



Office of the Municipal Disaster Risk Reduction Management

External Services

1. Issuance of Disaster Certification for Shelter Assistance

Issuance of Disaster Certification is required to avail of the services of charitable institutions, government and nongovernment Organizations and Institutions.

Office or Division:	Municipal Disaster Risk Reduction and Management Office – Admin and Training			
	Division			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Barangay Certification (1 original copy)	Brgy. Hall concerned			
2. Narrative Report with Documentation (1 original copy)	Municipal Police station, Barangay Purisima, Tago Surigao del Sur			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Visit the office of the MDRRM for the request of the said document	1. The receiving clerk will require the client to provide the certifications issued by the Barangay as basis for the actual inspection/survey of the affected property	None	5 Minutes	<i>Receiving Clerk</i>

2 Wait for the approval of the request	2.1 Photocopy the documents given;	None	5 Minutes	<i>Receiving Clerk</i>
	2.2 Prepare the request for signature of the LDRRM Officer			
	2.3 Once signed, release the said document	None	1 Minute	<i>Receiving Clerk</i>
3. Sign the furnished copy for the office's documentation	3. Secure and compile the documents photocopied	None	2 Minutes	<i>Receiving Clerk</i>
TOTAL		None	10 Minutes	

2. Request for Patient Transfer (Outside Tago, Surigao del Sur)

To ensure continuity of care to patients with proper referral needing transfer from one health care facility to another health care facility, the MDRRMO handles request for patient transfer outside Tago, Surigao del Sur.

Office or Division:	Municipal Disaster Risk Reduction and Management Office – Administration and Training Division
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All
CHECKLIST OF REQUIREMENTS	
WHERE TO SECURE	
1.Request Letter with the following information: 1.1 Patient's Name and Address 1.2Nature of Illness and Patient Status	Client

1.3 Specific location where to transfer				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Visit the office of the Municipal Mayor and kindly approach the front desk to ask for the requirements	1.1 Advise the client to submit a request letter address to the Local Chief Executive;	None	10 Minutes	<i>Municipal Mayor's Office</i>
	1.2 Assess and evaluate the client's request through a brief interview then facilitates the approval of request			
2. Wait for action of the request	2.1 Forward the request with an endorsement letter to the LDRRM Operations Division for Scheduling	None	10 Minutes	<i>Municipal Mayor's Office</i>

<p>3. Comply the following :(whichever is applicable):</p> <p>3.1 Ensure hospital bills are settled;</p> <ul style="list-style-type: none"> For Emergency Transfer – provide medical practitioner to board in the transfer; NO MEDICAL PRACTITIONER, NO TRANSFER; <p>For against medical advice or hospital choice – ensure availability of admission and medical practitioner to board in the transfer.</p>	<p>3. Prepare the following documents for approval:</p> <p>a.Official Travel Order</p> <p>b.Certificate of Appearance</p>	None	10 Minutes	<p><i>Operations Clerk</i></p> <p>City Disaster Risk Reduction and Management Office</p>
<p>4. While on-transfer, patient’s guardian sign the Authorization to Transfer or Waiver in the Patient Care</p> <p>4. Report</p>	<p>4.1 Provide the necessary care and management of the patient;</p>	None	<p>Duration of the service depends on the distance to take</p>	<p><i>SERTSS team</i></p> <p>Municipal Disaster Risk Reduction and Management Office</p>
	<p>4.2 For emergency transfer, assist the medical practitioner in monitoring the patient’s status</p>			

	TOTAL	None	30 Minutes (Duration of the patient's transfer is excluded)	
--	--------------	-------------	--	--

3. Request for Water Rationing/Delivery

The office handles request for water rationing in areas within Tago which are in dire needs of water supply. Water tankers are used to deliver water on schedule basis to the barangays or areas covered by the water rationing services delivery for free.

Office or Division:	Municipal Disaster Risk Reduction and Management Office – Admin and Training Division
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Request Letter with the following information: 1.1 Client's Information; 1.2 Activity to conduct; 1.3 Exact location of the delivery; 1.4 Contact numbers		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Visit the office of the Municipal Mayor and kindly approach the front desk to ask for the requirements	1. Advise comply the client to submit a request letter address to the Local Chief Executive;	None	5 minutes	<i>MMO Front Desk</i> Municipal Mayor's Office

2. Wait for the approval of request through phone call	2.1 Endorse the letter to the Local Chief Executive or to the authorized official for the approval	None	1 day	<i>MO Front Desk</i> Municipal Mayor's Office
	2.2 Once approved, forward the approved request to the LDRRM Admin and Training Division for scheduling	None	5 Minutes	<i>MO Messenger</i> Municipal Mayor's Office
	2.3 Assign a Rationing Team to accommodate the approved request then inform the client of the schedule of the delivery	None	5 Minutes	<i>Operations Clerk</i> Municipal Disaster Risk Reduction and Management Office
3. Sign the delivery track logbook after the delivery	3. Deliver the service/s to the client	None	Duration of the service depends on distance and quantity of recipient	<i>Rationing Team</i> Municipal Disaster Risk Reduction and Management Office

TOTAL	None	1 Day & 15 Minutes	
--------------	-------------	-------------------------------	--

4. Request for DRRM Trainings, Drill, Seminars and Symposiums

To ensure trainings conducted will equip participants with necessary competencies to perform their skills in conformance with standards set by governing authorities and to establish a standard training program for communities as per mandated by R.A. 10121.

Office or Division:	Municipal Disaster Risk Reduction and Management Office – Admin and Training Division
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	General Public

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Request Letter with the following information: 1.2 Client's Information; 1.2Activity to conduct; 1.3Exact location of the delivery; 1.4Contact numbers		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Visit the office of the Municipal Mayor and kindly approach the front desk to ask for the requirements	1.1 The front desk will comply the client to submit a request letter address to the Local Chief Executive;	None	5 minutes	MO Front Desk

2. Client will be advised to wait for the approval of request through phone call	2.1 The front desk will endorse the letter to the Local Chief Executive or to the authorized official for the approval	None	Within 24 hours	MO Front Desk
	2.2 Once approved, the front desk will forward the	None	5 minutes	MO Messenger
	approved request to the LDRRM Admin and Training Division for scheduling			
	2.3 Training focal will assign training team to accommodate the approved request then will inform the client of the schedule of conduct	None	5 minutes	Admin and Training Focal <i>(Shaira T. Espinoza)</i>
3. Client will prepare the programme and venue of the activity	3.1 Training team will prepare and review the topics to include; as well as the training materials to use	None	0 minute (Preparations prior the activity is excluded)	Training Team
TOTAL		None	1 Day & 15 Minutes	

5. Request for Patient Transfer (Inter-Facility)

To ensure continuity of care to patients with proper referral needing transfer from one health care facility to another health facility.

Office or Division:	Municipal Disaster Risk Reduction and Management Office – Administrative and Training			
	Division			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
None			None	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call thru Hotline Numbers; or Visit the Office of the MDRRM	1. Take the call and asks for the following information: Nature of Emergency; Caller's Information; Patient's status; Where to transfer	None	3 Minutes	<i>Communication Officer</i> Municipal Disaster Risk Reduction and Management Office
	1.1 Assess and evaluate the client's request and patient's status			<i>Operations Clerk</i> Municipal Disaster Risk Reduction and Management Office

2. Comply the following: - Hospital Billing is settled;	2. Assign an Emergency Medical Services team to accommodate the client's	None	2 Minutes	<i>Communication Officer;</i> <i>Operations Clerk</i> Municipal Disaster Risk
- Provision of Medical Practitioner to board in the transfer	request			Reduction and Management Office
3. While on-transfer of patient to the destination, sign the authorization to transfer patient or waiver on the Patient Care Report	3. Assist in the provision of necessary care and management to the patient while on-transfer	None	10 Minutes	<i>Emergency Medical Services SERTSS Team assigned</i> Municipal Disaster Risk Reduction and Management Office
TOTAL		None	15 Minutes	