

**DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT DIVISION  
RECORDS RETENTION AND DISPOSAL SCHEDULE**

Schedule No. C1131  
Page 1 of 4

Agency **Cecil County Government** Division/Unit **Senior Services and Community Transit**

Item No.	Description	Retention
1	<p>This series includes general senior care programs records, senior care services and activities, support services, service records, grant documents, and Medicaid waivers.</p> <p>Changes in records format will not necessarily require revision of the retention schedule. However, should the scope or content of a records series be altered, the schedule may be amended to reflect such changes.</p> <p>Each agency will use all or some of the following records which are governed by the indicated retention period:</p> <p><b><u>SENIOR CARE RECORDS</u></b>  <u>General Senior Care Programs Records</u></p> <ul style="list-style-type: none"> <li>A. Senior Care Program</li> <li>B. Senior Assisted Living Group Home Subsidy (SALGHS)</li> <li>C. Long Term Care – Ombudsman Program</li> <li>D. National Family Caregiver</li> <li>E. Senior Care, SALGHS, and Healthy Lifestyle Fitness Center(HLFC): Client Records</li> <li>F. Client Intake Form</li> <li>G. Senior Information and Assistance Program and Health Insurance Program</li> <li>H. Guardianship: Client Records</li> </ul> <p align="center">(Continued)</p>	<p>Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for three (3) years from the end of the fiscal year the file was closed then destroy.</p> <p>Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for four (4) years after guardianship ends then destroy.</p>

Schedule Approved by Department, Agency, or Division Representative  
Date

Signature



Typed Name Scott Mesneak

Title IT & Records Retention Director

Schedule Authorized by State Archivist

Date

8 March 2011

Signature



**DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT DIVISION  
RECORDS RETENTION AND DISPOSAL SCHEDULE  
(Continuation Sheet)**

Schedule No. C1131

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**Agency**  
Cecil County Government

**Division/Unit**  
Senior Services and Community Transit

Item No.	Description	Retention	
2	I. SALGHS: Electronic Records	Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for five (5) years from the end of the fiscal year the file was closed then destroy.	
	J. Fiscal Reports		
	K. Ombudsman and Caregiver: Client Records		Retain hard copy for seven (7) years from the end of the fiscal year the file was closed then destroy.
	L. Caregiver: Electronic Records		Retain for seven (7) years from the end of the fiscal year the file was closed then destroy.
	M. Guardianship Program		Scan original and verify image. Retain hard and imaged copy permanently and transfer hard and image copy every 5 years to Archives.
	N. Senior Care: Electronic Records		Retain for three (3) years after client is deceased then destroy.
	<u>Senior Care Services and Activities</u>		Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for three (3) years from the end of the fiscal year the file was closed then destroy.
	A. Health Promotion and Disease Prevention		
	B. Senior Activities/Events		
	C. Healthy Lifestyle Fitness Center		
D. Senior Center and Fitness Center Incident Reports			
E. Senior Nutrition Program			
F. Home Shopping Program			
G. Senior Farmer's Market Program			

DGS 550-1A

**DEPARTMENT OF GENERAL SERVICES**

**Schedule No.**

**RECORDS MANAGEMENT DIVISION  
RECORDS RETENTION AND DISPOSAL SCHEDULE  
(Continuation Sheet)**

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**Agency** Cecil County Government **Division/Unit** Senior Services and Community Transit

Item No.	Description	Retention
3	<p>H. Transportation</p> <p><u>Support Services</u></p> <p>A. Support Services – Retired &amp; Senior Volunteer Program (RSVP): Grant Records</p> <p>B. Volunteer Program</p> <p>C. Support Services – Transportation</p> <p>D. Support Services – Legal Assistance</p> <p>E. Support Services – Long Term Care Supervisor</p>	<p>Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for five (5) years from the end of the fiscal year the file was closed then destroy.</p> <p>Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for three (3) years from the end of the fiscal year the file was closed then destroy.</p> <p>Retain hard copy until scanned and image verified then destroy hard copy. Retain image until client file is closed out then destroy.</p>
4	<p><u>Service Records</u></p> <p>A. Preventative Health – Medication management, nutrition, counseling, nutrition education, fitness: Service Records</p> <p>B. Home Delivery Meals and Congregate Meals: Service Records</p>	<p>Retain hard copy for four (4) years from the end of the fiscal year the file was closed then destroy.</p>
5	<p><u>Grant Documents</u></p> <p>A. Congregate Nutrition Services: Grant Documents</p> <p>B. Congregate Meals: Grant Documents</p> <p>C. Home Delivery Meals: Grant Documents</p>	<p>Retain hard copy for four (4) years from the end of the fiscal year the file was closed then destroy.</p> <p>Retain hard copy for three (3) years from the end of the fiscal year the file was closed then destroy.</p>

DGS 550-1A

**RECORDS MANAGEMENT DIVISION  
RECORDS RETENTION AND DISPOSAL SCHEDULE  
(Continuation Sheet)**

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C1131

<b>Agency</b> Cecil County Government	<b>Division/Unit</b> Senior Services and Community Transit
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Item No.	Description	Retention
6	<u>Medicaid Waiver</u> A. Medicaid Waiver B. Medicaid Waiver: Client Records	Retain hard copy for six (6) years from the end of the fiscal year the file was closed then destroy.

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency <b>Senior Services and Community Transit</b>		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title <b>Caregiver: Electronic Records</b>				5. Earliest Year/Latest Year <u>2001</u> to <u>2009</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <b>There are encrypted comprehensive assessments that are on the computer. They are assessments of caregivers used in determining eligibility. Also statistical reports.</b>					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____			
12. File Becomes Inactive After <u>7</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			13. Current Location(s) (Bldg., Floor, Room) <b>SSCT Office</b>		
14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent			17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
18. Recommended Retention <b>Retain for seven (7) years from the end of the fiscal year the file was closed then destroy.</b>			19. Name and Title of Preparer <b>Scott Mesneak</b> <b>IT &amp; Records Retention Director</b>		
20. Telephone Number <b>410-996-5205</b>		21. Date <b>9/10/2010</b>			

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency Senior Services and Community Transit		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Client Intake Form				5. Earliest Year/Latest Year <u>1998</u> to <u>2010</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Registration Forms required for each senior center participant, home delivered meal recipient, home shopping client, splashing senior member and transportation system. Demographic information collected, Daily ADL's and Nutrition Screening, Voter Registration and Information Release Form included in the form. Information updated yearly for active participants and entered into AIM database - statewide database for MDoA					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____  10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <b>AIM Database</b>  Number _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually			12. File Becomes Inactive After <u>3</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) SSCT File			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>AIM Database</b>		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <b>Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency Senior Services and Community Transit		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Congregate Meals: Grant Documents			5. Earliest Year/Latest Year <u>1989</u> to <u>2010</u>		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Congregate Meal grant documents are stored in the SSCT Budget Assistant's office and in the Treasurer's Office.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
11. File Is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually		12. File Becomes Inactive After <u>4</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) SSCT Budget Assistant's Office		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Treasurer's Office</b>			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Recommended Retention <b>Retain hard copy for four (4) years from the end of the fiscal year the file was closed then destroy.</b>			
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency Senior Services and Community Transit		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Congregate Nutrition Services: Grant Documents				5. Earliest Year/Latest Year <u>1989</u> to <u>2010</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Congregate Meal grant documents are stored in the SSCT Budget Assistant's office and in the Treasurer's Office.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number _____ <input type="checkbox"/> Other (specify) _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually		12. File Becomes Inactive After <u>4</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) SSCT Budget Assistant's Office		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input checked="" type="checkbox"/> Yes, <u>Treasurer's Office</u> <input type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Recommended Retention <b>Retain hard copy for four (4) years from the end of the fiscal year the file was closed then destroy.</b>			
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	



<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1830		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency <b>Senior Services and Community Transit</b>		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title <b>Fiscal Reports</b>				5. Earliest Year/Latest Year <u>2004</u> to <u>2010</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <b>File includes: Senior Care Program Financial Form, MTA Form 2A-Service Performance Summary, Form 9-Operating Budget Summary, Caregiver Fiscal and Statistical Data, MD Dept. of Transportation Request for Payment, MD Dept. of Aging Senior Assisted Home Subsidy Report, MD Dept. of Aging Standard Program Financial Report, MD Dept. of Aging form 269 Quarterly Financial Report, Request for Funds, Medicaid Waiver Administrative Personnel Billing, and Area Plan Summary Budget reports and forms.</b>					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____  10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____	
11. File Is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After: <u>5</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) <b>SSCT Office</b>			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <b>Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for five (5) years from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer <b>Scott Mesneak</b> <b>IT &amp; Records Retention Director</b>		20. Telephone Number <b>410-996-5205</b>		21. Date <b>9/10/2010</b>	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1830		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency Senior Services and Community Transit		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Guardianship: Client Records			5. Earliest Year/Latest Year <u>1995</u> to <u>2009</u>		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) A folder is created for each client (65 years or older) that includes court documents, medical and financial information, progress notes, adult public guardianship review board, and any other pertinent information in order to ensure that the decisions made on behalf of the client (ward) are consistent with his/her wisher or if those wishes are unclear or unknown that it is in his/her best interest while adhering to the law.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>4</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) SSCT Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <b>Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for four (4) years after guardianship ends then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>INSTRUCTIONS</b> – Type or print a separate form for each new/revised electronic record series. Forward with Records Retention Schedule (DGS 550-1) COMAR 14.18.04		<b>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 (410) 799-1930</b>		<b>ELECTRONIC RECORDS INVENTORY</b>  Page <u>1</u> of <u>1</u>	
<b>1 DEPARTMENT/AGENCY</b> Cecil County Government		<b>2 DIVISION</b> Senior Services and Community Transit		<b>3 UNIT</b>	
<b>DEFINITION – Record Series -</b> A group of related records stored electronically and used as a unit for reference as well as retention and disposition purposes					
<b>4 ELECTRONIC RECORD SERIES TITLE</b> Guardianship Program				<b>5 EARLIEST YEAR/LATEST YEAR</b> <u>1995</u> TO <u>2010</u>	
<b>6 INPUT - Identify source of information to be entered</b> Paper			<b>7 OUTPUT - Identify the use/s of information generated by system</b> Electronic Document - IBM Content Manager		
<b>8 ELECTRONIC RECORD SERIES DESCRIPTION -</b> Briefly describe the information/documents/forms contained in a series. Include purpose and function of the system.  File includes: Do Not Resuscitate Order to the Court, Do Not Resuscitate Report to the Court, Annual Report to the Court, Annual Report to the Court Letter, Report Death to the Court Letter, Review Board Report, Statistical Data Report, Death Report to Court, Rescinding Peg Tube Order, Rescinding Peg Tube Report, Long Term Care Report Placement, Transfer for Evaluation, Physician Request Do Not Resuscitate, Physician Request Peg Tube Order, and Stop Peg Tube Order to Court reports and forms.					
<b>9 POLICY ON ACCESS AND USE –</b> Explain or attach copy if established in writing.  Administration, Department Heads, will have (delete) (print) and (hold) access. Managers and employees with the "need to know" will have (read), (print) and (hold) access.					
<b>10 UPDATING CYCLES OR CONDITIONS AND RULES FOR REVISING INFORMATION IN THE SYSTEM</b>  Updates are not allowed on the original document; if updates are needed, the document needs to be replaced.					
<b>11 SPECIFY THE LOCATION AND MEDIA OF THE MAIN ELECTRONIC DATA FILE.</b> Explain the progression established to ensure the record's retention and usability throughout the record's authorized life cycle.  Cecil County Government Administration Building Record is available until the disposal date, and then record is purged.					
<b>12 RECOMMENDED RETENTION</b> Scan original and verify image. Retain hard and imaged copy permanently and transfer hard and image copy every 5 years to Archives.					
<b>13 TYPED OR PRINTED NAME OF PREPARER</b>  Scott Mesneak		<b>14 TELEPHONE NUMBER</b>  410-996-5205		<b>15 DATE</b>  9/10/2010	
<b>16 TITLE OF PREPARER</b>  IT & Records Retention Director					
DGS 550-6					

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency Senior Services and Community Transit		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Health Promotion and Disease Prevention				5. Earliest Year/Latest Year <u>2006</u> to <u>2010</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) File includes Monitoring Questionnaire and Services Report					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) _____ <b>Keyword Lookup:</b>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number _____ <input type="checkbox"/> Other (specify) _____	
11. File Is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually		12. File Becomes Inactive After <u>3</u> Number _____ <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) SSCT Office		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Recommended Retention <b>Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b>			
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>INSTRUCTIONS</b> – Type or print a separate form for each new/revised electronic record series. Forward with Records Retention Schedule (DGS 550-1) COMAR 14.18.04		<b>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 (410) 799-1930		<b>ELECTRONIC RECORDS INVENTORY</b>  Page <u>1</u> of <u>1</u>	
<b>1 DEPARTMENT/AGENCY</b> Cecil County Government		<b>2 DIVISION</b> Senior Services and Community Transit		<b>3 UNIT</b>	
<b>DEFINITION – Record Series -</b> A group of related records stored electronically and used as a unit for reference as well as retention and disposition purposes					
<b>4 ELECTRONIC RECORD SERIES TITLE</b> Healthy Lifestyle Fitness Center				<b>5 EARLIEST YEAR/LATEST YEAR</b> <u>2006</u> TO <u>2010</u>	
<b>6 INPUT - Identify source of information to be entered</b> Paper			<b>7 OUTPUT - Identify the use/s of information generated by system</b> Electronic Document - IBM Content Manager		
<b>8 ELECTRONIC RECORD SERIES DESCRIPTION -</b> Briefly describe the information/documents/forms contained in a series. Include purpose and function of the system.  File includes: Application, Incident Reports, Photo Release, Assignment, Waiver and Release, Refund, Fitness Log, Medical Release, Deposit, Blood Pressure Screening Release, Medical Release for Cecil County Employees, Life Beyond Cancer Medical Release and Waiver, Sign-In Sheet, Arthritis Foundation Waiver and Application, Membership Application and Waiver, Membership Reduced Rate forms and reports.					
<b>9 POLICY ON ACCESS AND USE –</b> Explain or attach copy if established in writing.  Administration, Department Heads, will have (delete) (print) and (hold) access. Managers and employees with the "need to know" will have (read), (print) and (hold) access.					
<b>10 UPDATING CYCLES OR CONDITIONS AND RULES FOR REVISING INFORMATION IN THE SYSTEM</b>  Updates are not allowed on the original document; if updates are needed, the document needs to be replaced.					
<b>11 SPECIFY THE LOCATION AND MEDIA OF THE MAIN ELECTRONIC DATA FILE.</b> Explain the progression established to ensure the record's retention and usability throughout the record's authorized life cycle.  Cecil County Government Administration Building Record is available until the disposal date, and then record is purged.					
<b>12. RECOMMENDED RETENTION</b> Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for three (3) years from the end of the fiscal year the file was closed then destroy.					
<b>13 TYPED OR PRINTED NAME OF PREPARER</b> Scott Mesneak		<b>14 TELEPHONE NUMBER</b> 410-996-5205		<b>15 DATE</b> 9/10/2010	
<b>16 TITLE OF PREPARER</b> IT & Records Retention Director					
DGS 550-6					

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1830		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency <b>Senior Services and Community Transit</b>		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title <b>Home Delivery Meals and Congregate Meals: Service Records</b>				5. Earliest Year/Latest Year <u>1998</u> to <u>2010</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <b>Meals are delivered three times each week, two meals per person each time. Meal delivery information is kept in AIM database (Automated Information Management) - a statewide database for MDoA information.</b>					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
11. File Is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		12. File Becomes Inactive After <u>4</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number			
13. Current Location(s) (Bldg., Floor, Room) <b>AIM</b>		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Recommended Retention <b>Retain hard copy for four (4) years from the end of the fiscal year the file was closed then destroy.</b>			
19. Name and Title of Preparer <b>Scott Mesneak          IT &amp; Records Retention Director</b>		20. Telephone Number <b>410-996-5205</b>		21. Date <b>9/10/2010</b>	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-789-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency Senior Services and Community Transit		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Home Delivery Meals: Grant Documents				5. Earliest Year/Latest Year <u>1980</u> to <u>2009</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Home Delivered Meal grant fund documents are kept by SSCT Budget Assistant and Treasurer's Office.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____  10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually			12. File Becomes Inactive After <u>3</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) SSCT Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <b>Retain hard copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-789-1830		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency Senior Services and Community Transit		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Home Shopping Program				5. Earliest Year/Latest Year <u>2006</u> to <u>2010</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) File includes Cash Receipts Ledger and Spread Sheets.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____  10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>3</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) SSCT Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <b>Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	



<p><b>Instructions</b> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>		<p>DEPARTMENT OF GENERAL SERVICES                  RECORDS MANAGEMENT DIVISION                  7275 Waterloo Road, P.O. Box 275                  Jessup, Maryland 20794                  410-789-1930</p>		<p><b>AGENCY RECORDS INVENTORY</b></p> <p>PAGE <u>1</u> OF <u>1</u></p>	
<p>1. Department/Agency                  Senior Services and Community Transit</p>		<p>2. Division</p>		<p>3. Unit</p>	
<p><b>DEFINITION - RECORD SERIES:</b> A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title                  Long Term Care - Ombudsman Program</p>			<p>5. Earliest Year/Latest Year                  2003 to 2010</p>		
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)                  File includes: Release of Records, Ombudsman Program Monitoring Form, Ombudsmanager Case File, and Referral to Licensing and Certification forms and records.</p>					
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size      <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size      <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape      <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book      <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b></p>		<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p>Number _____</p> <p><input type="checkbox"/> Other (specify) _____</p>	
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily      <input type="checkbox"/> Weekly      <input type="checkbox"/> Monthly      <input type="checkbox"/> Annually</p>		<p>12. File Becomes Inactive After</p> <p><u>3</u>      <input type="checkbox"/> Month(s)      <input checked="" type="checkbox"/> Year(s)</p> <p>Number</p>			
<p>13. Current Location(s) (Bldg., Floor, Room)                  SSCT Office</p>		<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>			
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>		<p>16. Audit Requirements</p> <p><input checked="" type="checkbox"/> None      <input type="checkbox"/> State      <input type="checkbox"/> Federal      <input type="checkbox"/> Independent.</p>			
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>		<p>18. Recommended Retention</p> <p><b>Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b></p>			
<p>19. Name and Title of Preparer                  Scott Mesneak                  IT &amp; Records Retention Director</p>		<p>20. Telephone Number                  410-996-5205</p>		<p>21. Date                  9/10/2010</p>	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-789-1830		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency Senior Services and Community Transit		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Medicaid Waiver: Client Records			5. Earliest Year/Latest Year <u>2001</u> to <u>2009</u>		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) A file is created for each client that includes case notes, medical information, comprehensive assessments, plans of care, initial application, advanced directives, incident reports, go day reviews, and other pertinent information that allows each eligible adult (50 years or older) to remain in the community rather than unnecessary institutionalization. Receiving medicaid benefits, also most of the client data is imputed into the medicaid waiver (web-based) training system. Provider (Medicaid Waiver Assisted Living Home) file that contains a copy of the application of medicaid waiver approved.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
11. File Is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		12. File Becomes Inactive After <u>6</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number			
13. Current Location(s) (Bldg., Floor, Room) SSCT Office		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Recommended Retention <b>Retain hard copy for six (6) years from the end of the fiscal year the file was closed then destroy.</b>			
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency Senior Services and Community Transit		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Medicaid Waiver			5. Earliest Year/Latest Year <u>2001</u> to <u>2010</u>		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) File includes Level of Care, Quarterly Review, Reportable Events, Medicaid Waiver Application, Level of Care & Rate Certification, Division of Eligibility Waiver Services, DEWS Verification/Information Request, File Order & Approved Client Procedure, Fax Sheet, Consent to Release Information, Certification of Technical/Medical Eligibility, Quarterly Review (Home Clients) Quarterly Review/Satisfaction Survey, Participant Consent, Plan of Care, Notice of Case Activity, Medical Adult Day Care Preauthorization, Preauthorization for Environmental Adaptations & Assistive Equipment, Client Care Notes, Client Face Sheet, Authorization to Participate, and AERS Evaluation forms and letters.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tapè <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		12. File Becomes Inactive After <u>6</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number			
13. Current Location(s) (Bldg., Floor, Room) SSCT Office		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Recommended Retention <b>Retain hard copy for six (6) years from the end of the fiscal year the file was closed then destroy.</b>			
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<p><b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>		<p>DEPARTMENT OF GENERAL SERVICES                  RECORDS MANAGEMENT DIVISION                  7275 Waterloo Road, P.O. Box 275                  Jessup, Maryland 20794                  410-799-1930</p>		<p><b>AGENCY RECORDS INVENTORY</b></p> <p>PAGE <u>1</u> OF <u>1</u></p>	
<p>1. Department/Agency                  Senior Services and Community Transit</p>		<p>2. Division</p>		<p>3. Unit</p>	
<p><b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b></p>					
<p>4. Record Series Title                  National Family Caregiver</p>			<p>5. Earliest Year/Latest Year  <u>2001</u> to <u>2010</u></p>		
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)                  File includes: Client Intake, Documentation of Need for Respite Services, Grandparent Program Application, Request for Payment, DHMH Adult Evaluation and Review Services, Use of Grant, Client Contact, Contact, Registration Form/Grandparent Program Application, Fiscal and Statistical Data/Elderly, and Fiscal and Statistical Data/Grandparent Caregivers Forms.</p>					
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size      <input type="checkbox"/> Microfilm  <input type="checkbox"/> Legal Size      <input type="checkbox"/> Computer Tape  <input type="checkbox"/> Audio Tape      <input type="checkbox"/> Floppy Disk  <input type="checkbox"/> Bound Book      <input type="checkbox"/> Video Tape  <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u></p>		<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s)  <input type="checkbox"/> Microfilm Reel(s)  <input type="checkbox"/> Computer Tape(s)  <input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>	
		<p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)  <input type="checkbox"/> Microfilm Reel(s)  <input type="checkbox"/> Computer Tape(s)  <input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>			
<p>11. File Is Used</p> <p><input type="checkbox"/> Daily      <input checked="" type="checkbox"/> Weekly      <input type="checkbox"/> Monthly      <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After</p> <p><u>3</u>      <input type="checkbox"/> Month(s)      <input checked="" type="checkbox"/> Year(s)</p> <p>Number</p>		
<p>13. Current Location(s) (Bldg., Floor, Room)                  SSCT Office</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>		
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>			<p>18. Audit Requirements</p> <p><input type="checkbox"/> None      <input checked="" type="checkbox"/> State      <input type="checkbox"/> Federal      <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>			<p>18. Recommended Retention</p> <p><b>Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b></p>		
<p>19. Name and Title of Preparer                  Scott Mesneak                  IT &amp; Records Retention Director</p>		<p>20. Telephone Number                  410-996-5205</p>		<p>21. Date                  9/10/2010</p>	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-789-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency <b>Senior Services and Community Transit</b>		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title <b>Ombudsman and Caregiver: Client Records</b>			5. Earliest Year/Latest Year <u>2003</u> to <u>2009</u>		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <b>A folder is created for each nursing home/assisted living home resident who consents to file a complaint because their resident rights have been allegedly violated. The folder contains case notes, pictures if necessary, and other documents created by the investigation. Each case information is input into the Ombudsmanager (web based) computer system. Other paper records are copies of annual MDoA monitoring visits, nursing home surveys, NORS reports, quarterly management meeting notes.</b>					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		12. File Becomes Inactive After <u>7</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) <b>SSCT Office</b>		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Recommended Retention <b>Retain hard copy for seven (7) years from the end of the fiscal year the file was closed then destroy.</b>			
19. Name and Title of Preparer <b>Scott Mesneak          IT &amp; Records Retention Director</b>		20. Telephone Number <b>410-996-5205</b>		21. Date <b>9/10/2010</b>	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-789-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency Senior Services and Community Transit		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Preventive Health - Medication management, nutrition, counseling, nutrition education, fitness: Service Records			5. Earliest Year/Latest Year <u>2005</u> to <u>2010</u>		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Written summaries of Nutrition Counseling sessions are kept on file in the Community Services Supervisor's office and records of sessions are entered in AIM.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tapé, <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____  10. Annual Accumulation <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually			12. File Becomes Inactive After <u>4</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Community Services Supervisor			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    AIM		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <b>Retain hard copy for four (4) years from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>INSTRUCTIONS</b> – Type or print a separate form for each new/ revised electronic record series. Forward with Records Retention Schedule (DGS 550-1) COMAR 14.18.04		<b>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 (410) 799-1930		<b>ELECTRONIC RECORDS INVENTORY</b>  Page <u>1</u> of <u>1</u>	
<b>1 DEPARTMENT/AGENCY</b> Cecil County Government		<b>2 DIVISION</b> Senior Services and Community Transit		<b>3 UNIT</b>	
<b>DEFINITION – Record Series -</b> A group of related records stored electronically and used as a unit for reference as well as retention and disposition purposes					
<b>4 ELECTRONIC RECORD SERIES TITLE</b> Support Services - Retired & Senior Volunteer Program (RSVP): Grant Records				<b>5 EARLIEST YEAR/LATEST YEAR</b> <u>2008</u> TO <u>2010</u>	
<b>6 INPUT -</b> Identify source of information to be entered Paper			<b>7 OUTPUT -</b> Identify the use/s of information generated by system Electronic Document - IBM Content Manager		
<b>8 ELECTRONIC RECORD SERIES DESCRIPTION -</b> Briefly describe the information/documents/forms contained in a series. Include purpose and function of the system. Grant funds management through quarterly and annual financial reports. Grant program reporting requirements thought the annual programming for impact report, monthly individual volunteer time records, monthly volunteer service record reports and annual volunteer service record reports.					
<b>9 POLICY ON ACCESS AND USE –</b> Explain or attach copy if established in writing. Administration, Department Heads, will have (delete) (print) and (hold) access. Managers and employees with the "need to know" will have (read), (print) and (hold) access.					
<b>10 UPDATING CYCLES OR CONDITIONS AND RULES FOR REVISING INFORMATION IN THE SYSTEM</b> Updates are not allowed on the original document; if updates are needed, the document needs to be replaced.					
<b>11 SPECIFY THE LOCATION AND MEDIA OF THE MAIN ELECTRONIC DATA FILE.</b> Explain the progression established to ensure the record's retention and usability throughout the record's authorized life cycle. Cecil County Government Administration Building Record is available until the disposal date, and then record is purged.					
<b>12. RECOMMENDED RETENTION</b> Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for three (3) years from the end of the fiscal year the file was closed then destroy.					
<b>13 TYPED OR PRINTED NAME OF PREPARER</b> Scott Mesneak		<b>14 TELEPHONE NUMBER</b> 410-996-5205		<b>15 DATE</b> 9/10/2010	
<b>16 TITLE OF PREPARER</b> IT & Records Retention Director					
DGS 550-6					

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency Senior Services and Community Transit		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title SALGHS: Electronic Records			5. Earliest Year/Latest Year <u>2002</u> to <u>2009</u>		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Records include quarterly monitoring reports of the participating assisted living homes original and redetermination client award letters for approval in SALGHS. Also encrypted comprehensive assessments used for eligibility. Data from quarterly monitoring reports and OHCQ surveys will be imputed into the ASPEN computer system once it is activated by OHCQ					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) _____ <b>Keyword Lookup</b>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number _____ <input type="checkbox"/> Other (specify) _____	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		12. File Becomes Inactive After <u>5</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) SSCT Office		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Recommended Retention <b>Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for five (5) years from the end of the fiscal year the file was closed then destroy.</b>			
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	



<b>INSTRUCTIONS</b> – Type or print a separate form for each new/ revised electronic record series. Forward with Records Retention Schedule (DGS 550-1) COMAR 14.18.04		<b>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 (410) 799-1930		<b>ELECTRONIC RECORDS INVENTORY</b>  Page <u>  1  </u> of <u>  1  </u>	
<b>1 DEPARTMENT/AGENCY</b> Cecil County Government		<b>2 DIVISION</b> Senior Services and Community Transit		<b>3 UNIT</b>	
<b>DEFINITION – Record Series –</b> A group of related records stored electronically and used as a unit for reference as well as retention and disposition purposes					
<b>4 ELECTRONIC RECORD SERIES TITLE</b> Senior Activities/Events				<b>5 EARLIEST YEAR/LATEST YEAR</b> <u>  2006  </u> TO <u>  2010  </u>	
<b>6 INPUT -</b> Identify source of information to be entered Paper			<b>7 OUTPUT -</b> Identify the use/s of information generated by system Electronic Document - IBM Content Manager		
<b>8 ELECTRONIC RECORD SERIES DESCRIPTION -</b> Briefly describe the information/documents/forms contained in a series. Include purpose and function of the system.  File includes: Trip Deposit, Trip Breakdown, Swim Deposit, Activity Sign-Up, Client Intake, In-House Incident Report, and Senior Trip Sheet forms and records.					
<b>9 POLICY ON ACCESS AND USE –</b> Explain or attach copy if established in writing.  Administration, Department Heads, will have (delete) (print) and (hold) access. Managers and employees with the "need to know" will have (read), (print) and (hold) access.					
<b>10 UPDATING CYCLES OR CONDITIONS AND RULES FOR REVISING INFORMATION IN THE SYSTEM</b>  Updates are not allowed on the original document; if updates are needed, the document needs to be replaced.					
<b>11 SPECIFY THE LOCATION AND MEDIA OF THE MAIN ELECTRONIC DATA FILE.</b> Explain the progression established to ensure the record's retention and usability throughout the record's authorized life cycle.  Cecil County Government Administration Building Record is available until the disposal date, and then record is purged.					
<b>12 RECOMMENDED RETENTION</b> Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for three (3) years from the end of the fiscal year the file was closed then destroy.					
<b>13 TYPED OR PRINTED NAME OF PREPARER</b>  Scott Mesneak		<b>14 TELEPHONE NUMBER</b>  410-996-5205		<b>15 DATE</b>  9/10/2010	
<b>16. TITLE OF PREPARER</b>  IT & Records Retention Director					
DGS 550-6					

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency Senior Services and Community Transit		2. Division.		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Senior Assisted Living Group Home Subsidy (SALGHS)				5. Earliest Year/Latest Year <u>2002</u> to <u>2010</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) File includes: DHMH 767-Plan of Correction, DHMH Resident/Staff Matrix for Deficiency Report, Consent, Client Intake, Award Letter (with Section 8), Monthly Payment Request, Water & Sewer Evaluation Request, Waiting List, SALGHS Quarterly Report, DHMH 767, AERS Report, Re-enrollment of Provider Letter, SALGHS Formula, Award Letter, Memo to Program Manager, Re-Determination Letter, SALGHS Client Application, Expenditures, Providers Services Agreement, Quarterly Receipt Data, OHCQ Survey Sign-off, OHCQ Memo for Program Manager, Survey Report, SALGHS Provider Enrollment, and SALGHS Formula (section 8) forms.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number _____ <input type="checkbox"/> Other (specify) _____	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		12. File Becomes Inactive After <u>3</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number			
13. Current Location(s) (Bldg., Floor, Room) SSCT Office		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Recommended Retention <b>Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b>			
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<p><b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>		<p>DEPARTMENT OF GENERAL SERVICES                  RECORDS MANAGEMENT DIVISION                  7275 Waterloo Road, P.O. Box 275                  Jessup, Maryland 20794                  410-799-1930</p>		<p><b>AGENCY RECORDS INVENTORY</b></p> <p>PAGE <u>1</u> OF <u>1</u></p>	
<p>1. Department/Agency                  Senior Services and Community Transit</p>		<p>2. Division</p>		<p>3. Unit</p>	
<p><b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b></p>					
<p>4. Record Series Title                  Senior Care: Electronic Records</p>				<p>5. Earliest Year/Latest Year                  1993 to 2009</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)                  Most of the information in the client records is generated from electronic forms. This information remains in a file while clients open and then moved to the closed case file waiting for 3 years or death. Even though clients have been closed there are times they recover and return to the program. Those client records remain until person is deceased.</p>					
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size      <input type="checkbox"/> Microfilm  <input type="checkbox"/> Legal Size      <input type="checkbox"/> Computer Tape  <input type="checkbox"/> Audio Tape      <input type="checkbox"/> Floppy Disk  <input type="checkbox"/> Bound Book      <input type="checkbox"/> Video Tape  <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u></p>		<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s)  <input type="checkbox"/> Microfilm Reel(s)  <input type="checkbox"/> Computer Tape(s)                  Number _____  <input type="checkbox"/> Other (specify) _____</p>	
<p>11. File is Used</p> <p><input type="checkbox"/> Daily      <input type="checkbox"/> Weekly      <input type="checkbox"/> Monthly      <input checked="" type="checkbox"/> Annually</p>		<p>12. File Becomes Inactive After</p> <p><u>Indefinitely</u>      <input type="checkbox"/> Month(s)      <input type="checkbox"/> Year(s)                  Number _____</p>			
<p>13. Current Location(s) (Bldg., Floor, Room)                  SSCT Office</p>		<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>			
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>		<p>18. Audit Requirements</p> <p><input type="checkbox"/> None      <input checked="" type="checkbox"/> State      <input type="checkbox"/> Federal      <input type="checkbox"/> Independent</p>			
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>		<p>18. Recommended Retention</p> <p><b>Retain for three (3) years after client is deceased then destroy.</b></p>			
<p>19. Name and Title of Preparer                  Scott Mesneak                  IT &amp; Records Retention Director</p>		<p>20. Telephone Number                  410-996-5205</p>		<p>21. Date                  9/10/2010</p>	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-789-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency Senior Services and Community Transit		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Senior Care Program				5. Earliest Year/Latest Year <u>2003</u> to <u>2010</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <b>File includes: Senior Care Services Form (700B), Senior Care Direct Services (DSS Users), Senior Care Statistical Report, Senior Care Pre-Monitoring Form, Voter Registration, Senior Care Waiting List, Senior Care Service Application, Senior Care Screening Intake Form, Senior Care Services (700A), Senior Care Functional Assessment, Senior Care Plan of Care, Senior Care Ranking Scale, Senior Care Loan Consent Form, Senior Care Name List, Senior Care Monthly Spreadsheet, Senior Care Openings, Closings, Transfers, Senior Care Information Release Form, Senior Care Waiting List, Senior Care Review of Appeal, Senior Care Monthly Expenditures Work Book, Senior Care Reviewing Eligibility Decision, Senior Care No Contact Letter, Senior Care Client Intake Form, Senior Care Authorization for Services, Senior Care Review Letter, Senior Care Eligibility Letter, Senior Care AERS Assessment Letter, Senior Care Client Profile, Senior Care Consent Form, Senior Care Ineligible Right to Appeal Letter, Senior Care Case Management No Longer Needed Letter, and Senior Request for a Meeting of Appeal forms and letters.</b>					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____  10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____	
11. File Is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>3</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) SSCT Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <b>Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency Senior Services and Community Transit		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Senior Care, SALGS, and Healthy Lifestyle Fitness Center(HLFC): Client Records			5. Earliest Year/Latest Year <u>1993</u> to <u>2003</u>		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) A files is created for each client (65 years or older) that includes case notes, comprehensive assessments, program registrations (initial and redetermination), plans of care, vendor letters, income assessment recommendation, other program applications, and other supporting documents/information to ensure the vulnerable senior to remain in the community who are at risk of entering a nursing home. Eligibility is redetermined semi-annually.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____  10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>3</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) SSCT Office			14. Is Record Series Duplicated Elsewhere? (if yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <b>Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Préparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency <b>Senior Services and Community Transit</b>		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title <b>Senior Center and Fitness Center Incident Reports</b>				5. Earliest Year/Latest Year <u>2001</u> to <u>2010</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <b>Incident reports from the Elkton Center, Perryville Center, and Healthy Lifestyles Fitness Center describing injuries or medical incidents involving senior center members. Reports are stored in Director's file, Community Services Supervisor file and sent to Risk Management.</b>					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tapè <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
11. File Is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually		12. File Becomes Inactive After <u>3</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) <b>SSCT Director, C.S.S.</b>		14. Is Record Series Duplicated Elsewhere? (if yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Recommended Retention <b>Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b>			
19. Name and Title of Preparer <p style="text-align: center;"><b>Scott Mesneak</b> IT &amp; Records Retention Director</p>		20. Telephone Number <p style="text-align: center;"><b>410-996-5205</b></p>		21. Date <p style="text-align: center;"><b>9/10/2010</b></p>	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-789-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency Senior Services and Community Transit		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Senior Farmer's Market Program				5. Earliest Year/Latest Year <u>2006</u> to <u>2010</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) File includes: Senior Farmer's Market Nutrition Program Evaluation, Senior Farmer's Market Nutrition Program Means Tested programs, Senior Farmer's Market Nutrition Program Application, Senior Farmer's Market Nutrition Program Waiting List, and Senior Farmer's Market Nutrition Program Proxy Designation forms.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
11. File Is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>3</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) SSCT Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <b>Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency Senior Services and Community Transit		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Senior Information and Assistance Program and Health Insurance Program				5. Earliest Year/Latest Year <u>2003</u> to <u>2010</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) File includes Daily Service Reporting Log, Senior Information and Assistance Report, Public and Media Activity Form, Client Contact Form, and Resource Report Form					
7. Record Series Format(s). List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____  10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
11. File Is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>3</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) SSCT Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <b>Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	



<b>INSTRUCTIONS</b> – Type or print a separate form for each new/revised electronic record series. Forward with Records Retention Schedule (DGS 550-1) COMAR 14.18.04		<b>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 (410) 799-1930		ELECTRONIC RECORDS INVENTORY  Page <u>1</u> of <u>1</u>	
1 DEPARTMENT/AGENCY <b>Cecil County Government</b>		2 DIVISION Senior Services and Community Transit		3 UNIT	
DEFINITION – Record Series - A group of related records stored electronically and used as a unit for reference as well as retention and disposition purposes					
4 ELECTRONIC RECORD SERIES TITLE <b>Senior Nutrition Program</b>				5 EARLIEST YEAR/LATEST YEAR <u>2006</u> TO <u>2010</u>	
6 INPUT - Identify source of information to be entered <b>Paper</b>			7 OUTPUT - Identify the use/s of information generated by system <b>Electronic Document - IBM Content Manager</b>		
8 ELECTRONIC RECORD SERIES DESCRIPTION - Briefly describe the information/documents/forms contained in a series. Include purpose and function of the system. File includes: Home Delivered Meal Survey, Incident Report, Registration Form, Home Delivered Meal Deposit Form, Congregate Meal Refund Slip, Congregate Meal Deposit Form, Site Evaluation, Congregate and Home Delivered Meal Count, Request for Funds, Home Delivered Meal Termination Letter, Commodity Cash Reimbursement (NSIP), Dietician Billing, Services Report, Personal Services Report, and Mileage reports and forms.					
9 POLICY ON ACCESS AND USE – Explain or attach copy if established in writing. <b>Administration, Department Heads, will have (delete) (print) and (hold) access. Managers and employees with the "need to know" will have (read), (print) and (hold) access.</b>					
10 UPDATING CYCLES OR CONDITIONS AND RULES FOR REVISING INFORMATION IN THE SYSTEM <b>Updates are not allowed on the original document; if updates are needed, the document needs to be replaced.</b>					
11 SPECIFY THE LOCATION AND MEDIA OF THE MAIN ELECTRONIC DATA FILE. Explain the progression established to ensure the record's retention and usability throughout the record's authorized life cycle. <b>Cecil County Government Administration Building Record is available until the disposal date, and then record is purged.</b>					
12 RECOMMENDED RETENTION Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for three (3) years from the end of the fiscal year the file was closed then destroy.					
13 TYPED OR PRINTED NAME OF PREPARER <b>Scott Mesneak</b>		14 TELEPHONE NUMBER <b>410-996-5205</b>		15 DATE <b>9/10/2010</b>	
16 TITLE OF PREPARER <b>IT &amp; Records Retention Director</b>					
DGS 550-6					

<p><b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>		<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-789-1930</p>		<p><b>AGENCY RECORDS INVENTORY</b></p> <p>PAGE <u>1</u> OF <u>1</u></p>	
<p>1. Department/Agency Senior Services and Community Transit</p>		<p>2. Division</p>		<p>3. Unit</p>	
<p><b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b></p>					
<p>4. Record Series Title Support Services - Legal Assistance</p>			<p>5. Earliest Year/Latest Year <u>2003</u> to <u>2009</u></p>		
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Records are kept by Legal Aid Bureau Inc except quarterly reports. Annual contract is scanned into the computer.</p>					
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size      <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size      <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape      <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book      <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u></p>		<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>	
		<p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>			
<p>11. File Is Used</p> <p><input type="checkbox"/> Daily    <input type="checkbox"/> Weekly    <input checked="" type="checkbox"/> Monthly    <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After</p> <p><u>3</u>    <input type="checkbox"/> Month(s)    <input checked="" type="checkbox"/> Year(s)</p> <p>Number _____</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) SSCT Office</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>		
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>			<p>16. Audit Requirements</p> <p><input type="checkbox"/> None    <input checked="" type="checkbox"/> State    <input type="checkbox"/> Federal    <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>			<p>18. Recommended Retention</p> <p><b>Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b></p>		
<p>19. Name and Title of Preparer Scott Mesneak IT &amp; Records Retention Director</p>		<p>20. Telephone Number 410-996-5205</p>		<p>21. Date 9/10/2010</p>	

<p><b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>		<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>		<p><b>AGENCY RECORDS INVENTORY</b></p> <p>PAGE <u>1</u> OF <u>1</u></p>	
<p>1. Department/Agency Senior Services and Community Transit</p>		<p>2. Division</p>		<p>3. Unit</p>	
<p><b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b></p>					
<p>4. Record Series Title Support Services - Long Time Care Supervisor</p>				<p>5. Earliest Year/Latest Year <u>2003</u> to <u>2010</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Program Information, Pre-monitoring reports, monitoring resources, statistical reports, spread sheets for senior care +SALGHS clients and providers, client waiting lists for senior care clients, senior care financial folders Information for each program supervised (caregiver, guardianship, medicaid waiver, ombudsman, SALGHS, senior care, Sr I&amp;A, SHIP, SMPI, MFP and MIPPA)</p>					
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size      <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size      <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape      <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book      <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u></p>		<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>	
		<p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>			
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily      <input type="checkbox"/> Weekly      <input type="checkbox"/> Monthly      <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After</p> <p><u>Indefinitely</u>      <input type="checkbox"/> Month(s)      <input type="checkbox"/> Year(s)</p> <p>Number _____</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) SSCT Office</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>		
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>			<p>16. Audit Requirements</p> <p><input type="checkbox"/> None      <input checked="" type="checkbox"/> State      <input type="checkbox"/> Federal      <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>			<p>18. Recommended Retention</p> <p><b>Retain hard copy until scanned and image verified then destroy hard copy. Retain image until client file is closed out then destroy.</b></p>		
<p>19. Name and Title of Preparer Scott Mesneak IT &amp; Records Retention Director</p>		<p>20. Telephone Number 410-996-5205</p>		<p>21. Date 9/10/2010</p>	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-798-1830		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency Senior Services and Community Transit		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Support Services - Transportation			5. Earliest Year/Latest Year <u>2009</u> to <u>2010</u>		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Client registration for C.T. Cruiser					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____  10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>3</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) SSCT Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <b>Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>INSTRUCTIONS</b> – Type or print a separate form for each new/revised electronic record series. Forward with Records Retention Schedule (DGS 550-1) COMAR 14.18.04		<b>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 (410) 799-1930		<b>ELECTRONIC RECORDS INVENTORY</b>  Page <u>1</u> of <u>1</u>	
<b>1 DEPARTMENT/AGENCY</b> Cecil County Government		<b>2 DIVISION</b> Senior Services and Community Transit		<b>3 UNIT</b>	
<b>DEFINITION – Record Series -</b> A group of related records stored electronically and used as a unit for reference as well as retention and disposition purposes					
<b>4 ELECTRONIC RECORD SERIES TITLE</b> Transportation				<b>5 EARLIEST YEAR/LATEST YEAR</b> <u>2005</u> TO <u>2010</u>	
<b>6 INPUT - Identify source of information to be entered</b> Paper			<b>7 OUTPUT - Identify the use/s of information generated by system</b> Electronic Document - IBM Content Manager		
<b>8 ELECTRONIC RECORD SERIES DESCRIPTION -</b> Briefly describe the information/documents/forms contained in a series. Include purpose and function of the system.  File includes: Operating statistics, MTA Form 2A-Service Performance Summary, Vehicle and Equipment Discrepancy and Maintenance Report, Vehicle Repair Request, Volunteer Transportation Request, Driver logs, and Client Registration forms.					
<b>9 POLICY ON ACCESS AND USE –</b> Explain or attach copy if established in writing.  Administration, Department Heads, will have (delete) (print) and (hold) access. Managers and employees with the "need to know" will have (read), (print) and (hold) access.					
<b>10 UPDATING CYCLES OR CONDITIONS AND RULES FOR REVISING INFORMATION IN THE SYSTEM</b>  Updates are not allowed on the original document; if updates are needed, the document needs to be replaced.					
<b>11 SPECIFY THE LOCATION AND MEDIA OF THE MAIN ELECTRONIC DATA FILE.</b> Explain the progression established to ensure the record's retention and usability throughout the record's authorized life cycle.  Cecil County Government Administration Building Record is available until the disposal date, and then record is purged.					
<b>12 RECOMMENDED RETENTION</b> Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for five (5) years from the end of the fiscal year the file was closed then destroy.					
<b>13 TYPED OR PRINTED NAME OF PREPARER</b> Scott Mesneak		<b>14 TELEPHONE NUMBER</b> 410-996-5205		<b>15 DATE</b> 9/10/2010	
<b>16 TITLE OF PREPARER</b> IT & Records Retention Director					
DGS 550-6					

<b>INSTRUCTIONS</b> – Type or print a separate form for each new/revised electronic record series. Forward with Records Retention Schedule (DGS 550-1) COMAR 14.18.04		<b>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 (410) 799-1930</b>		<b>ELECTRONIC RECORDS INVENTORY</b>  Page <u>1</u> of <u>1</u>	
<b>1 DEPARTMENT/AGENCY</b> Cecil County Government		<b>2 DIVISION</b> Senior Services and Community Transit		<b>3 UNIT</b>	
<b>DEFINITION – Record Series -</b> A group of related records stored electronically and used as a unit for reference as well as retention and disposition purposes					
<b>4 ELECTRONIC RECORD SERIES TITLE</b> Volunteer Program				<b>5 EARLIEST YEAR/LATEST YEAR</b> <u>2007</u> TO <u>2010</u>	
<b>6 INPUT - Identify source of information to be entered</b> Paper			<b>7 OUTPUT - Identify the use/s of information generated by system</b> Electronic Document - IBM Content Manager		
<b>8 ELECTRONIC RECORD SERIES DESCRIPTION -</b> Briefly describe the information/documents/forms contained in a series. Include purpose and function of the system.  <b>File includes: Volunteer Time Logs, Retired and Senior Volunteer Sign In, Retired and Senior Volunteer Application, Consent to Release Phone Number, Telephone Reassurance Call Log, Friendly Visitor Program Contract, Photo Release Form Adult, Photo Release Form Minor, and Mileage Reports and forms.</b>					
<b>9 POLICY ON ACCESS AND USE –</b> Explain or attach copy if established in writing.  <b>Administration, Department Heads, will have (delete) (print) and (hold) access. Managers and employees with the "need to know" will have (read), (print) and (hold) access.</b>					
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<b>11 SPECIFY THE LOCATION AND MEDIA OF THE MAIN ELECTRONIC DATA FILE.</b> Explain the progression established to ensure the record's retention and usability throughout the record's authorized life cycle.  <b>Cecil County Government Administration Building Record is available until the disposal date, and then record is purged.</b>					
<b>12 RECOMMENDED RETENTION</b> Retain hard copy until scanned and image verified then destroy hard copy. Retain imaged copy for three (3) years from the end of the fiscal year the file was closed then destroy.					
<b>13 TYPED OR PRINTED NAME OF PREPARER</b> Scott Mesneak		<b>14 TELEPHONE NUMBER</b> 410-996-5205		<b>15 DATE</b> 9/10/2010	
<b>16 TITLE OF PREPARER</b> IT & Records Retention Director					
DGS 550-6					

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