

CITIZENS' CHARTER

REQUESTS FOR BURIAL ASSISTANCE

AID FOR INDIVIDUALS IN CRISIS SITUATIONS
(ENGLISH)

Office or Division:	Office of the Vice Mayor
Classification:	Simple
Type of Transaction:	G2C – Government to Citizens
Who may avail:	Any resident of Pasig City requiring burial assistance

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. One (1) Clear Photocopy of the Certified True Copy of the Death Certificate	Pasig City Health Office, Hospital, or Funeral Service
2. One (1) Clear Photocopy of Deceased Person's Valid ID with address in Pasig City	Any Government issued ID
3. One (1) Clear Photocopy of Claimant's Valid ID with Three (3) Signatures	Any Government issued ID
4. One (1) Original Claimant's Barangay Certificate of Indigency with stated purpose: Burial Assistance	Barangay where claimant resides

#	CLIENT STEPS	OFFICE ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON(S) RESPONSIBLE
1	Client informs the office of his/her request and provides the complete requirements as listed above.	Staff will interview, record client information, and check requirements. Client is then instructed to wait for the staff's call and text for the date of assistance distribution.	None	15 minutes	Sheena A. Sibul
2	Client waits for the call and text confirming the date and venue for the distribution of his/her requested assistance.	Upon receiving information on the availability of funds and the distribution schedule, the staff will call and text the client to provide the information.	None	1 day	Sheena A. Sibul
3	On the scheduled date, the client proceeds to the venue to receive the requested assistance.	Staff will assist the Distribution Team in verifying clients scheduled to receive assistance.	None	1 hour	Armando S. Amparo Jr. and Mary Joy U. Vistal
TOTAL:			None	12 - 2 days	

CITIZENS' CHARTER

REQUESTS FOR MEDICAL ASSISTANCE

AID FOR INDIVIDUALS IN CRISIS SITUATIONS

Office or Division:	Office of the Vice Mayor
Classification:	Simple
Type of Transaction:	G2C – Government to Citizens
Who may avail:	Any resident of Pasig City requiring medical assistance

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. One (1) Clear Photocopy of the Medical Certificate or Medical Abstract	Hospital or Clinic
2. One (1) Clear Photocopy of the Hospital Bill or Laboratory Request or Medical Prescription or Quotation	Hospital or Clinic
3. One (1) Clear Photocopy of the Valid ID of the Patient with address in Pasig City	Any Government issued ID
4. One (1) Clear Photocopy of the Valid ID of the Claimant with three (3) signatures	Any Government issued ID
5. One (1) Original Copy of the Patient's and Claimant's Barangay Certificates of Indigency with stated purpose: Medical Assistance	Barangay where claimant resides

#	CLIENT STEPS	OFFICE ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON(S) RESPONSIBLE
1	Client informs the office of his/her request and provides the complete requirements as listed above.	Staff will interview, record client information, and check requirements. Client is then instructed to wait for the staff's call and text for the date of assistance distribution.	None	15 minutes	1. Armando L. Santelices 2. Lourdes B. Ople 3. Conchita S. David 4. Bernadine S. Esguerra 5. Maria Elena D. Sanchez
2	Client waits for the call and text confirming the date and venue for the distribution of his/her requested assistance.	Upon receiving information on the availability of funds and the distribution schedule, the staff will call and text the client to provide the information.	None	1 day	1. Armando S. Amparo Jr. 2. Mary Joy U. Vistal
3	On the scheduled date, the client proceeds to the venue to receive the requested assistance.	Staff will assist the Distribution Team in verifying clients scheduled to receive assistance.	None	1 hour	1. Armando S. Amparo Jr. 2. Mary Joy U. Vistal
TOTAL:			None	1 - 2 days	Assigned office staff

CITIZENS' CHARTER

REQUESTS FOR FINANCIAL ASSISTANCE

AID FOR INDIVIDUALS IN CRISIS SITUATIONS

Office or Division:	Office of the Vice Mayor
Classification:	Simple
Type of Transaction:	G2C – Government to Citizens
Who may avail:	Any resident of Pasig City requiring financial assistance

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. One (1) Original Request or Solicitation Letter	Prepared by the Client
2. One (1) Clear Photocopy of the Claimant's Valid ID with three (3) signatures	Any Government issued ID

#	CLIENT STEPS	OFFICE ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON(S) RESPONSIBLE
1	Client informs the office of his/her request and provides the complete requirements as listed above.	Staff will interview, record client information, and check requirements. Client is then instructed to wait for the staff's call and text for the date of assistance distribution.	None	15 minutes	Ana May M. Ty
2	Client waits for the call and text confirming the date and venue for the distribution of his/her requested assistance.	Upon receiving information on the availability of funds and the distribution schedule, the staff will call and text the client to provide the information.	None	1 day	Ana May M. Ty
3	On the scheduled date, the client proceeds to the venue to receive the requested assistance.	Staff will assist the Distribution Team in verifying clients scheduled to receive assistance.	None	1 hour	1. Armando S. Amparo, Jr. 2. Mary Joy U. Vistal
TOTAL:			None	1 - days	

CITIZENS' CHARTER

REQUESTS FOR LEGISLATIVE ACTION

Any person/entity who proposes lawful and valid legislation on appropriate subject matters

Office or Division:	Office of the Vice Mayor
Classification:	Complex
Type of Transaction:	G2C – Government to Citizens G2B – Government to Business G2G – Government to Government
Who may avail:	Any person who seeks to enact new or amend old legislations in accordance with prescribed legislative processes

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
A request letter stating the name, address and contact number of the requesting party, and the purpose of the request together with the corresponding supporting documents relevant to the request.	The client will prepare the request letter and appropriate supporting documents relevant to the request.

#	CLIENT STEPS	OFFICE ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1	Client submits request letter and supporting documents.	The staff will receive the request letter and supporting documents. The client will be advised to wait for the call and text approving or denying the request.	None	10 minutes maximum	1. Sheira May J. Santana 2. Jessica P. Azañes
2	Client waits for the call and text	Upon advice of the Head of Office, the staff will call and text the client to inform him/her that the request was approved or disapproved and schedule a follow-up meeting if needed.	None	1 – 5 days	1. Sheira May J. Santana 2. Jessica P. Azañes
TOTAL:			None	1 – 5 days	

CITIZENS' CHARTER

Feedback and Complaints

FEEDBACK AND COMPLAINTS MECHANISM	
How to send feedback	Feedback may be sent to: Rhodel C. Santos Chief-of-Staff Telephone No.: 8643-1111 loc 1741 E-mail: udesantos0916@gmail.com
How feedback is processed	Once feedback is received, a confirmation message will be sent to the sender. The feedback is then classified according to concern, verified, reviewed, and utilized to improve the service.
How to file a complaint	Complaints may be sent to: Rhodel C. Santos Chief-of-Staff Telephone No.: 8643-1111 loc 1741 E-mail: udesantos0916@gmail.com
How complaints are processed	Once a complaint is received, a confirmation message will be sent to the sender. The complaint is then classified according to the nature of the complaint. The subject person or process is then investigated or reviewed to determine validity of complaint, appropriate disciplinary or corrective action will be taken, and the complainant will be informed of the action on the complaint.
Contact information	Rhodel C. Santos Chief-of-Staff Telephone No.: No.: 8643-1111 loc 1741 E-mail: udesantos0916@gmail.com

CITIZENS' CHARTER

REQUESTS FOR BURIAL ASSISTANCE

AID FOR INDIVIDUALS IN CRISIS SITUATIONS
(TAGALOG)

Office or Division:	Office of the Vice Mayor
Classification:	Simple
Type of Transaction:	G2C – Government to Citizens
Who may avail:	Any resident of Pasig City requiring burial assistance

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
5. One (1) Clear Photocopy of the Certified True Copy of the Death Certificate	Pasig City Health Office, Hospital, or Funeral Service
6. One (1) Clear Photocopy of Deceased Person's Valid ID with address in Pasig City	Any Government issued ID
7. One (1) Clear Photocopy of Claimant's Valid ID with Three (3) Signatures	Any Government issued ID
8. One (1) Original Claimant's Barangay Certificate of Indigency with stated purpose: Burial Assistance	Barangay where claimant resides

#	MGA HAKBANG	AKSYON NG TANGGAPAN	KAUKULANG BAYAD	ORAS NG PAGPROSESO	TAONG NAKATALAGA
1	<i>Ipaalam ng kliyente ang kanyang kahilingan at ibibigay ang mga requirements na nakalista sa itaas.</i>	<i>Kakausapin ng staff ang kliyente upang maitala ang kanyang impormasyon at suriin ang mga requirements. Ipababatid sa kliyente na hintayin ang tawag at text para sa schedule ng distribusyon ng hiling na tulong.</i>	Wala	15 minuto	Sheena A. Sibul
2	<i>Maghihintay ang kliyente sa tawag at text upang malaman kung kailan at saan maaaring tanggapin ang tulong na ipamamahagi.</i>	<i>Kapag nakatanggap na ng abiso na mayroon ng pondo at schedule ng distribusyon, ipagbibigay alam ito ng staff sa kliyente sa pamamagitan ng tawag at text.</i>	Wala	1 araw	Sheena A. Sibul
3	<i>Sa takdang araw, pupuntahan ng kliyente ang lugar kung saan matatanggap niya ang kanyang hiling na tulong.</i>	<i>Ang staff ay tutulong sa Distribution Team para sa beripikasyon ng mga kliyente.</i>	Wala	1 oras	1. Armando S. Amparo, Jr. 2. Mary Joy U. Vistal
TOTAL:			Wala	1 - 2 araw	

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8. One (1) Clear Photocopy of the Valid ID of the Patient with address in Pasig City	Any Government issued ID
9. One (1) Clear Photocopy of the Valid ID of the Claimant with three (3) signatures	Any Government issued ID
10. One (1) Original Copy of the Patient's and Claimant's Barangay Certificates of Indigency with stated purpose: Medical Assistance	Barangay where claimant resides

#	MGA HAKBANG	AKSYON NG TANGGAPAN	KAUKULANG BAYAD	ORAS NG PAGPROSESO	TAONG NAKATALAGA
1	<i>Ipaalam ng kliyente ang kanyang kahilingan at ibigay ang mga requirements na nakalista sa itaas.</i>	<i>Kakausapin ng staff ang kliyente upang maitala ang kanyang impormasyon at suriin ang mga requirements. Ipababatid sa kliyente na hintayin ang tawag at text para sa schedule ng distribusyon ng hiling na tulong.</i>	Wala	15 minuto	1. Armando L. Santelices 2. Lourdes B. Ople 3. Conchita S. David 4. Bernadine S. Esguerra 5. Maria Elena D. Sanchez
2	<i>Maghihintay ang kliyente sa tawag at text upang malaman kung kailan at saan maaaring tanggapin ang tulong na ipamamahagi.</i>	<i>Kapag nakatanggap na ng abiso na mayroon ng pondo at schedule ng distribusyon, ipagbibigay alam ito ng staff sa kliyente sa pamamagitan ng tawag at text.</i>	Wala	1 araw	1. Armando S. Amparo, Jr. 2. Mary Joy U. Vistal
3	<i>Sa takdang araw, pupuntahan ng kliyente ang lugar kung saan matatanggap niya ang kanyang hiling na tulong.</i>	<i>Ang staff ay tutulong sa Distribution Team para sa beripikasyon ng mga kliyente.</i>	Wala	1 oras	1. Armando S. Amparo, Jr. 2. Mary Joy U. Vistal
TOTAL:			Wala	1 - 2 araw	Assigned office staff

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3. One (1) Original Request or Solicitation Letter	Prepared by the Client
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#	MGA HAKBANG	AKSYON NG TANGGAPAN	KAUKULANG BAYAD	ORAS NG PAGPROSESO	TAONG NAKATALAGA
1	<i>Ipaalam ng kliyente ang kanyang kahilingan at ibibigay ang mga requirements na nakalista sa itaas.</i>	<i>Kakausapin ng staff ang kliyente upang maitala ang kanyang impormasyon at suriin ang mga requirements. Ipababatid sa kliyente na hintayin ang tawag at text para sa schedule ng distribusyon ng hiling na tulong.</i>	Wala	15 minuto	Ana May M. Ty
2	<i>Maghihintay ang kliyente sa tawag at text upang malaman kung kailan at saan maaaring tanggapin ang tulong na ipamamahagi.</i>	<i>Kapag nakatanggap na ng abiso na mayroon ng pondo at schedule ng distribusyon, ipagbibigay alam ito ng staff sa kliyente sa pamamagitan ng tawag at text.</i>	Wala	1 araw	Ana May M. Ty
3	<i>Sa takdang araw, pupuntahan ng kliyente ang lugar kung saan matatanggap niya ang kanyang hiling na tulong.</i>	<i>Ang staff ay tutulong sa Distribution Team para sa beripikasyon ng mga kliyente.</i>	Wala	1 araw	1. Armando S. Amparo, Jr. 2. Mary Joy U. Vistal
TOTAL:			Wala	1 – 2 araw	

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CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<i>Kailangang gumawa ng liham na nakatala ang inyong pangalan, tirahan at contact number, kasama ang inyong dahilan at mga dokumentong sumusuporta sa inyong kahilingan.</i>	<i>Ang kliyente ang gagawa ng liham at ilalagay ang mga kaulang dokumento na may kaugnayan sa kanyang hinihiling.</i>

#	MGA HAKBANG	AKSYON NG TANGGAPAN	KAUKULANG BAYAD	ORAS NG PAGPROSESO	TAONG NAKATALAGA
1	<i>Ibibigay ng kliyente ang kanyang liham para sa kahilingan kalakip ang mga supporting documents.</i>	<i>Tatanggapin ng staff ang liham at mga kalakip na supporting documents nito. Ibibigay ang liham sa Head of Office upang mapag-aralan at makonsidera. Ipababatid sa kliyente na hintayin ang tawag o text mula sa tanggapan kung ang kahilingan ay approved o denied.</i>	<i>Wala</i>	10 minuto	1. Sheira May J. Santana 2. Jessica P. Azañes
2	<i>Maghihintay ng tawag o text ang mga kliyente.</i>	<i>Kapag nagbigay na ng abiso ang Head of Office, tatawagan ng staff ang kliyente upang ipabatid kung approved o denied ang kanyang kahilingan at mag-schedule ng follow-up meeting kung kinakailangan.</i>	<i>Wala</i>	1 – 5 araw	1. Sheira May J. Santana 2. Jessica P. Azañes
TOTAL:			<i>Wala</i>	1 – 5 araw	

CITIZENS' CHARTER

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