CITY GOVERNMENT OF MEYCAUAYAN

CITIZEN'S CHARTER

2026 (2ND EDITION)



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OFFICE OF THE LOCAL DISASTER RISK REDUCTION MANAGEMENT OFFICER

External Services

1. TRAINING DEVELOPMENT & CAPACITY SKILLS PROGRAM REQUEST

LDRRMO Meycauayan Training Division provides training services to public and private individuals in subjects such as Disaster Risk Reduction and Management, including emergency response and capacity building programs.

Office or Division:	Office of the Local Disaster Risk Reduction and Management Officer
Classification:	Simple
Type of Transaction:	Government to Client/ Government to Business/ Government to Government
Who may avail:	Barangay, Homeowners Association, NGO's, Private Companies, Schools, and Stakeholders (City of Meycauayan Residents)

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Written request letter addressed to the City Mayor through the Head Officer of the City of Meycauayan Disaster Risk Reduction and Management Office	To be Provided by Client

1. Basic Life Support-CPR 1 Day
2. Community First Aid 2 Days
3. Standard First Aid 2 Days
4. DRRM 101 1 Day
5. Disaster Preparedness 1 Day
6. Basic Water Safety 1 Day

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inquiry via: ▪ Phone ▪ Email Walk-in	1. Discuss to the client the courses offered by Training Division, details about the requirements and available schedule.	None	30 Minutes	Management Officer I Office of the Local Disaster Risk Reduction and Management Officer
2. Send a hard copy of a request letter addressed to the Office of the City Mayor through the LDRRMO Head Officer, / Send an email of a request letter to cdrrmo@meycauayan.gov.ph	2. Send a copy of the letter to the City Mayor through the LDRRMO Head Officer and inform the client immediately upon approval.	None	1 day	City Mayor Office of the City Mayor LDRRM Officer Secretariat, Council Local Disaster Risk Reduction and Management Officer
3. Confirmation of training schedule	1.1 Preparation for training materials, equipment, and facility. 1.2 Endorsement letter to DRRM Operations Division for a request for instructors if necessary.	None	3 days	Management Officer I Office of the Local Disaster Risk Reduction and Management Officer

	1.3 Conduct and facilitate training.			
2. Written and Practical Examination	▪ Evaluation of Training output. Printing of Certificates.	None	4 hours	Management Officer I Office of the Local Disaster Risk Reduction and Management Officer
3. Requesting Party / Facilitator and Training Division Staff	Awarding of certificates and submission of Post Activity Report to the LDRRM Office.	None	1 hour	Management Officer I Office of the Local Disaster Risk Reduction and Management Officer
	TOTAL	**None**	**4 days, 5 hours & 30 minutes**	

2. REPORT & CERTIFICATIONS REQUEST

LDRRMO Meycauayan allows individuals to request official incident reports and certifications from the City Disaster Risk Reduction and Management Office (LDRRMO). These documents may be required for legal matters or other official purposes.

Office or Division:	LDRRMO MEYCAUAYAN – ADMINISTRATIVE & TRAINING DIVISION
Classification:	Complex
Type of Transaction:	Government to Client/ Government to Business/ Government to Government
Who may avail:	Barangay, Homeowners Association, NGO's, Private Companies, Schools, and Stakeholders (City of Meycauayan Residents)

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Written request letter addressed to the City Mayor through the Head Officer of the City of Meycauayan Disaster Risk Reduction and Management Office	Requesting Party
Valid ID of Requesting Party	Government-Issued ID (e.g., LTO, PRC, SSS, GSIS, Passport)
Authorization Letter (if requesting on behalf of another person)	Requesting Party
Proof of Claim or Necessity (if applicable)	Insurance Company, Legal Counsel, Employer
Proof of Claim or Necessity (if applicable)	Requesting Party

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the letter request form with complete requirements	1. Receive and verify documents	None	10 Minutes	Administrative Officer I Office of the Local Disaster Risk Reduction and Management Officer

2. Wait for document processing	2. Review the report and Verification of documents /certification	None	4 Days	
3. Approval from the Office of the City Mayor	3. Forwarded document from the Office of the Mayor to the LDRRM Office after approval	None	2 Days	Administrative Officer I Office of the Local Disaster Risk Reduction and Management Officer
4. Claim the document and sign the release log	4. Release the requested document	None	5 Minutes	Administrative Officer I Office of the Local Disaster Risk Reduction and Management Officer
	TOTAL	**None**	**6 days & 15 minutes**	

3. TECHNICAL ASSISTANT REQUEST

LDRRMO Meycauayan Research and Planning Division conducts hazard assessments, risk analysis, and data collection, develops and updates DRRM plans, formulates contingency and evacuation strategies, and collaborates with stakeholders to enhance disaster preparedness, mitigation, and recovery efforts.

Office or Division:	LDRRMO MEYCAUAYAN – RESEARCH AND PLANNING DIVISION
Classification:	Complex
Type of Transaction:	Government to Client/ Government to Business/ Government to Government
Who may avail:	Residents of the City of Meycauayan, All Government Agencies, Barangay BDRRM Committee, Private Institutions, NGO Volunteer Group, and Academe, Researchers.

A. Request for copy of DRRM Plan, Contingency Plans, Hazard Maps and other disaster related documents available and for public access.

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Written request letter addressed to the City Mayor through the Head Officer of the City of Meycauayan Disaster Risk Reduction and Management Office	Requesting Party
Scanned or photocopy of at least one valid ID issued by the National Agency, such as LTO Driver's License, PRC License, SSS ID, GSIS ID, BIR ID, Passport, Student ID, Associations ID, etc.	Requesting Party
At least 5 GB. USB or external hard drive	Requesting Party
Email address of the requesting party	Requesting Party

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Requesting party to send a request letter (personal or via email)	1. Receive letter and forward to Chief - LDRRMO, then re-	None	3 working days	Administrative Officer I

	routed to Research and Planning Division Chief			Office of the Local Disaster Risk Reduction and Management Officer
2. Provide a scanned or photocopy of at least one valid ID together with one USB or external hard drive	2. Assigned staff to provide a soft copy of the requested document/s to the requesting party	None	10 mins. (depending on the size of the file)	Administrative Officer I Office of the Local Disaster Risk Reduction and Management Office
	TOTAL	**None**	**3 days & 10 minutes**	

B. Request for the review of the Barangay DRRM Fund Investment Plan

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Submission of Oplan Listo BDRRM Plan, Annual Utilization Report, Annual Accomplishment Report, Summary of resources, list of attended disaster-related seminars/trainings, Barangay DRRM-related Resolutions, Situation Reports, and other related documents that may be required if necessary.	Barangay

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Concerned Barangay to submit the required data and documents in hard and soft copy	1. Monitor submission and coordinate with the concerned barangay for compliance	None	1 week before the Approval of the Barangay Annual Fund	Administrative Officer I Office of the Local Disaster Risk Reduction and Management Officer
2. Provide two copies of the annual Barangay DRRM Fund Investment Plan	2. Review the plan for correctness and forward to the LDRRMO Head Office for final review	None	5 Minutes	Administrative Officer I Office of the Local Disaster Risk Reduction and Management Officer
3. Receive the signed Barangay DRRM Fund Investment Plan	3. Release the signed Barangay DRRM Fund Investment Plan	None	5 Minutes	Administrative Officer I Office of the Local Disaster Risk Reduction and Management Officer
	TOTAL	**None**	**1 week & 10 minutes**	

C. Request for the review of the Contingency Plan				
CHECKLIST OF REQUIREMENTS			**WHERE TO SECURE**	
Submission of DRRM Plan, Annual Accomplishment Report, Summary of resources, and a list of attended Disaster-related seminars and other related documents that may be required if necessary.			Requesting Party	
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Submit required data and documents in hard and soft copy	1. Monitor submission and coordinate with the concerned person for compliance	None	At least 1 week before the approval of the Barangay Annual Fund	Administrative Officer I Office of the Local Disaster Risk Reduction and Management Officer
2. Provide a soft copy of the Contingency Plans	2. Review the plan for correctness and compliance with the official template and forward to the LDRRMO Head Office for final Review	None	1 week	Administrative Officer I Office of the Local Disaster Risk Reduction and Management Officer
3. Receive certificate of review and compliance with the City's required Template	3. Release the certification	None	5 Minutes	Administrative Officer I Office of the Local Disaster Risk Reduction and Management Officer
	TOTAL	**None**	**2 weeks**	
D. Request for technical assistance during workshops related to DRRMO activities				
CHECKLIST OF REQUIREMENTS			**WHERE TO SECURE**	
Written request addressed to the City Mayor through the City of Meycauayan CDRRMO Head Officer			Requesting Party	
Memorandum or Invitation letter to attend			Requesting Party	
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Submit a request letter or an issue memorandum, or	1. Receive request letter or memorandum, or invitation to attend,	None	5 Minutes	Management Officer I

an Invitation letter to attend	and forward to the LDRRMO head Officer, then re-routed to the Research and Planning Division			Office of the Local Disaster Risk Reduction and Management Officer
2. Follow-up list of attendees and provide details of activities	2. Prepare related documents, confirm availability, and attend or provide lectures, assistance if needed.	None	Upon Schedule	Administrative Officer I Office of the Local Disaster Risk Reduction and Management Officer
	TOTAL	**None**	**5 minutes or upon schedule**	

E. Request for Drill Evaluators

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Written request addressed to the City Mayor through the City of Meycauayan LDRRMO Head Officer	Requesting Party

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Submit a request letter	1. Receive the request letter and forward it to the LDRRMO Head Officer, then re-route it to the Research and Planning Division Chief's Office	None	3 Working Days	Management Officer I Office of the Local Disaster Risk Reduction and Management Officer
2. Follow-up list of evaluators and provide details of drill activity	2. Confirm schedule and attend drill as evaluator.	None	Upon Schedule	Administrative Officer I Office of the Local Disaster Risk Reduction and Management Officer
3. Conduct the drill based on the scheduled time and date	3. Act as Evaluator on how the drill was conducted and issue an evaluation report and Certificate to the requesting party	None	Upon Schedule	Administrative Officer I Office of the Local Disaster Risk Reduction and Management Officer
	TOTAL	**None**	**3 days or upon schedule**	

4. DISASTER RESPONSE SERVICES REQUEST

A. (Responding to Trauma and Medical Emergencies within the Area of Responsibility (AOR) and Emergency Response Service during Calamities within AOR)

LDRRMO Meycauayan provides PRE-HOSPITAL services to our constituents through LDRRMO Meycauayan Emergency Rescue Team, composed of Registered Nurses, Midwives, and Emergency Medical Responders (EMRR) that provide pre-hospital care to patients and/ victims.

Office or Division:	LDRRMO MEYCAUAYAN – OPERATION & WARNING DIVISION
Classification:	Simple
Type of Transaction:	Government to Client/ Government to Business/ Government to Government
Who may avail:	Residents in the City of Meycauayan who are in need of medical assistance during calamities/ emergencies.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
A. Receive call from City Disaster Risk Reduction and Management Office (LDRRMO) Hotlines: (044) 815-0404 / 044) 321-6345, Text at 0898-111-6392 / 0953-119-0320 and/ or Radio coordination of the concerned party at the LDRRMO B. Receipt of call and/ or Radio from different local agencies.	LDRRMO Meycauayan Rescue Team
Provide necessary information about the patient and situation, such as but not limited to: Caller information: ▪ Name ▪ Contact information Incident ▪ Kind/ type of incident ▪ Exact address or Location ▪ Time of incident ▪ Involved individual/parties Patient information: ▪ Name ▪ Chief complains ▪ Contact details ▪ Current status Assessment or intervention performed (If any)	LDRRMO Meycauayan Rescue Team

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Caller contacts LDRRMO hotline or personally coordinates with	1. LDRRMO Meycauayan Rescue Team will obtain the	None	2 Minutes	LDRRMO Team Leader / Team on Duty / Call Operator

LDRRMO, Caller will provide relevant information needed by the response team.	necessary information needed.			Nursing Attendant II / Designated Operations and Warning Office of the Local Disaster Risk Reduction and Management Officer
2. For Radio/ Telephone Call: Information will be verified and reviewed The caller should wait for the verification call and/ or dispatch from the Operator For Personal Coordination: If necessary, the involved/ concerned party will accompany the ambulance.	2. LDRRMO Meycauayan Rescue Team will verify and review the information	None	2 Minutes	LDRRMO Team Leader / Team on Duty / Call Operator Nursing Attendant II / Designated Operations and Warning Office of the Local Disaster Risk Reduction and Management Officer .
3. The caller should expect the arrival of the LDRRMO Meycauayan Rescue Team at the area. Emergency Responder will coordinate with the caller/family/ guardian of the patient/ victim	3. The Team Leader of the LDRRMO Meycauayan Rescue Team will dispatch the ambulance based on the patient's location.	None	10 Minutes	Operations & Warning Division Chief, Staff, and Team on Duty Nursing Attendant II / Designated Operations and Warning Office of the Local Disaster Risk Reduction and Management Officer
	TOTAL	**None**	**14 minutes**	

B. (For Patient Conduction WITHIN AND OUTSIDE Area of Responsibility (AOR)

These services cater to the constituents who are suffering from chronic illnesses but are in a NON-URGENT situation.
Any patient under emergency condition will not fall in this category and will immediately be transported to the nearest hospital for medical treatment.

Office or Division:	LDRRMO MEYCAUAYAN – OPERATION & WARNING DIVISION
Classification:	Simple
Type of Transaction:	Government to Client/ Government to Business/ Government to Government
Who may avail:	Residents in the City of Meycauayan who are in need of medical assistance during calamities/ emergencies.

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Received call from Hotline (044) 815-0404 / 044) 321-6345 or 0898-111-6392 / 0953-119-0320 Personal Coordination to LDRRMO	LDRRMO Meycauayan Rescue Team
Physician/Nurse from Endorsing Facility (If needed, as per assessment of personnel on duty)	Endorsing Facility / Hospital
Provide necessary information about the patient and situation, such as but not limited to: Caller information: Name Contact information Incident Kind/ type of incident Exact address or Location Time of incident Involved individual/parties Patient information: Name Chief complains Contact details Current status Assessment or intervention performed (If any)	Requesting Party
Request/ Coordination letter from the requesting party to LDRRMO.	
Additional information **<u>For Home to Hospital (Medical Facility) Patient Conduction**</u>** Coordination of the requesting party to the Hospital of choice within the City of Meycauayan and hospitals outside. LDRRMO Personnel will verify the coordination with the receiving facility. Waiver of patient/patient's relative that the City Government of Meycauayan, City of Meycauayan LDRRMO, and LDRRMO Meycauayan Rescue Team, will not be held liable for whatever happens to the patient during transport.	

For Hospital (Medical Facility) to Home Patient Conduction** Clearance and/or discharge form, Gate Pass from the hospital. Signed waiver for patients with (1) HAMA, (2) DAMA, (3) THOC, or (4) DNR Forms. Waiver of patient/ patient's relative that the City Government of Meycauayan, City of Meycauayan LDRRMO, and LDRRMO Meycauayan Rescue Team will not be held liable for whatever happens to the patient during transport.	
For Hospital (Medical Facility) to Hospital (Medical Facility) Patient Conduction** Coordination between the two (2) hospitals involved and/ or between the requesting party and receiving hospital. LDRRMO personnel will verify coordination and the need for a Physician/nurse from the endorsing facility before transport.	

1. **Home Against Medical Advice** (HAMA)
2. **Discharge Against Medical Advice** (DAMA)
3. **To Hospital of Choice** (THOC)
4. **Do-Not-Resuscitate** (DNR)

****Note:***

City of Meycauayan LDRRMO and LDRRMO Meycauayan Rescue Team reserves the right to decline patient transport requests:

- If information and details provided are misleading/ false/ incomplete, and
- If there are no physicians/nurses on board for critically ill individuals for transportation from one medical facility to another.

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Caller contacts the hotline or personally coordinates with LDRRMO The caller will provide the relevant information needed by the response team.	1. LDRRMO Meycauayan Rescue Team will obtain the necessary information needed.	None	2 Minutes	LDRRMO Team Leader / Team on Duty / Call Operator Nursing Attendant II / Designated Operations and Warning Office of the Local Disaster Risk Reduction and Management Officer

2. For Radio/ Telephone Call: ▪ Information will be verified and reviewed ▪ Caller should wait for the verification call and/ or dispatch from the Operator For Personal Coordination: If necessary, the involved/ concerned party will accompany the ambulance.	2.LDRRMO Meycauayan Rescue Team will verify and review the information	None	2 Minutes	LDRRMO Team Leader / Team on Duty / Call Operator Operations & Warning Division Chief, Staff, and Team on Duty Nursing Attendant II / Designated Operations and Warning Office of the Local Disaster Risk Reduction and Management Officer
3. The caller should expect the arrival of the LDRRMO Meycauayan Rescue Team at the area. Emergency Responder will coordinate with the caller/ family/ guardian of the patient/ victim	3. The Team Leader of the LDRRMO Meycauayan Rescue Team will dispatch the ambulance based on the patient's location.	None	Maximum of 10 Minutes	
	TOTAL	**None**	**14 minutes**	

6. STAND-BY MEDIC REQUEST

(Providing Ambulance and Medical Standby)

Providing medical outpost/ first aid stations and standby ambulance services to events like sports tournaments, concerts, fiestas, and fun runs are some of the planned events this office caters to.

Office or Division:	LDRRMO MEYCAUAYAN – OPERATION & WARNING DIVISION
Classification:	Simple
Type of Transaction:	Government to Client/ Government to Business/ Government to Government
Who may avail:	Residents in the City of Meycauayan who are in need of medical assistance during calamities/ emergencies.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Approved request letter from the City MAYOR's Office	OFFICE OF THE CITY MAYOR

The following details should be included Name/ Type of Event: Date and Time of Event: Exact Location of Event: Name of Requesting Party: Estimated number of attendees: Contact Person and Number of Coordinator:			Requesting Party	
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Personal coordination to the Office of the City Mayor and the LDRRMO with a formal request letter at least five (5) working days prior to the event	1. Will immediately inform the concerned unit.	None	2 – 3 Days upon receipt	Administrative Officer I Office of the Local Disaster Risk Reduction and Management Officer
2. Proceed to LDRRMO for final approval and scheduling	2. For approval of upon availability and coordination with 3. requesting party	None	1 Day	LDRRMO Head Officer and Administrative & Training Division
3. Requesting party receives the final approved letter of request	3. Administrative & Training Division to Operations & Warning Division for endorsement and schedule the Team to be deployed.	None	1 – Day	Operations & Warning Division Office of the Local Disaster Risk Reduction and Management Officer
4. Provide a guide/ coordinator on the day of the activity 5. Provide a proper area for a stand-by location	4. LDRRMO Meycauayan will deploy personnel on the day of standby if approved	None	Upon scheduled	Operations & Warning Division Office of the Local Disaster Risk Reduction and Management Officer
	TOTAL	**None**	**4 days upon schedule**	