

**FOR RECORDS RETENTION SC**  
 To be submitted to the Records Management Division  
 Hall of Records Commission

SCHEDULE NO. **391**  
 PAGE NO. **1.**

1. Requesting Agency: **STATE DEPARTMENT OF HEALTH**  
 2. Division or Bureau of Requesting Agency: **BUREAU OF MEDICAL SERVICES**

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.

**1. MEDICAL CARE CERTIFICATES**

Form No.: SDPW-206  
 SDPW-207  
 Dates: 3/1958 - -  
 Quantity: 14 file drawers (14 cubic feet - est.)  
 File Arrangement: By county and by case number  
 Annual Accumulation: 5 cubic feet (est.)  
 Audit: State and Federal

The State Department of Public Welfare certifies to the eligibility of individuals receiving services under the medical care program, financed jointly by the State and Federal government. The Certificates are the records basic to the preparation of the "eligibility deck," IBM cards which enable the State to qualify for matching Federal funds. The Certificate for Medical Services (SDPW-206) establishes the fact that an individual is going on welfare or will be on welfare status for a six month period. The Certificate of Change-Medical Services (SDPW-207) certifies to the fact that an individual has been suspended or dropped from welfare status. The recommendation below applies only to the certificates.

**RECOMMENDATION: RETAIN FOR THREE YEARS OR UNTIL AUDITED (STATE AND FEDERAL), WHICHEVER IS LATER, AND THEN DESTROY.**

APPROVED  
 HALL OF RECORDS COMMISSION

7. Agency, Division or Bureau Representative

*[Signature]*      *[Signature]*      *[Signature]*  
 Signature      Title      Date

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

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

2/7/1961      *[Signature]*      FEB 13 1961      *[Signature]*  
 Date      Archivist      Date      Secretary