

REQUEST FOR RECORDS RETENTION SCHEDULE
Submitted to the Records Management Division
Hall of Records Commission

SCHEDULE NO. 321

PAGE NO. 1

1. Requesting Agency
DEPARTMENT OF EDUCATION

2. Division or Bureau of Requesting Agency
**DIVISION OF VOCATIONAL REHABILITATION,
DISABILITY DETERMINATIONS UNIT**

3. Authorization Requested (Check only one of the squares below).

- A** Dispose of present accumulation. No additional accumulation is anticipated. Records have ceased to have value to warrant retention.
- B** Establish retention schedule for records for which there is a continuing accumulation. The records will cease to have value to warrant their retention after the period of time indicated.
- C** Microfilm and destroy originals. Originals if not microfilmed would be retained for the period of time indicated.

4. Item No.	5. Description of Records Describe records accurately. Include title, form number, size of documents, work or activity to which the records relate, inclusive dates, and quantity (cubic or linear feet). Show recommended retention period.	6. Recommendation of Hall of Records and Board of Public Works.
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1. DISABILITY DETERMINATION CASE FOLDERS

Size: 8½" x 11"
 Dates: 1954 - -
 Quantity: 11 drawers (20 cubic feet)
 File Arrangement: Numerical by case number
 Annual Accumulation: 8 drawers (1½ cubic feet)
 Index: Master File (Item 2)

A 1954 amendment to the Social Security Act (PL 761) provided for the continuance of coverage for persons who become totally disabled. In 1956, a second amendment (PL 880) provided for benefit payments to totally disabled persons who have reached age fifty. The responsibility for the determination of disability was given to the states. The Disability Determinations Unit, Division of Vocational Rehabilitation, was organized in 1955 to carry out this function.

Cases are referred to the Disability Determinations Unit by local Social Security field offices. As cases are received, they are assigned a case number and a priority, referred to a counselor, and screened to facilitate a tentative decision. The counselor and medical advisor make the final decision on the extent and the date of the inception of a disability. The findings are included in a report which explains the decision. The original and two carbons of this report are forwarded to the Bureau of Old Age and Survivors Insurance and the remaining copy is retained and filed in the individual applicant's case folder. Each folder contains in addition to the Disability Determination--State Agency report (Form OA-D831), an initial incoming transmittal sheet (received

APPROVED
HALL OF RECORDS COMMISSION

7. Agency, Division or Bureau Representative

D. N. [Signature] Assistant State Superintendent 1-28-58
 Signature Title Date

Schedule Authorized as Indicated in Col. 6 by Hall of Records Commission.

3/6/58 *Maria S. Radloff*
 Date Archivist

Disposal Authorized as Indicated in Col. 6 by Board of Public Works.

[Signature]
 Date Secretary

4.
Item
No.

5. Description of Records

Describe records accurately. Include title, form number, size of documents, work or activity to which the records relate, inclusive dates, and quantity (cubic or linear feet). Show recommended retention period.

6. Recommendation of Hall of Records and Board of Public Works.

from BOASI) and a copy of the out-going Transmittal (Form OA-D818). Each Disability Determination Report shows the name and address of the applicant, the application date, the social security account number, the date of birth, the name of the wage earner (if a disabled child is filing), the district office code designation and address, the name of the state agency making the determination, the state, the state agency code designation, and the disability findings (inception date of disability, inclusive dates of disability, not under disability); diagnoses; the alleged date of onset of disability, age at onset; the applicant's occupation and education; whether applicant is blind or not; the basis for disability determination (disablement history, summary of medical reports, and a statement of the reasons for allowance or disallowance of the disability); the recommended re-examination date; examiner's signature and title, and the signature date. The form also provides space for notations of final action by the Bureau of Old Age and Survivors Insurance.

The forms filed in each Disability Determination Case Folder are copies of those on file with the Baltimore field office of the Bureau of Old Age and Survivors Insurance. The Bureau retains these records until the death of the individual claimant and for five years thereafter. The recommendation below applies only to the copies retained by the Disability Determinations Unit.

RECOMMENDATION: RETAIN FOR THREE YEARS AND THEN DESTROY.

2. MASTER CARD FILE

Form No.: DD-1 (Rev.)
Size: 3" x 5"
Dates: 1954 - -
Quantity: 11 drawers (1½ cubic feet)
File Arrangement: Alphabetical by name of applicant
Annual Accumulation: 3 drawers (¾ cubic foot)

The Master Card File, containing a card on each person applying for a disability allowance, provides information on the status of individual cases and serves as an index to the Disability Determination Case Folders (Item 1). Each card shows the applicant's name, case number, social security number, birth date, address, case type and receipt date, the date of disposal, a notation of allowance or disallowance of the claim and the counselor's name. Space is also provided for showing the Disability Determination Unit's rehabilitation referral action and the district action on the case.

Some cases are not adjudicated by the Disability Determinations Unit but are forwarded to Social Security Administration for decision. For each case forwarded, a card is prepared and filed in a separate section of the Master Card File. Individual cards

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BOARD OF PUBLIC WORKS
MAY 10 1954
[Signature]

ST FOR RECORDS RETENTION SCHEDULE
(Continuation Sheet)

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5. Description of Records

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show the applicant's name, address, referral date, the alleged date of disability, etc. The recommendation below applies to all cards in the Master Card File.

RECOMMENDATION: RETAIN PERMANENTLY.

3. REFERRAL FOR VOCATIONAL REHABILITATION

Form No.: Form OA-D853d (11-56)

Size: 8 1/2" x 11"

Quantity: 1 cubic foot

Dates: 1954 - -

File Arrangement: Alphabetical by name of applicant

Annual Accumulation: less than 1/2 cubic foot

Disposable Amount: 1/2 cubic foot (est.)

Index: Master Card File

The Social Security district office initiates a Referral for Vocational Rehabilitation form for each disability applicant. The top portion of each quadruplicate form is prepared by the district office and the forms are forwarded to the Disability Determinations Unit where the referral is screened and either accepted or rejected for rehabilitation. If rejected, the action is noted and all copies except the orange carbon are returned to BOASI. If found acceptable for rehabilitation, all copies of the individual's referral form are forwarded for action to the appropriate district office of the Division of Vocational Rehabilitation. The district office interviews the individual and determines eligibility for rehabilitation services. When the case is closed in the district, the yellow action copy is returned to the Disability Determinations Unit and the orange carbon copy is retained in the district. Ultimately, all copies except the orange form are returned to BOASI.

The form shows the applicant's name, social security number, the type of application filed, the applicant's date of birth, sex, alleged date of onset of disability, the nature of the disability, notations concerning the acceptance or rejection of the applicant for rehabilitation services, and the results of rehabilitation services. The recommendation below applies only to the orange copy retained by either the Vocational Rehabilitation district offices or the Disability Determinations Unit.

RECOMMENDATION: RETAIN FOR THREE YEARS AND THEN DESTROY.

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