul>	2 minutes		
		<ul> <li>Check the official receipt and dispense the medicines.</li> </ul>	2 minutes		
		Check the prescription of indigent patients if signed as approved then give the medicines for free.			
3	Claim the requested medicines and instructions on how to take the purchased medicines.		5 minutes	Pharmacist on duty	
		END OF TRANSACTION		1 L	

## **NOCHP SERVICES**

City Hospital and Management Department

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Patient seeks healthcare services at OPD/Emergency Room/Observation room	Examine patients and recommend possible tests and examinations.	5-10 minutes	Attending Physician	
2	Utilization of healthcare services from the pharmacy, Xray, Ultrasound, ECG, and laboratory	Conduct of requested healthcare service	5-10 minutes	Radtech, Medtech, Nurse on duty	
3	Utilization is charged through any of the following:				
	- NOCHP	Charged healthcare service to NOCHIP funds Charged healthcare service to MAIP	3-5 mins	NOCHP Coordinator	
	- SWA	Issues official receipt for the healthcare service	3-5 mins	SWO, SWA Staff	
	- Cashier	END OF TRANSACTION	3-5 mins	Cashier	As services rate

## **DENTAL SERVICES**

## City Hospital and Management Department

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Secure priority number	The staff in charge provides priority numbers for patients who wanted to avail of dental services.	3-5 minutes	Triage staff	
2	Checking of vital signs	The staff in charge will check the vital signs of the patient	5 minutes	Triage staff	
3	Evaluation and the actual conduct of dental services	The dentist and dental staff will conduct an evaluation and conduct dental services	10 - 20 minutes	Dentist, Dental aide	
4	Payment for services provided	The cashier will issue an official receipt for the payment of the services provided.	3-5 mins	Cashier	As per services rate
		Indigent patients' bills will be charged to MAIP under the social welfare assistance office	3-5 mins	SWA	
5	Appropriate prescription and instructions provided	The dentist will provide prescriptions with appropriate instructions to the patients on the medication that is provided.	3-5 mins	Dentist	
		END OF TRANSACTION			

## **CITY GENERAL SERVICES OFFICE**

### **REPAIR & MAINTENANCE OF GOVERNMENT FACILITIES**

Office or	r Division:	Maintenance Division					
Classific	Classification: Highly Technical						
Type of	Type of Transaction: G2G; G2C						
Who ma	y avail:	Different Department and Offices					
CHEC	KLIST OF REQUIREMENTS	V	HERE TO SE	CURE			
1. Propos	sal	Division concern					
2. Routin	ng Slip						
STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	TAXES & FEES	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE		
1	Forward Request/Routing Slip/Proposal	Receive request. Forward to CGS Officer.	none	5 minutes	Administrative Aide		
2		Approval of Request/Notation for Appropriate Action	none	5 minutes	CGS Officer		
3		Forward Request to Maintenance Head	none	5 minutes	Engineer		
4		Schedule and Conduct a Site Inspection	none	1 day	Engineer/Maintenance Personnel		
5		Perform Repair	none	3 days (depending on the degree of the repair works)	Maintenance Personnel		
6		Procurement and Delivery of the Materials needed for the repair	none	2 days	Supply Officer		
7		Preparation of Program of Works & Estimates	none	1 day	Engineer		
	END OF TRANSACTION						

#### PROVISION OF EQUIPMENT / ITEM FOR COMMUNITY SERVICES

	Simple					
	020, 020	· ·				
avail:	Type of Transaction: G2G; G2C					
avaii.	Different Department and Offices; Any client whose co	Different Department and Offices; Any client whose concern is to avail the services and assistance of this Office in their events.				
KLIST OF REQUIREMENTS	1	WHERE TO SE	CURE			
on Slip	Division concern					
Slip						
APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	TAXES & FEES	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE		
Forward Request/Routing Slip	Receive request. Forward to CGS Officer.	none	5 minutes	Administrative Aide		
	Approval of Request/Notation for Appropriate Action	none	5 minutes	CGS Officer		
	Forward Request to Public Affairs Division	none	5 minutes	Public Services Officer		
Wait for the confirmation from the concerned section.	Schedule of Activity and notify the requestor for the confirmation of services	none	5 minutes	Public Services Officer		
	Request for Service Vehicle: 1. Request & Approval of Fuel 2. Dispatch Vehicle	none	1 hour 5 minutes	Transportation Services Officer		
	Deliver services on the use of:  1. Installation of Tents/Movable Shed  2. Set up sound system  3. Set up tables and chairs  4. Set up movable stage  5. Set up Perimeter Fence	none	3 hours 2 hours 30 minutes 3 hours 1 hour	Maintenance Personnel		
	END OF TRANSACTION	I				
<b>(</b>	CLIST OF REQUIREMENTS On Slip Slip  APPLICANT / CLIENT ACTIVITY Forward Request/Routing Slip  Wait for the confirmation from	APPLICANT / CLIENT ACTIVITY  Forward Request/Routing Slip  Wait for the confirmation from the concerned section.  Request & Approval of Request & Public Affairs Division  Schedule of Activity and notify the requestor for the confirmation of Services  Request for Service Vehicle:  1. Request & Approval of Fuel  2. Dispatch Vehicle  Deliver services on the use of:  1. Installation of Tents/Movable Shed  2. Set up sound system  3. Set up tables and chairs  4. Set up movable stage  5. Set up Perimeter Fence	APPLICANT / CLIENT ACTIVITY  SERVICE PROVIDER ACTIVITY  Forward Request/Routing Slip  Receive request. Forward to CGS Officer. Approval of Request/Notation for Appropriate Action Forward Request to Public Affairs Division  Wait for the confirmation from the concerned section.  Request of Activity and notify the requestor for the confirmation of services  Request & Approval of Fuel 2. Dispatch Vehicle Deliver services on the use of: 1. Installation of Tents/Movable Shed 2. Set up sound system 3. Set up tables and chairs 4. Set up movable stage	ILIST OF REQUIREMENTS on Slip Slip  APPLICANT / CLIENT ACTIVITY  Forward Request/Routing Slip Receive request. Forward to CGS Officer. Approval of Request/Notation for Appropriate Action Forward Request to Public Affairs Division None Schedule of Activity and notify the requestor for the confirmation of services Request for Service Vehicle: 1. Request & Approval of Fuel 2. Dispatch Vehicle Deliver services on the use of: 1. Installation of Tents/Movable Shed 2. Set up sound system 3. Set up tables and chairs 4. Set up movable stage 5. Set up Perimeter Fence  DURATION OF ACTIVITY (w/ complete documentary requirements)  TAXES & FEES  DURATION OF ACTIVITY (w/ complete documentary requirements)  TAXES & FEES  DURATION OF ACTIVITY (w/ complete documentary requirements)  Tonne 5 minutes  none 1 hour  1 hour 2 hours 3 hours 3 hours 3 hours 1 hour		

#### PROVISION OF MORTUARY ASSISTANCE

Office or	Division:	Public Affairs Division					
Classifica	ation:	Simple					
Type of T	ransaction:	G2G; G2C					
Who may	avail:	Different Department and Offices; Any client whose concern is to avail the services and assistance of this Office in their event					
CHE	CKLIST OF REQUIREMENTS	WHE	RE TO SECU	RE			
1. Routing	j Slip	City Mayor's Office					
STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	TAXES & FEES	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE		
1	Forward Request/Routing Slip	Receive request. Forward to CGS Officer.	none	5 minutes	Administrative Aide		
2		Approval of Request/Notation for Appropriate Action	none	5 minutes	CGS Officer		
3		Forward Request to Public Affairs Division	none	5 minutes	Public Services Officer		
4	Wait for the confirmation from the concerned section.	Notify the requestor for the confirmation of services	none	5 minutes	Public Services Officer		
r	Sign the Acknowledgement	Request for Coffin:  1. Prepare the Claim Slip with the Routing Slip attached  2. Approval of the Claim Slip by the CGS Officer  3 Encode request and let the client sign the logbook  4. Release the Coffin	none	5 minutes 2 minutes 3 minutes 5 minutes	Mortuary Services Officer		
5	Receipt	Request for Tomb Materials: 1. Prepare the Claim Slip with the Routing Slip attached 2. Approval of the Claim Slip by the CGS Officer 2 Encode request and let the client sign the logbook 4. Issue the Approved Claim Slip to the client	none	5 minutes 2 minutes 3 minutes 5 minutes	Mortuary Services Officer		
6	Bring the Approved Claim Slip to the supplier	Notify the supplier	none	2 minutes	Public Services Officer		
		END OF TRANSACTION					

### **REQUEST FOR WORK / JOB ORDER**

Office	or Division:	Maintenance Division			
Classification: Simple					
	f Transaction:	G2G; G2C			
Who m	ay avail:	Different Department and Offices; Any client whose concern	is to avail the ser	vices and assistance o	f this Office in their events.
CH	HECKLIST OF REQUIREMENTS	WHERE	TO SECURE		
1. Requ	uisition Slip	Division concern			
2. Rout	ing Slip				
STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	TAXES & FEES	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE
1	Forward Request/Routing Slip	Receive and verify the service requested. Forward to CGS Officer.	none	5 minutes	Administrative Aide
2		Approval of Request/Notation for Appropriate Action	none	5 minutes	CGS Officer
3		Forward Request to Maintenance Division	none	5 minutes	Engineer/Foreman
4	Wait for the confirmation from the concerned section.	Schedule and Respond to the services requested	none	1 day	Foreman/Maintenance Personnel
		END OF TRANSACTION	<u> </u>		•

## REQUEST FOR REGISTRATION OF CITY ISSUED GOVERNMENT VEHICLES

Office	or Division:	Records & Property Management Division					
Classif	ication:	Simple	Simple				
Туре о	f Transaction:	G2G; G2C					
Who m	ay avail:	Different Department and Offices					
C	HECKLIST OF REQUIREMENTS	WHERE	TO SECURE				
1. Smo	ke Emission Test	Division concern					
2. Insur	ance for the Motor Vehicle						
3. OR /	CR						
4. Valid	IDs						
STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	TAXES & FEES	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN- CHARGE		
1	Submit all required documents	Receive and check the documents	none	10 minutes	Administrative Aide		
2		Assists in the compliance for the Registration of vehicle.	To be determined by Land Transportation Office (LTO)	2 days	Disbursing Officer		
3		Pay the required fee			Head of Office		
		END OF TRANSACTION	1		•		

### ISSUANCE OF PROPERTY CLEARANCE & TRANSFER OF PROPERTY ACCOUNTABILITY

Office	or Division:	Records and Property Management Division			
Classification: Simple					
Type o	Type of Transaction: G2G; G2C				
Who m	ay avail:	Different Department and Offices; Any client whose concern is	to avail the serv	rices and assistance of	this Office
С	HECKLIST OF REQUIREMENTS	WHERE 1	O SECURE		
1. Acco	mplished Clearance Form	HRMO			
STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	TAXES & FEES	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN- CHARGE
1	Forward Clearance Form	Receive document and check record for accountability	none	5 minutes	Administrative Aide
2		If none: 1. Countersign the clearance form. 2. Forward to CGS Officer for approval	none	5 minutes	Property Custodian CGS Officer
3		If there is property accountability:  1. Print ARE (Ackowledgment Receipt for Equipment)  2. Review ARE and inform the client to transfer or turn over properties to colleagues who will be responsible for the property or equipment	none	10 minutes	Property Custodian
	Bring ARE to office and identify the new accountable person for the said property or equipment. New accountable person shall sign the confirmation.	Reconcile and update ARE.	none	10 minutes	Property Custodian
4		Forward the Clearance Form to CGS Officer for approval.	none	5 minutes	CGS Officer
		END OF TRANSACTION			<u> </u>

## **CITY LEGAL OFFICE**

TYPE OF SERVICE	FEES	REQUIRED DOCUMENTS	PROCESSING TIME	PERSON RESPONSIBLE
Internal complaints against government offices/ officers	None	Filled up clients sheet	Depending on the Concern	Admin Assistant/Legal Assistant/ Lawyer
Legal Consultation/ Legal Advice	None	Valid ID and other pertinent documents	Depending on the matter at hand	Admin Assistant/Legal Assistant/ Lawyer
Pleading and other document preparation	Depending on the documents requested	Valid ID and other pertinent documents	8 minutes	Admin Assistant/Legal Assistant/ Lawyer
Review and/ or draft ordinance, executive order, contracts, and other legal instruments entered by the city.	None		2 Working Days or upon completion of the review	Admin Assistant/Legal Assistant/ Lawyer

## **INTERNAL COMPLAINTS AGAINST GOVERNMENT OFFICES/ OFFICERS**

City Legal Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
1	Fill up information in Client's Log Sheet: *Name *Address *Mobile Number *Type of Legal Service needed/Purposes	<ul> <li>Assist the client</li> <li>Endorse to the lawyer</li> <li>Client's concerns are responded to and acted upon with legal advise</li> <li>Send the serve notices for scheduled investigation/ meeting/hearing (The Office will conduct investigation/meeting/ hearing to all concerned parties and issue necessary resolutions or recommendation)</li> </ul>	1 min  10-20 mins depending on the concern  1 day	Admin Assistant/Legal Assistant  Lawyer	None
		END OF TRANS	ACTION		

# <u>LEGAL CONSULTATION/ LEGAL ADVICE</u> City Legal Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES			
1	Present identification and other pertinent documents	Refer the client to the lawyer present     Legal Advice	2 mins  10-20 mins (depending on the matter at hand)	Admin Assistant  Lawyer	None			
	END OF TRANSACTION							

## REQUEST FOR SIMPLE DOCUMENTS (AFFIDAVIT, SWORN STATEMENT, SPA, DEED OF SALE, ETC.)

City Legal Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
		Assist Clients upon presentation of valid ID	1 min	Admin Assistant	
	Present identification and other pertinent documents	Validate the presented documents and confirm the presence	1 min		
1		- Refer the client to the lawyer/legal assistant present	1 min		
		Interview the client regarding the document requested	2-3 mins (depending on the document requested)	Lawyer/Admin Assistant	
		Draft the requested document, if any and if applicable	2-5 mins		
		- Printing of final document if any	1 min		
		END OF TRANS	ACTION		

PLEADING
City Legal Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES
		<ul> <li>Assist Clients upon presentation of valid ID and other pertinent documents</li> <li>Relay concerns / inquiry regarding the pleading requested</li> </ul>	1 min	Admin Assistant/ Legal Assistant	
1	Present identification and other pertinent documents	Interview the client regarding the document requested	2-3 mins (depending on the document requested)	Lawyer/ Legal Assistant	
		Draft the requested document, if any and if applicable	2-3 mins		
		- Signature and Notarial			Depending on the documents requested
	·	END OF TRANS	ACTION		_

## REVIEW AND/ OR DRAFT ORDINANCE, EXECUTIVE ORDER, CONTRACTS, AND OTHER LEGAL INSTRUMENTS ENTERED BY THE CITY City Legal Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES			
1	Draft of contracts, ordinance, executive orders, and other legal instruments	Annexed all supporting documents	1 min	Lawyer				
2	For review documents from other offices	Review; confirm that all stipulations are in order      Releasing of documents	1 to 2 days  Upon the completion of the review	Lawyer Admin Assistant/ Legal Assistant				
	END OF TRANSACTION							

## CITY INVESTMENT, TRADE PROMOTION, ECONOMIC ENTERPRISE and MANAGEMENT OFFICE

## **STALL and SPACE RENTAL – City Shopping Center**

City Investment, Trade Promotion, Economic Enterprise and Management Office

STEP	APPLICANT/ CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY WITH COMPLETE DOCUMENTARY REQUIREMENT	PERSON-IN- CHARGE	TAXES & FEES
1	Proceed to CITPEEMO. For inquiry on vacant	<ul><li>Posting of Notice of Vacancy</li><li>Interview Applicant</li></ul>	15 days	CITPEEMO-Head	
2	Stall/space for rent.  Fill out & submit application form for lease.	<ul> <li>Receive application, Record in the registry book, the name &amp; address of applicant, contact no. the number &amp; description of stall applied, the date &amp; time of receipt.</li> <li>Notify applicants of schedule of bidding.</li> </ul>	5 minutes 5 minutes 1 week before schedule of bidding	CITPEEMO-Head CITPEEMO-Head Records Officer	
3	Procure bidder's bond	<ul> <li>Require each bidder to procure a bidder's bond in amount of 10 % of the bid amount.</li> <li>Conduct public bidding / and awarding of winning bid.</li> </ul>	During the day of public bidding  1 hour	CITPEEMO-Head PBAC	
4	Payment of Goodwill Fee by winning bidder	<ul> <li>Receive payment of Goodwill Fee &amp; issue corresponding official</li> <li>Refund the bidder's bond of losing bid</li> </ul>	During the day of public bidding 1 hour	CITPEEMO-Head PBAC	Bid Amount
5	Receive Certificate	Issuance of Certificate of Award to the winning bidder	1 day	City Mayor/ CITPEEMO- Head	

STEP	APPLICANT/ CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY WITH COMPLETE DOCUMENTARY REQUIREMENT	PERSON-IN-CHARGE	TAXES & FEES
6	Signing of Lease Contract	Preparation of Lease Contract	1 day	City Mayor/ CITPEEMO- Head	
7	Secure Business Permit	> Issuance of Market Clearance	5 minutes	City Mayor/ CITPEEMO- Head	P 20.00
8	Occupy & operate	<ul> <li>Orient the client for Market Rules and Regulations</li> </ul>	5 minutes	Market Supervisor	
9	Payment of Daily/ Monthly Rental	Collect Rental for Remittance to Treasury	1 day	Market Collectors/ In- charge of collection	P 3.50 per sq. meter (shopping center) P 5.00 per sq. meter (I.B.J.T.) P1.50 per sq. meter (Old Pob. Market)

### **SLAUGHTERHOUSE OPERATION**

City Investment, Trade Promotion, Economic Enterprise and Management Office

STEP	APPLICANT/ CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY WITH COMPLETE DOCUMENTARY REQUIREMENT	PERSON-IN- CHARGE	TAXES & FEES
	Proceed to Slaugtherhouse Secure permit to slaughter	Requirements:  For Branded Cattle:  Certificate of Ownership or Certificate of transfer of ownership	5 minutes	City Veterinarian/Meat Inspector	
1		For Unbranded Cattle  Not reaching the age for branding, secure satisfactory evidence regarding the ownership of the animal.	3 minutes	Meat Inspector	
		Reaching the required age for branding. The necessary certificate of ownership and or transfer shall be issued.	3 minutes	CTO/ Duly Authorized Representative	
2	Pay Permit Fee to Slaughter	Issuance of Official Receipt for Slaughter Permit	1 minute	CTO/ Duly Authorized Representative	C- P 30.00 per head H- P 15.00 per head G- P 10.00 per head
	Pay Slaughterhouse Fees and Charges	Conduct ante-mortem examination and inspection	3 minutes	City Veterinarian/Meat Inspector	C- P 30.00 per head H- P 15.00 per head G- P 10.00 per head
3		<ul> <li>Conduct Post mortem examination and inspection</li> <li>Weighing of Carcass</li> <li>Marking/ stamping for proper identification</li> <li>Issuance of Official Receipt</li> </ul>	3 minutes  1 minute 5 seconds 1 minute	City Veterinarian/Meat Inspector Meat Inspector Meat Inspector CTO/ Duly Authorized	P 0.40 per kilo  C- P 30.00 per head
		<ul> <li>Release Carcass for Market delivery to Market</li> </ul>	1 minute	Representative Meat Inspector	H- P 15.00 per head G- P 10.00 per head

### **OPERATION and MANAGEMENT of CITY PUBLIC TRANSPORT TERMINAL**

City Investment, Trade Promotion, Economic Enterprise and Management Office

STEP	APPLICANT/ CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY WITH COMPLETE DOCUMENTARY REQUIREMENT	PERSON-IN- CHARGE	TAXES & FEES
1	Proceed to CITPEEMO	<ul> <li>Give the details or information about the operation and management of transport terminal</li> </ul>	10 minutes	CITPEEMO- Head	
2	Passengers and Private Vehicle enter and park at the transport terminal	<ul> <li>Provide parking area for each transportation company or association and private vehicles</li> </ul>	1 minute	Terminal Supervisor	
3	Pay Parking Fees	For Passenger Vehicles:  Issue corresponding fees and exit pass for every parking within the terminal based on the seating capacity and length of parking  Remit Collection to CTO	1 minute 10 minutes	Terminal supervisor  In-charge of collection	A. 30 minutes or less  1. Tricycle P 2.00 2. Jeepneys P 5.00 3. Mini Bus P 15.00 4. Big Bus P 20.00  B. Over 30 minutes not more than 2 hours 1. Tricycle P 2.00 2. Jeepneys P 10.00 3. Mini Bus P 40.00 C. Over 2 hours not more than 6 hours 1. Tricycle P 5.00 2. Jeepneys P 5.00 2. Jeepneys P 5.00 3. Mini Bus P 40.00 4. Big Bus P 40.00 4. Big Bus P 40.00

STEP	APPLICANT/ CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY WITH COMPLETE DOCUMENTARY REQUIREMENT	PERSON- IN- CHARGE	TAXES & FEES
					D. OVERNIGTH PARKING
					1. Tricycle / Motorbike P 20.00 2. 4-wheels vehicle P 20.00 3. 6-wheels vehicle P 100.00 4. 10-wheels vehicle P 150.00 5. 14-wheels vehicle P 200.00
					E. PRIVATE VEHICLES  1. Per Enrty P 5.00  2. Car pass per yea P 300.00
4	Use of Washroom and Toilet	<ul> <li>Provide Clean and Sanitary Facility</li> <li>Collect user Fee</li> </ul>	24/7 1 minute	Utility Personnel	Urinating per use P 2.00 Defecating per use P 5.00

## **CITY DISASTER RISK, REDUCTION AND MAGEMENT OFFICE**

### PROVISION OF EMERGENCY RESPONSE AND OTHER SERVICES FOR DISASTER MANAGEMENT HOW TO AVAIL OF THE SERVICE

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM			
1	In case of emergency, dial HQ Hotline Numbers for help	Receive calls and collect pertinent information of the incident from the client.	2 – 3 Minutes	JAN WARNER SARATOBIAS/ ARCHER AMANTE TEAM LEADERS/ COMMUNICATORS	NONE				
2	Follow up call after 5 mins to confirm dispatch	Dispatch and issue mission order to the responding team.	Immediate	RESCUE TEAM LEADER/ASSISTANT TEAM LEADER	NONE				
		Render appropriate assistance to the client. (emergency response, disaster management and other related services/RELIEF OPERATIONS)	Immediate	ESCALANTE DRRMO/RESPONSE TEAM	NONE				
3	Provide necessary data to the receiver.	Gather information.  Document details vital for the incident report.	Upon completion of emergency response	EMERGENCY TEAM LEADER/ ASSISTANT TEAM LEADER	NONE				
	END OF TRANSACTION								

## REQUEST FOR DATA, TRAINING AND SERVICES

City Disaster Risk Reduction Management Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM			
1	Write a letter of intent/request	Receive request letter. Assist client on the subject of inquiry.	5 Minutes	MARITES V. OLORGA, RN- LDRRMO	NONE				
		Verify request.  Forward to the appropriate division for disposition.	5 Minutes	ARNEL M. TAYACTAC-ADMIN & TRAINING DESIGNATE	NONE				
		Evaluate request for approval:         • Furnish copy of requested documents.         • For training, schedule date of activity.	10 - 15 Minutes depending on the requisites	AURELIA E. CABALLEDA- OPERATION AND WARNING DESIGNATE	NONE				
2	Follow up request in the barangay level	For training, inform and coordinate with the barangay and other agencies concerned on the details of the activity.	Upon approval of request	ARNEL M. TAYACTAC	NONE				
3	Wait for the approval of the pool of trainers for a scheduled training.	Organize and prepare MDRRMO personnel for the requested training.		MARITES V. OLORGA RN, LOCAL Disaster Risk Reduction and Management Officer	NONE				
	END OF TRANSACTION								

## **CERTIFICATION FOR NON HAZARD AREA (RESIDENT AND BUSINESS INFRA)**

City Disaster Risk Reduction Management Office

STEP	APPLICANT / CLIENT ACTIVITY	SERVICE PROVIDER ACTIVITY	DURATION OF ACTIVITY  (w/ complete documentary requirements)	PERSON-IN-CHARGE	TAXES & FEES	FORM			
1	State the purpose of visit.	Assist client on the subject of inquiry.	5 Minutes	MANILY B. VILLACASTIN – DRRM STAFF	NONE				
2	Assist DRRM personnel in your area upon validation.	Verify request. Forward to the appropriate division for disposition.	5 Minutes	ARNEL TAYACTAC	NONE				
3	Ask for exact location of infra (Certification)	Evaluate request for approval:         Furnish copy of requested documents.	10 - 15 Minutes depending on the requisites	AURELIA E. CABALLEDA	NONE				
4	Secure a Certification signed by the LDRRM Officer.	FOR SIGNATURE & ISSUANCE OF Certificate		MARITES V. OLORGA, RN, LOCAL Disaster Risk Reduction and Management OFFICER IV	NONE				
	END OF TRANSACTION								