



**EXCERPTS FROM THE MINUTES OF THE SECOND (2ND) REGULAR SESSION OF THE SANGGUNIANG BAYAN HELD ON JANUARY 16, 2023 AT THE SANGGUNIANG BAYAN SESSION HALL, NATIONAL HIGHWAY, BRGY. TIMUGAN, LOS BAÑOS, LAGUNA.**

Present : Vice Mayor Josephine Sumangil – Evangelista, Presiding Officer  
S.B. Member Leren Mae M. Bautista  
S.B. Member Marlo PJ A. Alipon  
S.B. Member Jonathan Bryan S. Siytiap  
S.B. Member Miko C. Pelegrina  
S.B. Member Mark Lester B. Dizon  
S.B. Member Julius A. Moliñawe  
S.B. Member Benedicto S. Alborida  
S.B. Member Mike Dexter A. Concio  
S.B. Member Gaudencio P. Macatangay, Liga President  
S.B. Member Jozylyn N. Manansala, SK Federation President  
Ms. Mirasol P. Mojica, OIC- Secretary to the Sangguniang Bayan  
Ms. Felomina I. Lincallo, LLSO I

Absent : None

Visitor : None

**ORDINANCE NO. 2023-2347**

**AN ORDINANCE AMENDING ORDINANCE NO. 2022-2344 ENTITLED “AN ORDINANCE STREAMLINING THE POLICIES, GUIDELINES, REQUIREMENTS, AND PROCESSES OF THE DAMAYAN SA KAPWA PROGRAM IN THE MUNICIPALITY OF LOS BAÑOS”.**

Author : Councilor Jonathan Bryan S. Siytiap

**BE IT ORDAINED BY THE SANGGUNIANG BAYAN OF LOS BAÑOS, LAGUNA, in session assembled, THAT:**

**SECTION 1.** Section 6 of Ordinance No. 2022 - 2344 is hereby amended as follows:

**SECTION 6. REVISED REQUIREMENTS TO AVAIL ASSISTANCE UNDER THE DAMAYAN SA KAPWA PROGRAM** – To avail the benefits of the *Damayán* Program, the following shall be submitted to the MSWDO:

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**II. ADDITIONAL REQUIREMENTS FOR HOSPITAL BILL**

1. ANY of the following documents:

<p>a. Medical Certificate, <i>or</i>                  b. Medical Abstract, <i>or</i>                  c. Discharge Summary, <i>or</i>                  d. Certificate of Confinement</p>	<p>Must be issued within the last 3 months, <i>except</i> for dialysis patients whose documents must be issued within the last 6 months</p> <p><b><u>Must be duly issued by a licensed physician, healthcare facility or hospital</u></b></p>
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2. AND *either* of the following documents:

<p>a. Original Temporary / Final Hospital Bill / Statement of Account (Outstanding Balance), <i>or</i></p>	<p><b><u>Must be duly issued by the hospital or healthcare facility</u></b></p>
<p>b. Certificate of Balance, <i>or</i>                  c. Promissory Note</p>	<p>Must be issued within the last 3 months <i>if</i> the patient has already been discharged from the hospital</p>

**III. ADDITIONAL REQUIREMENTS FOR MEDICINES / ASSISTIVE DEVICES**

EITHER of the following documents:

<p>a. <b><u>Prescription</u></b>, <i>or</i>                  b. Treatment Protocol</p>	<p>Must be issued within:</p> <ul style="list-style-type: none"> <li>- the last 30 days for non-maintenance medicines</li> <li>- the last 3 months for maintenance medicines</li> </ul> <p><b><u>Must be duly issued by a licensed physician, healthcare facility or hospital</u></b></p>
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**IV. ADDITIONAL REQUIREMENTS FOR MEDICAL PROCEDURES**

ANY of the following documents:

<p>a. Laboratory Request/s, <i>or</i>                  b. Laboratory Protocol, <i>or</i>                  c. Doctor's Order</p>	<p><b><u>Must be duly issued within the last 30 days by a licensed physician, healthcare facility or hospital</u></b></p>
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**SECTION 2.** Section 8 of Ordinance No. 2022 - 2344 is further amended as follows:

**SECTION 8. AMOUNT OF ASSISTANCE** – The amount of financial assistance to be provided by the MGLB under *Damayan* shall differ depending on the need of the eligible beneficiary after assessment of the MSWDO and availability of resources **guided by the suggested amount hereunder:**

1. Hospital Bill

Amount of Bill	<b><u>Suggested Amount</u></b>	Maximum Amount
Below 19,999.00	2,500.00	At the discretion of the Municipal Mayor subject to availability of local resources
20,000.00 to 39,999.00	3,000.00	
40,000.00 to 59,999.00	3,500.00	
60,000.00 to 79,999.00	4,000.00	
80,000.00 to 99,999.00	4,500.00	
100,000.00 to 149,000.00	5,000.00	
150,000.00 to 199,999.00	7,500.00	
200,000.00 to 249,999.00	10,000.00	
250,000.00 to 299,999.00	12,500.00	
300,000.00 to 349,999.00	15,000.00	
350,000.00 to 399,999.00	17,500.00	
400,000.00 to 500,000.00	20,000.00	
More than 500,000.00	25,000.00	

Room charges shall be excluded in the computation of total hospital bill except for Intensive Care Unit (ICU) charges regardless whether private or public hospital.

2. Procedure / Laboratory

Amount of Laboratory / Procedure	<b><u>Suggested Amount</u></b>	Maximum Amount
Below 499.00	300.00	At the discretion of the Municipal Mayor subject to
500.00 to 1,999.00	500.00	
2,000.00 to 4,999.00	1,000.00	
5,000.00 to 9,999.00	2,000.00	

More than 10,000.00	3,000.00	availability of local resources
Dialysis	- 2 dialysis sessions after the ninety (90) free sessions of PhilHealth - 1 dialyzer every quarter	

3. Medicine

Amount of Prescribed Medicine	<u>Suggested Amount</u>	Maximum Amount
Below 499.00	250.00	At the discretion of the Municipal Mayor subject to availability of local resources
500.00 to 1,999.00	500.00	
2,000.00 to 4,999.00	1,000.00	
5,000.00 to 9,999.00	2,000.00	
More than 10,000.00	3,000.00	

**SECTION 3.** Ordinance No. 2022-2344, as amended by Ordinance No. 2023-2347, shall now read as follows:

**“ TITLE OF THE ORDINANCE**

**SECTION 1. TITLE** – This ordinance shall be known as “AN ORDINANCE STREAMLINING THE POLICIES, GUIDELINES, REQUIREMENTS, AND PROCESSES OF THE *DAMAYAN SA KAPWA* PROGRAM IN THE MUNICIPALITY OF LOS BAÑOS” and shall be referred to herein as the “Ordinance”.

**PURPOSE**

**SECTION 2. PURPOSE** – This Ordinance primarily aims to:

- a. Promote the welfare of the marginalized sector in the Municipality;
- b. Provide more accessible social welfare services to the residents of the Municipality;
- c. Ease the burden of the indigents in seeking assistance from the MGLB; and
- d. Simplify the requirements and procedures of the *Damayán* Program.

**DEFINITION OF TERMS**

**SECTION 3. DEFINITION OF TERMS** – For purposes of this Ordinance, the terms are defined as follows:

1. **AUTHORIZED REPRESENTATIVE** – refers to any person who represents a beneficiary who, for certain reasons, will be physically present in processing and claiming the assistance requested. Authorized representatives shall be limited to:
  - a. **Family Member/s** – refers to a relative up to fourth degree of consanguinity or affinity, including the spouse, children, parents, siblings, uncles, aunts, grandparents, and grandchildren of the beneficiary;
  - b. In extreme justifiable circumstances, **any other individual who is not considered as a family member but acting as a representative of the beneficiary**, *provided* that said individual shall not be allowed to represent more than two (2) beneficiaries who are unrelated to him/her for every calendar year.
  
2. **BENEFICIARY** – refers to a resident of Los Baños who actually needs the assistance, or on whose behalf the assistance is being sought from the Municipal Social Welfare and Development Office (MSWDO) through an authorized representative. The beneficiary is the ultimate recipient of the assistance.

**SECTION 4. ASSESSMENT** – The MSWDO shall be responsible for the assessment of beneficiaries who may be eligible to receive assistance under the *Damayán* Program.

**SECTION 5. FORMS OF ASSISTANCE** – The assistance to be provided by the MGLB thru *Damayán* shall be in any of the following form:

1. Cash;
2. Guaranty Letter/Voucher;
3. Bank Check;
4. Food and Non-Food Items;
5. Medical Supply;
6. Casket/Coffin.

**SECTION 6. REVISED REQUIREMENTS TO AVAIL ASSISTANCE UNDER THE DAMAYAN SA KAPWA PROGRAM** – To avail the benefits of the *Damayán* Program, the following shall be submitted to the MSWDO:

**I. GENERAL REQUIREMENTS**

1. Original Barangay Certification (attached herein as *Annex A*)
2. Photocopy of Valid Identification Card (ID) of Beneficiary (and Authorized Representative, *if applicable*)
  - a. ANY of the following IDs may be presented:
    - i. Voter’s ID;
    - ii. Voter’s Certification;
    - iii. Senior Citizen’s ID;



- iv. PWD ID;
  - v. Solo Parent ID;
  - vi. Barangay ID;
  - vii. National ID;
  - viii. Updated NBI;
  - ix. Driver's License; *or*
  - x. Any government-issued ID with Los Baños, Laguna as the indicated address.
- b. If the beneficiary is an infant, birth certificate may be accepted. If there is no birth certificate, Barangay Certification may suffice.
  - c. In cases where the beneficiary has no valid ID (children who are not enrolled in schools, member of indigenous groups, victims of fire, typhoon or other calamities or disasters whether natural or man-made, among others), the following shall suffice:
    - i. Barangay Certification, *or*
    - ii. Justification from MSWDO pertaining to the absence of valid ID.
- 3. Original Authorization Letter duly signed by the Beneficiary, in case of an authorized representative
  - 4. Social Case Study Report

**II. ADDITIONAL REQUIREMENTS FOR HOSPITAL BILL**

1. ANY of the following documents:

<ul style="list-style-type: none"> <li>a. Medical Certificate, <i>or</i></li> <li>b. Medical Abstract, <i>or</i></li> <li>c. Discharge Summary, <i>or</i></li> <li>d. Certificate of Confinement</li> </ul>	<p>Must be issued within the last 3 months, <i>except</i> for dialysis patients whose documents must be issued within the last 6 months</p> <p>Must be duly issued by a licensed physician, healthcare facility or hospital.</p>
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2. AND *either* of the following documents:

<ul style="list-style-type: none"> <li>a. Original Temporary / Final Hospital Bill / Statement of Account (Outstanding Balance), <i>or</i></li> </ul>	<p>Duly issued by the hospital or healthcare facility</p>
<ul style="list-style-type: none"> <li>b. Certificate of Balance, <i>or</i></li> <li>c. Promissory Note</li> </ul>	<p>Must be issued within the last 3 months <i>if</i> the patient has already been discharged from the hospital</p>

**III. ADDITIONAL REQUIREMENTS FOR MEDICINES / ASSISTIVE DEVICES**

EITHER of the following documents:

<p>a. Prescription, <i>or</i> b. Treatment Protocol</p>	<p>Must be issued within: - the last 30 days for non-maintenance medicines - the last 3 months for maintenance medicines</p> <p>Must be duly issued by a licensed physician, healthcare facility or hospital.</p>
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**IV. ADDITIONAL REQUIREMENTS FOR MEDICAL PROCEDURES**

ANY of the following documents:

<p>a. Laboratory Request/s, <i>or</i> b. Laboratory Protocol, <i>or</i> c. Doctor's Order</p>	<p>Must be duly issued within the last 30 days by a licensed physician, healthcare facility or hospital.</p>
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**V. ADDITIONAL REQUIREMENTS FOR FUNERAL ASSISTANCE**

1. EITHER of the following documents:

<p>a. Death Certificate, <i>or</i></p>	<p>Issued by the Hospital or by the Municipal Health Office, with or without registry number</p> <p>Must be issued within the last 3 months</p>
<p>b. Certification from the Hospital / Doctor / Authorized Medical Practitioner / Imam (for moro)</p>	<p>Must be issued within the last 3 months</p>

2. AND *any* of the following documents:

<p>a. Funeral Contract, <i>or</i> b. Statement of Account, <i>or</i></p>	
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c. Certification from the Barangay, or	Indicating that the family made the casket, but they have debt to pay for the materials and other expenses
d. Transfer Permit	If the assistance for the transfer of a cadaver is requested separately or along with the other items under funeral assistance

**SECTION 7. REVISED PROCEDURE OF THE DAMAYAN SA KAPWA PROGRAM** – The beneficiary himself/herself or thru his/her authorized representative shall observe the following procedure:

Step 1	Municipal Concierge	1. Provide General Assistance 2. Direct the beneficiary or his/her authorized representative to the MSWDO
Step 2	MSWDO	1. Check Documentary Requirements 2. Interview for Documentation 3. Assess Case 4. Prepare Social Case Study Report
Step 3	Mayor’s Office	1. Approve Recommendation 2. Process Assistance
Step 4	MSWDO / Treasury	1. Release Assistance

**SECTION 8. AMOUNT OF ASSISTANCE** – The amount of financial assistance to be provided by the MGLB under *Damayán* shall differ depending on the need of the eligible beneficiary after assessment of the MSWDO and availability of resources guided by the suggested amount hereunder:

1. Hospital Bill

Amount of Bill	Suggested Amount	Maximum Amount
Below 19,999.00	2,500.00	
20,000.00 to 39,999.00	3,000.00	
40,000.00 to 59,999.00	3,500.00	
60,000.00 to 79,999.00	4,000.00	
80,000.00 to 99,999.00	4,500.00	



100,000.00 to 149,000.00	5,000.00	At the discretion of the Municipal Mayor subject to availability of local resources
150,000.00 to 199,999.00	7,500.00	
200,000.00 to 249,999.00	10,000.00	
250,000.00 to 299,999.00	12,500.00	
300,000.00 to 349,999.00	15,000.00	
350,000.00 to 399,999.00	17,500.00	
400,000.00 to 500,000.00	20,000.00	
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Room charges shall be excluded in the computation of total hospital bill except for Intensive Care Unit (ICU) charges regardless whether private or public hospital.

2. Procedure / Laboratory

Amount of Laboratory / Procedure	Suggested Amount	Maximum Amount
Below 499.00	300.00	At the discretion of the Municipal Mayor subject to availability of local resources
500.00 to 1,999.00	500.00	
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5,000.00 to 9,999.00	2,000.00	
More than 10,000.00	3,000.00	
Dialysis	- 2 dialysis sessions after the ninety (90) free sessions of PhilHealth - 1 dialyzer every quarter	

3. Medicine

Amount of Prescribed Medicine	Suggested Amount	Maximum Amount
Below 499.00	250.00	At the discretion of the Municipal Mayor subject to availability of local resources
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More than 10,000.00	3,000.00	

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**SECTION 9. FUNDING** – The source of fund for the implementation of the *Damayan* by the MGLB shall be under the Office of the Municipal Mayor.

**SECTION 10. RELEASE OF FUND** – Assistance may be released by the Office of the Mayor, MSWDO, Office of the Municipal Treasury, or their duly authorized representatives to the beneficiary or his/her authorized representative.

**MISCELLANEOUS PROVISIONS**

**SECTION 11. SCOPE AND LIMITATION OF ASSISTANCE** – Assistance under the *Damayan* Program shall only be availed of by the beneficiary himself/herself or thru his/her authorized representative once every 3 months, *except* for dialysis patients who may avail of the assistance once a month *if* needed.

In case of sudden death of the beneficiary, burial assistance may still be extended to his or her family member who has already sought medical assistance on the beneficiary's behalf within the last 3 months.

Assistance given to the beneficiaries of the *Damayan* Program shall be subject to the availability of local funds and resources.

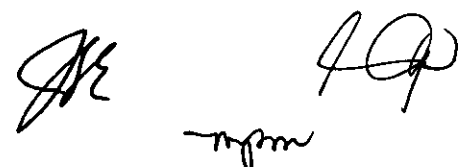
**SECTION 12. REPEALING CLAUSE** – All municipal ordinances, rules and regulations, or parts not consistent with any provision of this Ordinance are hereby repealed, amended or modified accordingly.

**SECTION 13. SEPARABILITY CLAUSE** – If, for any reasons, any part or provision of this Ordinance shall be declared unconstitutional or invalid by the court, or suspended or revoked by competent authorities, other parts or the provisions thereof which are not affected thereby shall continue to be full force and effect.

**SECTION 14. EFFECTIVITY CLAUSE** – This Ordinance shall take effect upon approval. ”

**SECTION 4. APPLICABILITY OF ORDINANCE NO. 2022-2344.** All provisions of Ordinance No. 2022-2344 which are not inconsistent with this Ordinance and are not expressly modified, revoked or repealed in this Ordinance shall continue to be in full force and effect.

**SECTION 5. REPEALING CLAUSE.** All ordinances, rules and regulations or parts not consistent with any provision of this Ordinance are hereby repealed, amended, or modified accordingly.




**SECTION 6. SEPARABILITY CLAUSE.** If, for any reasons, any part or provision of this Ordinance shall be declared unconstitutional or invalid by the court, or suspended or revoked by competent authorities, other parts or the provisions thereof which are not affected thereby shall continue to be in full force and effect.

**SECTION 7. EFFECTIVITY.** This Ordinance shall retroact from the date of the effectivity of Ordinance No. 2022 – 2344.


**ENACTED :** January 16, 2023

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**I HEREBY CERTIFY** to the correctness of the above-quoted Ordinance.

  
**MIRASOL P. MOJICA**  
LLSO II / OIC -Secretary to the Sangguniang Bayan

CERTIFIED ENACTED:

  
**HON. JOSEPHINE H. SUMANGIL-EVANGELISTA**  
Municipal Vice Mayor / Presiding Officer

APPROVED:

  
**HON. ANTHONY F. GENUINO**  
Municipal Mayor