ARTA
ANTI-RED TAPE AUTHORITY
OFFICE OF THE PRESIDENT

Republic of the Philippines
Province of Bulacan
Municipality of
Doña Remedios Trinidad

CITIZEN'S CHARTER

2026 - 1st Edition

I ♥ DRT
SA PROGRESONG RAMDAM, PANALO ANG BAYAN!
DOUBLE FLORES DOUBLE PROGRESS
happy to serve DRTeños

I. Mandate:

In order to establish a more responsive and citizen-friendly governance, the Municipality of Doña Remedios Trinidad compliance with the Civil Service Commission and Department of Interior and Local Government's call in formulating a Citizen's Charter that will serve as guidelines of frontline services in our Municipality. Our Citizen's Charter will serve as a tool to educate of our services and to make our governance easier for both client and service provider.

II. Vision:

We envision Doña Remedios Trinidad as a peaceful highland garden community with progressive and vibrant economy where dependable and self-sufficient people are working together in harmony with God and nature; governed by officials with integrity, capability and accountability towards the achievement of gender responsive local governance and highest quality of life for the citizenry.

III. Mission:

To provide effective and efficient public service among constituents empowering them become active partners in ensuring political, social, cultural, ecological and economic development for the best quality of life in harmony with God and Nature.

IV. Service Pledge:

We are committed to:

- Provide effective and efficient public services delivery;
- Promote self-sufficiency thru jobs and employment opportunities;
- Promote programs that will ensure transparent, accountable and gender responsive local governance;
- Promote a sustained and balanced ecology.

EXTERNAL SERVICES

Municipal Health Office (MHO)

1). Delivery of Primary Health Care Services

The Municipal Health Office through its main Rural Health Unit (RHU) and Barangay Health Stations regularly renders free Primary Health Care services for medical consultation and treatment of minor cases. During Holidays, Saturdays and Sundays and beyond office hours. The Dona Remedios Trinidad–Birthing Center also providing same services. The objective is more on preventive and promotive aspect of health. It is a type of service provided by a health staff (nurse and midwife) and referred to a physician which involves thorough assessment and evaluation to come up with an accurate diagnosis and treatment.

During consultation, the physician conducts a medical review by asking questions; The questions that covers symptoms, general condition of the patient, any health concerns and the results of laboratory tests. The physician then performs physical examination for further evaluation and prompt treatment of safe and effective medications that can produce reasonable rather than unwanted adverse effect to the client. In some instances, patient may be referred to the nearby facility for further evaluation and management.

Office or Division:	Office of the Municipal Health
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Present any of the following: a. Yellow/Blue Booklet b. PhilHealth number if available c. Referral slip (if any)	 Municipal Planning and Development Office (MPDO) PhilHealth ID From referring BHS /other health facility

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Proceed to the information desk and get a number according to priority scheme: Senior Citizen, PWD, Pregnant women followed by regular patient	1.1 Provide / give a priority number	None	1 minute	*Maricar Valenzuela* *Nurse I* **Municipal Health Office**
2. Proceed to the designated pre-assessment area	2.1 Ask/get for the following: -Chief complaint -Medical history	None	Variable	*Maricar Concepcion,RN/ Nurse 1*

	-Vital signs Referred based to the needs /assessment of the patients: *-Integrated Management of Childhood Illness (IMCI)* *- Childhood Disintegrative Disorder (CDD)* *-Control of Acute Respiratory Infections* *(CARI)* *-Non-Communicable Diseases (NCD)* *-Infectious Diseases* *(Tubercuosis, Rabies, etc)*			*Trina Isabel Santiago,MD* ***DTTB/RHP*** *Ma. Rodelia Q. Vardeleon,MD /MHO* ***Municipal Health Office***
3. Rabies, Tuberculosis program and laboratory procedures	3.1 Refer to National Tuberculosis Control Program, Rabies Prevention and Control Program and laboratory / ancillary services.	None Laboratory/ ancillary services – (*payment/ dues based on Municipal Ordinance 2023-009 (May 8,2023)*	Variable	*Cecillia Angeles,RMT /Medical Technologist 2* *Pamela Flores ,RMT /Medical Technologist 1* *Marineth C. Mangahas,RN,MSN /PHN* *Ruchelle A. Mahomoc ,RN/Nurse 1* ***Municipal Health Office***
4. Proceed to the consultation area for complete medical examination and treatment.	4.1 Final diagnosis, evaluation, prompt treatment and medication prescription	None	Variable	*Ma. Rodelia Q. Vardeleon,MD /MHO* *Trina Isabel Santiago,MD* ***DTTB/RHP***

				Maricar Concepcion,RN /Nurse 1 *Marineth C. Mangahas,RN,MSN* ***Municipal Health Office***
5.Referred to laboratory test if needed	5.1 Present laboratory request	*Payment/ dues based on Municipal Ordinance 2023-009(May 8,2023*	Variable	Angeles,RMT /Medical technologist 2 Pamela Flores ,RMT//Medical technologist 1 ***Municipal Health Office***

6.Medications	6.1 Give medicines with instructions and advice	None	10 minutes	*Rodelia Q. Vardeleon,MD /MHO* *Trina Isabel Santiago,MD* ***DTTB/RHP*** *Marineth C.Mangahas,RN,MSN /PHN* *Maricar Concepcion,RN /Nurse 1*

				Municipal Health Office
7. Follow up	7.1. Advised for follow up visits / consultations when needed	None	5 minutes	*MHO* *Marineth C.Mangahas,RN,MSN /PHN* *Maricar Concepcion,RN /Nurse 1* **Municipal Health Office**
	TOTAL	**TOTAL AMOUNT MAY VARY**	**TOTAL TIME MAY VARY**	

2). National Tuberculosis Control Program

The National Tuberculosis Program aimed to promote health and quality of life by preventing, controlling, and eventually eliminating tuberculosis (TB) from the Municipality of Dona Remedios Trinidad, and by collaborating with other partners and stakeholders in controlling tuberculosis. Detection of Tuberculosis start from Barangay Level with the help of Health volunteers even on far flung area

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Office or Division:	Office of the Municipal Health Services
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Present any of the following: A. Referral from admitting area B. Treatment card or record -Refill of TB Medication	Office of the Municipal Services (MHO) a. RHU (Admitting area) b. RHU From referring BHS

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
A. NEW client 1. Proceed to the information desk and get	Received request and record patient data and explain the procedure	None	5 minutes	*Maricar Concepcion ,RN*

a number according to priority scheme: -Senior Citizen, PWD, Pregnant women followed by regular patient				*Nurse 1* **Municipal Health Office**
2.All TB Symptomatic proceed to laboratory for sputum collection, Chest X- ray and PPD *(Purified protein derivative)* based on the assessment / needs of the patient	-Sputum Specimen Collection -Referral for Chest Xray (15 y.o and above) *Done outside the facility* -PPD *(Purified protein derivative*	None None (Payment is c/o PBSP) None	2-3 days 1-3 days 48-72 hours	Cecillia Angeles,RMT /Medical technologist 2 Pamela Flores ,RMT//Medical technologist 1 *Marineth C. Mangahas,RN,MSN/PHN* *Ruchelle Mahomoc ,RN/Nurse 1* ***Municipal Health Office***
3.Follow up sputum, Chest Xray and PPD results	Release of sputum, Chest Xray and PPD results	None	Variables	Cecillia Angeles,RMT /Medical technologist 2 Pamela Flores ,RMT//Medical technologist 1 *Marineth C. Mangahas,RN,MSN/PHN*

				Ruchelle Mahomoc ,RN/Nurse 1 ***Municipal Health Office***
4.TB symptomatic patients with (+) sputum, approach the Nuse on Duty	Register the patient to Directly Observed Treatment Short Course Chemotherapy, National Tuberculosis Program (DOTS –NTP) registry Conduct TB- HIV Counselling and Testing	None	10 minutes 30 minutes	Cecillia Angeles,RMT /Medical technologist 2 Pamela Flores ,RMT//Medical technologist 1 *Marineth C. Mangahas,RN,MSN/PHN* *Ruchelle Mahomoc ,RN/Nurse 1* ***Municipal Health Office***
5.TB Symptomatic with (-) negative sputum exam	Evaluate patient for further management	None	Variables	Cecillia Angeles,RMT /Medical technologist 2 Pamela Flores ,RMT//Medical technologist 1 *Marineth C. Mangahas,RN,MSN/PHN* *Ruchelle Mahomoc ,RN/Nurse 1* ***Municipal Health Office***

6.Medications	5.Give medication with instructions and advice **For Refill of Medications only/ old client:** **-**Progress report on the patient's treatment -Weighed the patients -advised for next follow up	None None	10 minutes 20 minutes	-Cecilia Angeles,RMT /Medical technologist 2 -Pamela Flores ,RMT//Medical technologist 1 *Trina Isabel Santiago ,MD /DTTB/RHP* -Marineth C.Mangahas,RN ,MSN/ PHN
7.Follow up	6.Advised for follow up visits / consultations/ specimen collections	None	5 minutes	Medical technologist 2 -Pamela Flores ,RMT//Medical technologist 1 *Marineth C. Mangahas,RN,MSN/PHN* *Trina Isabel Santiago ,MD /DTTB/RHP* -Marineth C.Mangahas,RN ,MSN/ PHN

				-Ma. Rodelia Q.Vardeleon,MD /MHO **Municipal Health Office**
	TOTAL	**NONE**	**Total time may vary**	

3). Rabies Prevention and Control Program

Rabies Prevention and Control Program adopt and implement the Post-Exposure Prophylaxis (PEP) for animal bite victims and Pre-Exposure Prophylaxis (PrEP) for high-risk individuals. Rabies remains to be a public health problem. The rabies vaccination and other medications can treat infections. Without treatment, the disease can be fatal. However, it is treatable if a person who had exposure to rabies seeks immediate medical attention/ rabies vaccination.

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Office or Division:	Office of the Municipal Health Services
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All animal bite victims and high-risk individuals

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Present any of the following: **For New patient:**	
a.Yellow Booklet	Office of the Municipal Planning and Development Coordinator
b.Philhealth number if available	Patient record/ID
c.Referral slip if any (from other ABTC Facility)	From referring ABTC /other health facility
For old patient: a. Vaccination Card (From ABTC Facility)	

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**

1.Proceed to the information desk and get a number according to priority scheme: -Senior Citizen, PWD, Pregnant women followed by regular patient	1.1 Provide / give a priority number	None	1 minute	*Maricar Concepcion ,RN/Nurse 1* **Municipal Health Office**
2.Local wound Care	2.1 Advised for washing of wounds with soap and water for at least 10 minutes 2.2 Apply povidone iodine / alcohol on affected area 2.3 Avoid suturing of wounds. If suturing is unavoidable wait for 2 hours after RIG administration	None	Variables	*Marineth C. Mangahas,RN,MSN/PHN* *Ruchelle ,Mahomoc ,RN /Nurse 1* ***Municipal Health Office***

3. Proceed to the consultation area for complete medical assessment and examination	3.1 Ask/get for the following: -Chief complaint -Medical history -Vital signs For old client: - Do vital signs - ARV Vaccinations - Follow up as advised	None	Variable	*Marineth C. Mangahas,RN,MSN/PHN* *Ruchelle ,Mahomoc ,RN /Nurse 1* ***Municipal Health Office***
4. Anti Rabies Vaccination (ARV) and Rabies Immunoglobulin	4.1 Vaccination of Anti Rabies Vaccines and Rabies Immunoglobulin	None	Variables	*Ma. Rodelia Q. Vardeleon,MD/MHO*

				Marineth C. Mangahas,RN,M SN/PHN *Ruchelle ,Mahomoc ,RN /Nurse 1* ***Municipal Health Office***
5.Anti- Tetanus Prophylaxis and Antibiotic Treatment	5.1 Vaccination of Tetanus Toxoid and ATS based on vaccination history of the patient -Distribution of medication based on needs of the patient	None None	Variables Variables	*Marineth C. Mangahas,RN,M SN/PHN* *Ruchelle ,Mahomoc ,RN /Nurse 1* ***Municipal Health Office***
6. Rabies Vaccination card	6.1 Issued Rabies Vaccination card	None	2 minutes	*Marineth C. Mangahas,RN,M SN/PHN* *Ruchelle ,Mahomoc ,RN /Nurse 1* ***Municipal Health Office***
7. Follow up	7.1 Advised for follow up visits / schedule based on the ABTC Protocol	None	5 minutes	*Marineth C. Mangahas,RN,M SN/PHN*

				Ruchelle ,Mahomoc ,RN /Nurse 1 ***Municipal Health Office***
	TOTAL	**NONE**	**Total time may vary**	

4). Maternal Care Services

The Barangay Health Station through its main Rural Health Unit provides maternal services to pregnant and lactating mothers. This service includes prenatal and post-natal care to ensure safe motherhood and deliveries to healthy babies.

Office or Division:	Office of the Municipal Health Services
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All pregnant mothers

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Present any of the following: a. Yellow Booklet b. Home-based Maternal record/card c. Referral Slip (from other health facility)	a. Office of the Municipal Planning and Development Coordinator b. Barangay Health station (BHS) (Midwife) c. Patient

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Proceed to the information desk and get a number according to first come, first serve scheme	1. Provide / give a number	None	1 minute	*-Gemma V.Angeles,RM/Midwife 3(Pulong Sampaloc and Talbak)* *-Roberta Suetos,RM /Midwife 2 (Kalawakan 1)*

				-Myla Flores ,RM /Midwife (Camachile) *-Jocelyn Cruz,RM /Midwife 1 (Camachin and Kalawakan)* *-Marissa Sangabriel,RM 1 /Midwife(Bayabas)* *-Lucila Casimiro,RM /Midwife 1 (Kabayunan)* *-Jenther Jane Aguilar,RM/Midwife 2 (RHMPP) (Sapang Bulac)* *-Barangay Health Workers (BHW)* ***Municipal Health Office***
2. Pre-natal check up	*Taking vital information and pregnancy history *Vital Signs taking (Blood pressure, Pulse Rate, Respiratory Rate, Temperature and weight). *Assessment of patient -Fetal Heart Tone monitoring -Fundic Height -Leopold's Maneuver	None	5 minutes 7 minutes 15 minutes	*-Gemma V.Angeles,RM/Midwife 3(Pulong Sampaloc and Talbak)* *-Roberta Suetos,RM /Midwife 2 (Kalawakan 1)* *-Myla Flores ,RM /Midwife (Camachile)* *-Jocelyn Cruz,RM /Midwife 1*

	*Feedback on patients' conditions *Recommendations *Health teaching * Birth Plan		Variables	*(Camachin and Kalawakan)* *-Marissa Sangabriel,RM 1 /Midwife(Bayabas)* *-Lucila Casimiro,RM /Midwife 1 (Kabayunan)* *-Jenther Jane Aguilar,RM/Midwife 2 (RHMPP) (Sapang Bulac)* *-Barangay Health Workers (BHW)* ***Municipal Health Office***
3. Proceed to the designated examination room for proper assessment and counselling	2. Check the vital signs to determine the risk factor. Orient the mother on the proper nutrition/ten nutritional guidelines for Filipinos and maternal care. Instruct mother on the danger sign of pregnancy and conduct physical examination	None	Variables	*-Gemma V.Angeles,RM/Midwife 3(Pulong Sampaloc and Talbak)* *-Roberta Suetos,RM /Midwife 2 (Kalawakan 1)* *-Myla Flores ,RM /Midwife (Camachile)* *-Jocelyn Cruz,RM /Midwife 1 (Camachin and Kalawakan)* *-Marissa Sangabriel,RM 1 /Midwife(Bayabas)*

				-Lucila Casimiro,RM /Midwife 1 (Kabayunan) *-Jenther Jane Aguilar,RM/Midwife 2 (RHMPP) (Sapang Bulac)* *-Barangay Health Workers (BHW)* ***Municipal Health Office***
4. Proceed to the laboratory procedure for pre-assessment of current prenatal condition	3. Midwife send and request pregnant mother for CBC, urinalysis and blood typing, HIV, Hepa B and Syphilis testing	**None** (Based *on the conditions noted on Municipal Ordinance No. 2023-009* ***(Section 7 privileges no. 10)***	Variables	Cecilia Angeles,RMT /Medical technologist 2 -Pamela Flores ,RMT//Medical technologist 1 ***Municipal Health Office***
5. Medications /supplements and vaccinations	4. Give Medications / supplements like ferrous sulfate with folic, Calcium Carbonate, tetanus toxoid vaccinations and other benefits provided by the Local Government Unit	None	Variable	*-Gemma V.Angeles,RM/Midwife 3(Pulong Sampaloc and Talbak)* *-Roberta Suetos,RM /Midwife 2 (Kalawakan 1)* *-Myla Flores ,RM /Midwife (Camachile)* *-Jocelyn Cruz,RM /Midwife 1*

				(Camachin and Kalawakan) *-Marissa Sangabriel,RM 1 /Midwife(Bayabas)* *-Lucila Casimiro,RM /Midwife 1 (Kabayunan)* *-Jenther Jane Aguilar,RM/Midwif e 2 (RHMPP) (Sapang Bulac)* *-Barangay Health Workers (BHW)* ***Municipal Health Office***
5. Follow up	5.Advised for the next follow up / prenatal visits	None	2 minutes	*-Gemma V.Angeles,RM/Mid wife 3(Pulong Sampaloc and Talbak)* *-Roberta Suetos,RM /Midwife 2 (Kalawakan 1)* *-Myla Flores ,RM /Midwife (Camachile)* *-Jocelyn Cruz,RM /Midwife 1 (Camachin and Kalawakan)* *-Marissa Sangabriel,RM 1 /Midwife(Bayabas)*

				-Lucila Casimiro,RM /Midwife 1 (Kabayunan) *-Jenther Jane Aguilar,RM/Midwife 2 (RHMPP) (Sapang Bulac)* *-Barangay Health Workers (BHW)* ***Municipal Health Office***
	TOTAL	**NONE**	**Total time may vary**	

5). National Immunization Program (NIP)

The main purpose of this program is to reduce the morbidity and mortality among children 0-12months against the most common vaccine-preventable diseases. Defaulters tracking and immunization are also implemented for children 13-59 mos. based on the needs and assessment.

Office or Division:	Office of the Municipal Health Services
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All children 0-12 months/ defaulters tracking and immunization for 13-59 mos.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1). Yellow Card 2). Present Child Immunization Record	1.Office of the Municipal Planning and Development Coordinator 2.Barangay Health Stations (BHS)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1 Proceed to the information desk and get a number according to first come, first serve scheme	1. Provide / give a priority number	None	1 minute	*-Gemma V.Angeles,RM/Midwife 3(Pulong Sampaloc and Talbak)*

2. Proceed to the area for vital signs taking	2.Get the vital signs of the children (Temperature and weight)	None	5 minutes	*-Roberta Suetos,RM /Midwife 2 (Kalawakan 1)*
3.Pre assessment / verification by midwife assigned in the area	3.Assess children to determine the presences of any illness			*-Myla Flores ,RM /Midwife (Camachile)*
4. Undergo with the vaccination process at immunization area	3.Immunize the infant for BCG, 1-1/2 months old with PENTA, OPV and PCV with 28 days' interval for the second and third immunization, IPV Vaccines given at 3 ½ months together with OPV3 Vaccines. At nine (9) months old immunize the infant for MCV 1, and IPV 2 .MCV 2 given before 12 months.	None	5 minutes	*-Jocelyn Cruz,RM /Midwife 1 (Camachin and Kalawakan)* *-Marissa Sangabriel,RM 1 /Midwife(Bayabas)* *-Lucila Casimiro,RM /Midwife 1 (Kabayunan)* *-Jenther Jane Aguilar,RM/Midwife 2 (RHMPP) (Sapang Bulac)*
5.Vitamin A and Deworming Supplementation	Give Vitamin A 100,000 IU for 6-11 months children Vitamin A 200,000 IU for 12-59 months Deworming for 1-19 years old at least twice a year, with interval of 6 months (January and July) or as needed	None	5 minutes	*-Barangay Health Workers (BHW)* ***Municipal Health Office***
6. Follow up visits	Assigned date of the next visits / vaccination schedule	None	5 minutes	
	TOTAL	**NONE**	**21 minutes**	

6). Family Planning Services

Family Planning Service provides not only family planning commodities but also includes Basic Family Planning Education. Information on different Family Planning Methods as well as Family Planning counselling to all women of reproductive age geared towards responsible parenthood. It can

also provide mothers of malnourished children and malnourished pregnant and lactating mothers information on nutrition to improve nutritional status.

Office or Division:	Office of the Municipal Health Services
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All women in their reproductive age (WRA

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1.Yellow Card 2.FP Card 3.FP Commodities for all clients regardless of economic status **Note: for old client /Current users** **(FP Card only)**	1.Office of the Municipal Planning and Development Coordinator 2.Barangay Health Stations (BHS) 3.Barangay Health Stations (BHS)/ Rural Health Unit (RHU)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Seek Consultation and Fill-up form at BHS Information Desk (Family planning like Pills (COC, POP) ,DMPA and Condom	. Interview the client and ask to fill-up the Family Planning Form; get the vital signs, conduct initial physical examination; assess and counsel client on the different family planning methods available	None	20 Minutes	*-Gemma V.Angeles,RM/Midwife 3(Pulong Sampaloc and Talbak)* *-Roberta Suetos,RM /Midwife 2 (Kalawakan 1)* *-Myla Flores ,RM /Midwife (Camachile)* *-Jocelyn Cruz,RM /Midwife 1 (Camachin and Kalawakan)*

Family Planning like Subdermal Implant , Interval and Postpartum IUD are given at RHU . We also conducted I the IUD and Subdermal Implant removal				*-Marissa Sangabriel,RM 1 /Midwife(Bayabas)* *-Lucila Casimiro,RM /Midwife 1 (Kabayunan)* *-Jenther Jane Aguilar,RM/Midwife 2 (RHMPP) (Sapang Bulac)* *-Barangay Health Workers (BHW)* ***Municipal Health Office***
2. Undergo Medical examination and choose appropriate family planning method at FP designated Examination Room	2. Give instruction to Client on the chosen method of the client and regular follow-up and acetic acid wash schedule. **Pills (COC, POP)** (Follow up every 21 days **DMPA** (follow up every 3 months) Interval **-IUD** (follow up after 7 days from insertion then yearly) **Post Partum-IUD** (follow up after 45 days from date of insertion then yearly)	None	20 minutes	

	Subdermal Implant (follow up after 4-8 weeks)			
4.Follow up visits	Assigned date of the next visits / vaccination schedule	None	5 minutes	
	TOTAL	**NONE**	**Total time may vary**	

7. Maternal, Newborn Care and primary health care services (Dona Remedios Trinidad-Birthing Center)

The Municipal Health Office through its Birthing Center provides maternal services to pregnant and lactating mothers. This service includes prenatal and post-natal care to ensure safe motherhood and deliveries to healthy babies. The Birthing Center also offers primary health care services beyond office hours.

Office or Division:	Office of the Municipal Health Services
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All pregnant mothers

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Present any of the following: a. Yellow Booklet	a. Office of the Municipal Planning and Development Coordinator
b. Home-based Maternal record/card	b. Barangay Health station (BHS) (Midwife)
c. Referral Slip (if coming from satellite BHS)	c. BHS or other health facility

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the information desk and get a number	1.1 Provide / give a number	None	1 minute	*Jhiling Sarmiento / Jocelyn V. Cruz* *Nurse I / Midwife* ***Municipal Health Office***
2. Pre-natal check up	2.1 *Taking vital information and pregnancy history 2.2 *Vital Signs taking (Blood pressure, Pulse Rate, Respiratory Rate, Temperature and weight). 2.3 *Assessment of patient -Internal examination -Fetal Heart Tone monitoring -Fundic Height -Leopold's Maneuver 2.4 *Feedback on patients' conditions *Recommendation/plans	None	5 minutes 7 minutes 15 minutes 15 minutes	*Jhiling Sarmiento / Jocelyn V. Cruz* *Nurse I / Midwife* ***Municipal Health Office***

	*Health teaching			
3. Proceed to the designated Examination Room for proper assessment and counselling	3.1 Check the vital signs to determine the risk factor. Orient the mother on the proper nutrition/ten nutritional guidelines for Filipinos and maternal care. Instruct mother on the danger sign of pregnancy and conduct physical examination	None	5 minutes	*Jhiling Sarmiento / Jocelyn V. Cruz* *Nurse I / Midwife* ***Municipal Health Office***
4. Proceed to the Laboratory Clinic for pre-assessment of current prenatal condition	4.1 Midwife send and request pregnant mother for CBC, urinalysis and blood typing, HIV,Hepa B and Syphilis testing	None	5 minutes	Cecilia Angeles,RMT /Medical technologist 2 -Pamela Flores ,RMT//Medical technologist 1 ***Municipal Health Office***
5. Proceed for Medical examination, diagnosis and prompt treatment at	5.1 Refer to physician for final evaluation and management including	None	5 minutes	*Ma. Rodelia Q. Vardeleon , MD* *MHO*

the Doctor's Office	laboratory results and giving Ferrous sulfate and other medications			***Municipal Health Office***
Delivery of Primary Health Care Services at Birthing Center				
1. Proceed to the designated pre-assessment area	1.1.Ask/get for the following: -Chief complaint -Medical history -Vital signs Referred based to the needs /assessment of the patients: *-Integrated Management of Childhood Illness (IMCI)* *- Childhood Disintegrative Disorder (CDD)* *-Control of Acute Respiratory Infections* *(CARI)* *-Non-Communicable Diseases (NCD)* *-Infectious Diseases* *(Tubercuosis, Rabies, etc)*	None	Variable	*Jhiling Sarmiento / Jocelyn V. Cruz* *Nurse I / Midwife* ***Municipal Health Office***
2.Proceed to the consultation area for complete medical examination and treatment Refer patient to the physician, on-call as needed	2.1. Final diagnosis, evaluation, prompt treatment and medication prescription	None	Variable	
3.Medications	3.1 Give medicines with instructions and advice	None	10 minutes	

4. Follow up	4.1 Advised for follow up visits / consultations when needed at RHU during office hours for possible referral /laboratory procedures	None	5 minutes	
	TOTAL	**NONE**	**Total time may vary**	

8. LABOR AND DELIVERY

(Dona Remedios Trinidad -Birthing Center)

Office or Division:	Office of the Municipal Health Services
Classification:	Simple
Type of Transaction:	G2B - Government to Business
Who may avail:	All business entity

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
a. Home-based Maternal record/card	a. BHS or other health facility

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. **Labor and Delivery**	1.1 Preparation of patients for admission, hooked and inserted intravenous fluids. Monitoring vital signs, contractions and progress of labor. Assisting on the delivery of the baby Administration of essential medications ordered by the physicians	Delivery fee of 3,000	Variable 3minutes	*Jhiling Sarmiento / Jocelyn V. Cruz* *Nurse I / Midwife* ***Municipal Health Office***
2.Post Partum Care	2.1 Monitoring vital signs every 15 minutes for the first hour of delivery, then every 30 minutes -Perineal care	None	15 minutes	

	-Issuance and instructing oral medications			
3.Post-Natal Care	3.1 Drying the newborn -keeping the newborn on warm temperature -applying skin to skin contact 3.2 Essential newborn care -cord care -Ophthalmic ointment application -Dressing 3.3 Vital Signs taking 3.4 Anthropometric measurements taking (head, chest, abdomen circumference) -Newborn screening test (done at 24 hours of confinement)	None	1hour 20minutes 7 minutes 3 minutes 5 minutes	
4. Discharge	4.1 Birth Certificate completion (Interview newborns basic information) Note: Issuance of official Birth Certificate at the Municipal Registrar's Office after 7 working days upon submission /completion of requirements PhilHealth *(if applicable)*	None	20 minutes	

	-Settle of Bill -Health teaching / Recommendation -Postpartum check-up after 1 week -Breast feeding -Family Planning -Newborn care	Delivery Fee	20 minutes	
	TOTAL	**NONE**	**Total time may vary**	

9.LABORATORY and ANCILLARY PROCEDURE

The Municipal Health Office offer different laboratory services that help in diagnosis and treatment of patient suffering for any kind of diseases. *Payment based on the conditions noted on Municipal Ordinance No. 2023-009*

Office or Division:	Office of the Municipal Health Services
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Present any of the following: A.Yellow Booklet B.Request /referral if any (if coming from satellite BHS) C.Identification Card/HPN and DM Card for Privellage category	a. Office of the Municipal Planning and Development Coordinator b. Barangay Health station (BHS) (Midwife)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Proceed to the information desk and get a number according to priority scheme:	1. Provide / give a priority number	None	1 minute	*Maricar Concepcion ,RN* *Nurse 1*

-Senior Citizen, PWD, Pregnant women followed by regular patient				**Municipal Health Office**
2.Present laboratory Request	Received request and record patient data and explain the procedure	None	5 minutes	*Maricar Concepcion ,RN* *Nurse 1* *Marineth C. Mangahas,RN,MSN /PHN* *Trina Isabel Santiago* *DTTB/RHP* *-Ma. Rodelia Q.Vardeleon, MD /MHO* **Municipal Health Office**
3.Subject their self for collection of specimens	Collection of specimens and perform actual laboratory examinations ***Gene X-pert Sputum Examination** ***Clinical Chemistry** -Urinalysis ***Hematology** -CBC -Blood typing -RDT for Malaria -Malarial smear ***Serology**	*None*	Variables	-Cecilia Angeles,RMT /Medical technologist 2 -Pamela Flores ,RMT//Medical technologist 1

	-Dengue NS1 -HIV -Syphilis -Hepa B ***Blood Chemistry** -FBS/RBS -HBA1C -Creatinine -BUN Uric Acid -SGPT -SGOT -Cholesterol -Triglycerides -Covid 19 antigen and RTPCR Test	*Payment based on the conditions noted on Municipal Ordinance No. 2023-009*		*Maricar Concepcion ,RN* *Nurse 1* ***Municipal Health Office***
4.Received the results	Release and interpret the laboratory results as schedule	None	3-5 minutes	-Cecilia Angeles,RMT /Medical technologist 2 -Pamela Flores ,RMT//Medical technologist 1 *Maricar Concepcion ,RN* *Nurse 1* *Marineth C. Mangahas,RN,MSN /PHN* *Trina Isabel Santiago* *DTTB/RHP*

				-Ma. Rodelia Q.Vardeleon, MD /MHO **Municipal Health Office**
	TOTAL	**NONE**	**Total time may vary**	

10). Issuance of Health/Medical Certificate

To ensure optimum health, any person/individual employed at any business establishment that are operating within the municipality and those of private individuals needing for whatever purpose for compliance are required to secure a health/medical certificate. This certificate is issued by Municipal Health Services Office**.**

Office or Division:	Office of the Municipal Health Services
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Present the following list of requirements ***Food Establishment /Fit to work:*** □CXR □Stool □Urine □CBC □Drug test (optional) ***Non-food establishment:*** □CXR □Urine □CBC □Drug test (optional) ***PWD Medical Certificate:*** *-Blood type* *-Pertinent medical documents if possible*	Any Diagnostic Clinic and Laboratory accredited by the Department of Health

Note: Medical Certification for PWD's, AICS and CSC are for free				
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.Proceed to the information desk and get a number according to priority scheme: -Senior Citizen, PWD, Pregnant women followed by regular patient	1. Provide / give a priority number	None	1 minute	*Maricar Concepcion ,RN* *Nurse 1* **Municipal Health Office**
2.Submission of laboratory results and other requirements at the Municipal Health Office	2. Validate, and review submitted requirements for approval and issue order of payment for those applicant without any untoward laboratory findings	None	5 minutes	*Maricar Concepcion ,RN* *Nurse 1* *Trina Isabel Santiago, MD/DTTB/RHP* *Sherlina Salaysay /Sanitary Inspector* **Municipal Health Office**
3. Client with normal laboratory results proceeds for payment of dues	3. Preparation and processing of Health/Medical Certificate with corresponding signature of Municipal Health Officer respectively 4.Physicians evaluate clients for further management and referred if needed	P35.00	5 minutes	*Maricar Concepcion ,RN* *Nurse 1* *Sherlina Salaysay /Sanitary Inspector /Office Clerk*

4.Clients with abnormal results is referred to the physician				*Trina Isabel Santiago, MD/DTTB/RHP* *Ma. Rodelia Q. Vardeleon,MD/MHO* ***Municipal Health Officer***
5.Claims Health/Medical Certificate at the Municipal Health Office designated releasing area	5. Releasing of Health/Medical Certificate	None	2 minutes	*Sherlina Salaysay /Sanitary Inspector /Office Clerk* ***Municipal Health Officer***
	TOTAL	**P 35.00**	13 Minutes	

11). Issuance of Sanitary Permit

All business establishment operating within the municipality for public patronage are required to secure sanitary Permit pertaining to Health and sanitation that are based on the Implementing Rules and Regulations (IRR) stated in PD 856. The permit can be obtained from the Municipal Health Services Office.

Office or Division:	Office of the Municipal Health Services
Classification:	Simple
Type of Transaction:	G2B - Government to Business
Who may avail:	All business entity
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Proceed to the information desk and get a number according to priority scheme:	1. Provide / give a priority number	None	1 minute	*Maricar Concepcion ,RN* *Nurse 1*

Senior Citizen, PWD, Pregnant women followed by regular patient				**Municipal Health Office**
2. Submission of necessary set of requirements base on the type of business being applied for/renew at the Sanitation office * Food Handlers -Chest Xray -Fecalysis -Urinalysis -Blood Type -1x1 picture *Non-food handler -Chest Xray -Blood Type -1x1 picture	2. Validate, assess and review submitted requirements and refer to Municipal Health Officer those applicants with complete sets of required documents for approval Schedule date of inspection and subsequent release of inspection report	None (Payment included in the dues paid on Business Permit) None	2 minutes Variable	*Sherlina Salaysay /Sanitary Inspector/Office Clerk* **Municipal Health Office**
3.Clients with incomplete requirements should comply for the requirements And appointment for inspection schedule.	Schedule the inspection of the establishment	None	Variable	*Sherlina Salaysay /Sanitary Inspector/Office Clerk* **Municipal Health Office**

4. Issuance of Sanitary Permit at Sanitation Office	Releases Sanitary Permit and Health Card	None	2 minutes	*Sherlina Salaysay /Sanitary Inspector/Office Clerk* *Ma. Rodelia Q. Vardeleon ,MD* *MHO* **Municipal Health Office**
For Water Refilling Stations (Additional requirements) *-Monthly Water Sampling (Microbiological test) -Payment is c/o water refilling stations* *-Annual Water Sampling (Physical Chemical test) -Payment is c/o water refilling stations* *(Both issued by DOH accredited Water testing laboratory)*				
NON -BUSINESS ENTITY (SCHOOL -BASED)				
1.Proceed to the information desk and get a number according to priority scheme: -Senior Citizen, PWD, Pregnant women followed by regular patient	1. Provide / give a priority number	None	1 minute	*Maricar Concepcion ,RN* *Nurse 1* **Municipal Health Office**
2.Submission of Requirements for Food Handler -Chest Xray -Fecalysis -Urinalysis -Blood Type -1x1 picture	Validate, assess and review submitted requirements and refer to Municipal Health Officer those patients with abnormal findings.	None	Variable	*Sherlina Salaysay /Sanitary Inspector/Office Clerk* **Municipal Health Office**

3.Inspection of School	Conduct actual inspection of school	None	Variable	*Sherlina Salaysay /Sanitary Inspector/Office Clerk* **Municipal Health Office**
4.Issuance of Sanitary Permit and Health Card	Issued Sanitary Permit and Health Card	None	Variable	*Sherlina Salaysay /Sanitary Inspector/Office Clerk* **Municipal Health Office**
	TOTAL	**NONE**	**Total time may vary**	

12.Issuance Death Certificate

Death Certificate are issued by the Municipal Health Officer for those patients who died within the vicinity of the Municipality of Dona Remedios Trinidad.

Office or Division:	Office of the Municipal Health Services
Classification:	Simple
Type of Transaction:	G2C- Government To Citizen
Who may avail:	All Death Certificate

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Death Certificate Form (Form 103)	Embalmer/LCR

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Proceed to the information desk and get a number according to priority scheme:	Provide / give a priority number	None	1 minute	*Maricar Concepcion ,RN* *Nurse 1*

Senior Citizen, PWD, Pregnant women followed by regular patient				**Municipal Health Office**
2. Present duly accomplished death certificate with signature of embalmer, informant and funeral clerk.	Received death certificate (Form 103)	None	2 minutes	*Ma. Rodelia Q. Vardeleon,MD/MHO* *Trina Isabel Santiago/DTTB/RHP* *Marineth C. Mangahas,RN,MSN* **Municipal Health Office**
2. Received accomplished Death Certificate and conduct verbal autopsy	Interview the informant on cause of death and ask for any pertinent medical documents of the deceased	None	Variables	*-Ma. Rodelia Q. Vardeleon,MD* *Trina Isabel Santiago/DTTB/RHP* *-Marineth C. Mangahas,RN,MSN* **Municipal Health Office**
3.Preparation of the Medical Certificate portion of form 103	Typing /Encoding of the Medical certificate portion of form 103	None	5 minutes	*Sherlina Salaysay /Sanitary Inspector/Office Clerk* **Municipal Health Office**
4.Signature of the Physician.	Physician signed the Death Certificate	None	1 minute	*-Ma. Rodelia Q. Vardeleon,MD* *Trina Isabel Santiago ,DTTB/RHP*

				Municipal Health Office
5.Issuance of Death Certificate for Release	Issued Death Certificate	None	1 minute	*Sherlina Salaysay /Sanitary Inspector/Office Clerk* **Municipal Health Office**
A. For death Certicate that needs signature for reviewed				
1.Proceed to the information desk and get a number according to priority scheme: Senior Citizen, PWD, Pregnant women followed by regular patient	Provide / give a priority number	None	1 minute	*Maricar Concepcion ,RN* *Nurse 1* **Municipal Health Office**
2.Present to the Physician for Interview	Conduct Interview of the informant	None	Variable	*-Ma. Rodelia Q. Vardeleon,MD* **Municipal Health Office**
3.Signature of the Physician	Physician signed the Death Certificate on reviewed portion	None	1 minute	*-Ma. Rodelia Q. Vardeleon,MD* **Municipal Health Office**
4.Issuance of Death Certificate for Release	Issued Death Certificate	None	1 minute	*Sherlina Salaysay /Sanitary Inspector/Office Clerk* **Municipal Health Office**
	TOTAL	**NONE**	**Total time may vary**	

13.). Issuance of Permit to transfer Cadaver

The Municipal Health Officed issued Permit to transfer Cadaver for those patients died in the Municipality and need to travel in other towns or provinces.

Office or Division:	Office of the Municipal Health Services
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	All deaths that needs to be transferred to other towns or provinces

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
None	None

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Proceed to the information desk and get a number according to priority scheme: -Senior Citizen, PWD, Pregnant women followed by regular patient	1. Provide / give a priority number	None	1 minute	*Maricar Concepcion ,RN* *Nurse 1* **Municipal Health Office**
2. Present duly accomplished death certificate	2. Review death certificate (Form 103) Secure payment for Permit to transfer Cadaver at treasurer's office	None 150.00	2 minutes 5 minutes	*Sherlina Salaysay /Sanitary Inspector/Office Clerk* **Municipal Health Office** *Collector* **Municipal Treasurer's Office**

3. Present the receipt of payment at office clerk (MHO)	Prepare the Cadaver transfer certificate	None	5 minutes	*-Ma. Rodelia Q. Vardeleon,MD* **Municipal Health Office**
4. Sign the permit by Municipal Health Officer	MHO Sign the Permit To transfer Cadaver	None	1 minute	*-Ma. Rodelia Q. Vardeleon,MD* **Municipal Health Office**
5. Issuance of transfer of Permit Cadaver	Issuance of accomplished transfer permit	Nome	1 minute	*Sherlina Salaysay /Sanitary Inspector/Office Clerk* **Municipal Health Office**
	TOTAL	**NONE**	**Total time may vary**	

14. Pre-Marriage Orientation and Counselling

Pre-Marriage Orientation and counselling are done to promote responsible parenthood.

Office or Division:	Office of the Municipal Health Services
Classification:	Simple
Type of Transaction:	G2C- Government To Citizen
Who may avail:	Couples who decided to get married

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
None	None

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Proceed to the information desk and get a number according to priority scheme:	Provide / give a priority number	None	1 minute	*Maricar Concepcion ,RN* *Nurse 1*

Senior Citizen, PWD, Pregnant women followed by regular patient				**Municipal Health Office**
2.Documentary requirements for marriage and other forms are accomplished at Local Civil Registrar				
3. Orientation and Counselling	Orientation and Counselling Conducted by trained staff every 2nd and 4th Tuesday of the month	None	Variables	*Jocelyn Cristobal,RN/Nurse 1/MPAW* **Municipal Health Office**
	Issued Certificate of Compliance after the Orientation and Counselling	None	Variables	*Jocelyn Cristobal,RN/Nurse 1/MPAW* **Municipal Health Office**
	TOTAL	**NONE**	**Total time may vary**	

15). Nutrition Office

Municipal Nutrition Office Conduct Nutrition assessment to determine whether a person or group of people are well nourished (over nourished or under nourished). Feeding and micronutrients Supplementation is one of the ways to reduced / totally eliminated the problem on Malnutrition.

Office or Division:	Office of the Municipal Health Services
Classification:	Simple
Type of Transaction:	G2C- Government To Citizen
Who may avail:	children age 0-59 months and school children and malnourished children
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
None	None
Availment of Nutrition pack, micronutrient supplements and other benefits provided by the Local Government Unit	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Proceed to the information desk and get a number according to first come, first serve scheme	Provide / give a priority number	None	1 minute	*Jerome Casimiro* *AA III* ***Municipal Health Office***
2.Identify the nutrition status of the following as beneficiaries of the program: a. underweight and severely underweight b. stunted and severely stunted c. wasted and severely wasted	Received and evaluate the list of children Conduct Interview of the beneficiaries	None	Variable	*Romar Valencia* *NURSE I (MNAO)* ***Municipal Health Office***
3.Issued the Nutrition pack, micronutrient supplements and other benefits	Provided the Nutrition pack, micronutrient supplements and other benefits	None	Variable	*Romar Valencia* *NURSE I (MNAO)* ***Municipal Health Office***
	TOTAL	**NONE**	**Total time may vary**	

16). Dental Services

This includes consultation/ oral examination, counselling/ dental health education, tooth extraction, oral prophylaxis, fluoride varnish treatment for infants, fluoride application for students in public elementary schools and Day care centers with daily tooth brushing drills.

Office or Division:	Office of the Municipal Health Services – Dental Office
Classification:	Simple
Type of Transaction:	G2C- Government To Citizen
Who may avail:	All citizens
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**

None		None		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.Proceed to the information desk and get a number according to priority scheme: Senior Citizen, PWD, Pregnant women followed by regular patient	1.1 Provide / give a priority number 1.2 Interview patient and take vital signs	None None	1 minute 2 minutes	*Dr. Noel C. Alquino* *Municipal Dentist* ***Municipal Dental Office***
2. Approach the Dentist for dental treatment.	2.1 Provide oral examination/ consultation 2.2 Check the history of the patient (if have a record) 2.3 Provide necessary dental treatment needed by the patient. 2.4 Pay the necessary treatment process 2.5 Performed the dental treatment 2.6 Prescribe medicine Final Instruction	None None None Tooth Extraction – P50.00 / tooth Oral Prophylaxis – P 100.00 None None	Variable	*Dr. Noel C. Alquino* *Municipal Dentist* ***Municipal Dental Office*** *Pamela T. Cruz / Aurelia Delos Santos* *AA IV (Window 1) /* *AA I (Window 3)* *Office of the Municipal Treasurer* *Dr. Noel C. Alquino* *Municipal Dentist* ***Municipal Dental Office***
3. End consultation.	3.1 Record the patient consultation in EMR.	None	Variables	*Dr. Noel C. Alquino* *Municipal Dentist*

				Municipal Dental Office
	TOTAL	**Variable**	**Total time may vary**	

FEEDBACK AND COMPLAINTS MECHANISM	
How to send feedback?	Accomplish the feedback and complaint form and drop it at the designated comments and suggestion box located at the Public Assistance and Complaint Desk near the entrance of the municipal hall. Contact Information: **0956 921 6403** Mail us at **municipalityofdrt@gmail.com**
How feedbacks are processed?	Every Friday the PACD Officer opens the comments and suggestion box and compiles and records all feedback submitted. Feedback requiring immediate attention was then forwarded at the HRMO for appropriate answer or action. The answer or action taken by the office is then relayed to the citizen
How to file a complaint?	Answer the complaint form and drop it at the designated drop box in front of the PACD. Make sure to provide the following information: -Name of person being complained -Incident -Evidence For inquires and follow-up client may Call: **0956 921 6403** Email: **municipalityofdrt@gmail.com**
How complaints are processed?	The Complaints Officer open the complaints drop box on a daily basis and evaluates each complaint. Upon evaluation, the Complaint Officer shall start the investigation and forward the complaint to the relevant office for their explanation. After the investigation the report will submit to the Head of Agency for appropriate action. The Complaint Officer will give the feedback to the client. For inquires and follow-up client may Call: **0956 921 6403**Email: **municipalityofdrt@gmail.com**
Contact information of ARTA, CSC, Contact Center ng Bayan and PCC?	ARTA: **complaints@arta.gov.ph** 1-ARTA-2728 CSC: 8931-7913 PCC: 8888 CCB: 0908 8816565

List of Offices

OFFICE	ADDRESS	CONTACT NUMBER
Office of the Municipal Mayor	3rd Floor, Municipal Government Building, Pulong Sampaloc, DRT, Bulacan	*09279662218*
Office of the Municipal Vice Mayor	3rd Floor, Municipal Government Building, Pulong Sampaloc, DRT, Bulacan	*09457439197*
Office of the Municipal Administrator	3rd Floor, Municipal Government Building, Pulong Sampaloc, DRT, Bulacan	*09451625535*
Sangguniang Bayan Office	3rd Floor, Municipal Government Building, Pulong Sampaloc, DRT, Bulacan	*09759163400*
Municipal Planning and Development Office	2nd Floor, Municipal Government Building, Pulong Sampaloc, DRT, Bulacan	*09177093988*
Municipal Budget Office	2nd Floor, Municipal Government Building, Pulong Sampaloc, DRT, Bulacan	*09551167725*
Municipal Engineering Office	2nd Floor, Municipal Government Building, Pulong Sampaloc, DRT, Bulacan	*09262895243*
Municipal Accounting Office	1st Floor, Municipal Government Building, Pulong Sampaloc, DRT, Bulacan	*09688921993*
Municipal Assessor's Office	2nd Floor, Municipal Government Building, Pulong Sampaloc, DRT, Bulacan	*09175381610*
Municipal Civil Registrar Office	2nd Floor, Municipal Government Building, Pulong Sampaloc, DRT, Bulacan	*09630480893*
Municipal Health Office	Proper, Pulong Sampaloc, DRT, Bulacan	*09061237380*
Municipal Social Welfare and Development Office	1st Floor, Municipal Government Building, Pulong Sampaloc, DRT, Bulacan	*09688570587*
Municipal Agriculture Office	1st Floor, Municipal Government Building, Pulong Sampaloc, DRT, Bulacan	*09685534947*
Municipal Environment and Natural Resources Office	1st Floor, Municipal Government Building, Pulong Sampaloc, DRT, Bulacan	*09156127270*
Municipal Disaster Risk Reduction and Management Office	1st Floor, Municipal Government Building, Pulong Sampaloc, DRT, Bulacan	*09754254486*
Public Employment and Services Office	2nd Floor, Municipal Government Building, Pulong Sampaloc, DRT, Bulacan	*09175304075*
Human Resource and Management Office	2nd Floor, Municipal Government Building, Pulong Sampaloc, DRT, Bulacan	*09688921993*
Local Youth and Development Office	2nd Floor, Municipal Government Building, Pulong Sampaloc, DRT, Bulacan	*0962 962 4089*
Public Information Office	3rd Floor, Municipal Government Building, Pulong Sampaloc, DRT, Bulacan	*09177093988*
Municipal Tourism, Culture and Arts Office	1st Floor, Municipal Government Building, Pulong Sampaloc, DRT, Bulacan	*09531359047*
Business Permit and Licensing Office	1st Floor, Municipal Government Building, Pulong Sampaloc, DRT, Bulacan	*0962 962 4089*
DRT Water System Office	1st Floor, Municipal Government Building, Pulong Sampaloc, DRT, Bulacan	*0962 962 4089*

Effectivity

The Citizen's Charter, 2026 (1st Edition) shall take effect this 20th day of February, 2026. Any existing order found inconsistent thereto shall be deemed repealed or modified.

***

Commitment

I hereby commit to adopt and implement the Citizen's Charter, 2026 (1st Edition). It is understood that this Citizen's Charter shall be the basis in the delivery of basic services to our constituents.

RONALDO T. FLORES
Municipal Mayor