

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

Schedule No. C1300

Page 1 of 2

**Agency**  
County Commissioners of Calvert County, MD

**Division/Unit**  
Community Resources-Office on Aging

Item No.	Description	Retention
1	<p><b>Advanced Information Manager (AIM) Database</b></p> <p>Access database for intake form capturing information required for participation in Federally funded programs.</p>	<p>Retain for one year, or until client relationship is terminated, whichever is later, then destroy with the following exception: if duplicate entry is discovered, delete upon verification of duplicate status. Incomplete entries should be retained until one year after their creation, then destroyed.</p>
2	<p><b>Advanced Aging Program Directives (APD)</b></p> <p>Written requirement of federal and state grants/programs.</p>	<p>Retain until superseded, then destroy.</p>

Schedule Approved by Department, Agency, or Division Representative.

Date

Signature

*Maureen T. Hoffman*

Typed Name Maureen T. Hoffman

Title Director, Community Resources

Schedule Authorized by State Archivist

Date

9.16.16

Signature

*Timothy D. Boh*

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

**Schedule No. C1300**

Page 2 of 2

**Agency**  
County Commissioners of Calvert County, MD

**Division/Unit**  
Community Resources-Office on Aging

Item No.	Description	Retention
3	<p><b>Correspondence</b></p> <p>General correspondence to public, Board of County Commissioners of Calvert County (BOCC) and Maryland Department of Aging.</p>	<p>Retain for 5 years, then destroy with the following exception: Transfer to the Maryland State Archives for permanent retention any material that serves to document the origin, development, and accomplishments of the office and has continuing administrative, fiscal, legal or historical value.</p>
4	<p><b>Facility Usage Forms</b></p> <p>Forms for usage and rental of rooms at Calvert Pines.</p>	<p>Retain for 5 years, then destroy.</p>
5	<p><b>Federal/State Grant Statistical Reports and Fiscal Records</b></p> <p>Statistical reports required to comply with terms and conditions of Federal and State grants.</p>	<p>Retain for 7 years, then destroy.</p>
6	<p><b>Participant Intake Issues and Incident Reports</b></p> <p>Files documenting issues or incidents that involve senior center participants.</p>	<p>Retain for 5 years, then destroy.</p>
7	<p><b>Participant Intake Forms</b></p> <p>Intake form capturing information required for participation in Federally funded programs.</p>	<p>Retain for 3 years, then destroy in compliance with confidentiality requirements.</p>

<b>INSTRUCTIONS – 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>		<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>7</u>	
<b>1 DEPARTMENT/AGENCY</b> County Commissioners of Calvert County		<b>2 DIVISION</b> Community Resources		<b>3 UNIT</b> Office on Aging	
<b>DEFINITION – Record Series - A group of related records stored electronically and used as a unit for reference as well as retention and disposition purposes</b>					
<b>4 ELECTRONIC RECORD SERIES TITLE</b> AIM Database				<b>5 EARLIEST YEAR/LATEST YEAR</b> 1998 TO Present	
<b>6 INPUT - Identify source of information to be entered</b> Participant Intake Forms			<b>7 OUTPUT - Identify the use/s of information generated by system</b> Generate Federal, State and local reports		
<b>8 ELECTRONIC RECORD SERIES DESCRIPTION - Briefly describe the information/documents/forms contained in a series. Include purpose and function of the system.</b>  Intake form capturing information required for participation in Federally funded programs.					
<b>9 POLICY ON ACCESS AND USE – Explain or attach copy if established in writing.</b>  MDoA/OOA staff has access to database through a password protected process. Client Information is not shared with public.					
<b>10 UPDATING CYCLES OR CONDITIONS AND RULES FOR REVISING INFORMATION IN THE SYSTEM</b>  OOA staff update client information as required, typically a daily activity.					
<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>  This is an Internet based data-base maintained by the OOA. OOA access it via staff computers located at Calvert Pines Senior Center, North Beach Senior Center and Southern Pines Senior Center.					
<b>12 RECOMMENDED RETENTION</b>  Retain as long as administratively necessary.					
<b>13 TYPED OR PRINTED NAME OF PREPARER</b> Susan Justice		<b>14 TELEPHONE NUMBER</b> 410-535-4606		<b>15 DATE</b> September 4, 2014	
<b>16 TITLE OF PREPARER</b> OOA Division Chief					
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)		<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>2</u> OF <u>7</u>	
<b>1. Department/Agency</b>  County Commissioners of Calvert County		<b>2. Division</b>  Community Resources		<b>3. Unit</b>  Office on Aging	
<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.					
<b>4. Record Series Title</b> Advanced Aging Program Directives (APD)			<b>5. Earliest Year/Latest Year</b> 1990 to Present		
<b>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> Written requirements of federal and state grants/programs.					
<b>7. Record Series Format(s) List all</b>  <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) _____		<b>8. Record Series Sequence</b>  <input type="checkbox"/> Alphabetical  <input checked="" type="checkbox"/> Numerical  <input type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (specify) _____		<b>9. Volume</b> <b>3 Binders</b> Number  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) Binders	
		<b>10. Annual Accumulation</b> 1 file folder entered into a binder Number  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) Binders			
<b>11. File is Used</b>  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			<b>12. File Becomes Inactive After</b> Ongoing – kept permanently Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
<b>13. Current Location(s) (Bldg., Floor, Room)</b> Calvert Pines – Admin Wing File Cabinet			<b>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No *Not at County level		
<b>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>16. Audit Requirements</b>  <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent		
<b>17. Is an Index System used? If yes, explain briefly and describe requirements</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Summary pages of APDs			<b>18. Recommended Retention</b>  Retain until superseded.		
<b>19. Name and Title of Preparer</b> Susan Justice, OOA Division Chief		<b>20. Telephone Number</b> 410-535-4606		<b>21. Date</b> September 4, 2014	

<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 410-789-1830		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>3</u> OF <u>7</u>	
<b>1. Department/Agency</b>  County Commissioners of Calvert County		<b>2. Division</b>  Community Resources		<b>3. Unit</b>  Office on Aging	
<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>					
<b>4. Record Series Title</b> OOA Correspondence			<b>5. Earliest Year/Latest Year</b> 2009 to Present		
<b>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>  General Correspondence to public, Board of County Commissioners, and Maryland Department of Aging					
<b>7. Record Series Format(s) List all</b>  <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"/> Sound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		<b>8. Record Series Sequence</b>  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		<b>9. Volume</b> <u>10 file folders</u> Number  <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  <b>10. Annual Accumulation</b> <u>2 file folders</u> Number  <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
<b>11. File is Used</b>  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			<b>12. File Becomes Inactive After</b> <u>5</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
<b>13. Current Location(s) (Bldg., Floor, Room)</b> Calvert Pines Administrative Wing			<b>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Access restricted to appropriate administrative staff.			<b>16. Audit Requirements</b>  <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
<b>17. Is an Index System used? If yes, explain briefly and describe requirements</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>18. Recommended Retention</b>  Retain for 5 years then destroy.		
<b>19. Name and Title of Preparer</b> Susan Justice, OOA Division Chief		<b>20. Telephone Number</b> 410-535-4606		<b>21. Date</b> September 4, 2014	

<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>4</u> OF <u>7</u>	
<b>1. Department/Agency</b>  County Commissioners of Calvert County		<b>2. Division</b>  Community Resources		<b>3. Unit</b>  Office on Aging	
<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>					
<b>4. Record Series Title</b> Facility Usage Forms			<b>5. Earliest Year/Latest Year</b> 2009 to Present		
<b>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>  Calvert Pines room usage and rental forms.					
<b>7. Record Series Format(s) List all</b>  <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 Tapes <input type="checkbox"/> Other (specify) _____		<b>8. Record Series Sequence</b>  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) By Senior Center		<b>9. Volume</b> <u>3 file folders</u> Number  <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
		<b>10. Annual Accumulation</b> <u>1 file folder</u> Number  <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____			
<b>11. File is Used</b>  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			<b>12. File Becomes Inactive After</b> <u>5</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
<b>13. Current Location(s) (Bldg., Floor, Room)</b> Calvert Pines Reception File Cabinet			<b>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Access restricted to appropriate OOA administrative staff.			<b>16. Audit Requirements</b>  <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
<b>17. Is an Index System used? If yes, explain briefly and describe requirements</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>18. Recommended Retention</b>  Retain for 5 years, then destroy.		
<b>19. Name and Title of Preparer</b>  Susan Justice, OOA Division Chief		<b>20. Telephone Number</b>  410-535-4606		<b>21. Date</b>  September 4, 2014	

<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>5</u> OF <u>7</u>	
<b>1. Department/Agency</b>  County Commissioners of Calvert County		<b>2. Division</b>  Community Resources		<b>3. Unit</b>  Office on Aging	
<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>					
<b>4. Record Series Title</b> Federal/State Grant Statistical Reports and Fiscal Records				<b>5. Earliest Year/Latest Year</b> 2007 to Present	
<b>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>  Statistical reports required to comply with terms and conditions of Federal and State grants and Fiscal Records.					
<b>7. Record Series Format(s) List all</b>  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input checked="" 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 Tapes <input type="checkbox"/> Other (specify) _____		<b>8. Record Series Sequence</b>  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) by grant title		<b>9. Volume</b> <u>30 file boxes</u> Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
		<b>10. Annual Accumulation</b> <u>3 file boxes</u> Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____			
<b>11. File is Used</b>  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			<b>12. File Becomes Inactive After</b> <u>7</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
<b>13. Current Location(s) (Bldg., Floor, Room)</b> Calvert Pines Administrative Wing and County Storage Facility			<b>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Not at County level		
<b>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Access restricted to appropriate OOA administrative staff.			<b>16. Audit Requirements</b>  <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent		
<b>17. Is an Index System used? If yes, explain briefly and describe requirements</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>18. Recommended Retention</b>  Retain for 7 years, then destroy.		
<b>19. Name and Title of Preparer</b>  Susan Justice, OOA Division Chief		<b>20. Telephone Number</b>  410-535-4606		<b>21. Date</b>  September 4, 2014	

<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 410-789-1930	<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>6</u> OF <u>7</u>
<b>1. Department/Agency</b>  County Commissioners of Calvert County	<b>2. Division</b>  Community Resources	<b>3. Unit</b>  Office on Aging
<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>		
<b>4. Record Series Title</b> Participant Intake Issues and Incident Reports	<b>5. Earliest Year/Latest Year</b> 2009 to Present	
<b>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>  Files documenting issues or incidents that involve senior center participants.		
<b>7. Record Series Format(s) List all</b>  <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) _____	<b>8. Record Series Sequence</b>  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) By Senior Center	<b>9. Volume</b> 4 file folders Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  <b>10. Annual Accumulation</b> 1 file folder Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____
<b>11. File is Used</b>  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<b>12. File Becomes Inactive After</b> 5 Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)	
<b>13. Current Location(s) (Bldg., Floor, Room)</b> Calvert Pines Administrative Wing	<b>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Access restricted to appropriate OOA administrative staff.	<b>16. Audit Requirements</b>  <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent	
<b>17. Is an Index System used? If yes, explain briefly and describe requirements</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>18. Recommended Retention</b>  Files retained for 5 years, then destroyed.	
<b>19. Name and Title of Preparer</b>  Susan Justice, OOA Division Chief	<b>20. Telephone Number</b>  410-535-4606	<b>21. Date</b>  September 4, 2014



<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>7</u> OF <u>7</u>
<b>1. Department/Agency</b>  County Commissioners of Calvert County	<b>2. Division</b>  Community Resources	<b>3. Unit</b>  Office on Aging
<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>		
<b>4. Record Series Title</b> Participant Intake Forms	<b>5. Earliest Year/Latest Year</b> 2009 to Present	
<b>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>  Intake form capturing information required for participation in Federally funded programs.		
<b>7. Record Series Format(s) List all</b>  <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) _____	<b>8. Record Series Sequence</b>  <input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input checked="" type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (specify) _____	<b>9. Volume</b> <u>300/400 Intakes</u> Number  <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  <b>10. Annual Accumulation</b> <u>300/400 Intakes/yr</u> Number  <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____
<b>11. File Is Used</b>  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<b>12. File Becomes Inactive After</b> <b>3</b> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)	
<b>13. Current Location(s) (Bldg., Floor, Room)</b> Calvert Pines Administrative Wing	<b>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Older Americans Act	<b>16. Audit Requirements</b>  <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent	
<b>17. Is an Index System used? If yes, explain briefly and describe requirements</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>18. Recommended Retention</b>  Retain for 3 years, then destroy in compliance with confidentiality requirements.	
<b>19. Name and Title of Preparer</b> Susan Justice, OOA Division Chief	<b>20. Telephone Number</b> 410-535-4606	<b>21. Date</b> September 1, 2014