APPROVED 11/2/2006

State of Texas Records Retention Schedule

Automated Facsimile of SLR-105

2. AGENCY CODE: 537

3. AGENCY: TEXAS DEPARTMENT OF STATE HEALTH SERVICES

4. Records
Series Item # 5. Agency | 5. Agency | 10. 106 No.

4. Records

7. RETENTION PERIOD

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9. Remarks

10. 106 No.

	085 - HEALTH SERVICE REGION - SOCIAL WORK				
	1436 CLIENT CASE FILES	AC+3	AC+3		
	1437 SSI CLIENT FILES (16 YR. AND NO TRC REFERRAL)	AC+3	AC+3		SSI=SUPPLEMENTAL SECURITY INCOME TRC=TEXAS REHAB COMMISSION
	3887 CSHCN FILES	AV+US	AV+US		CONVENIENCE COPY. SEE AGENCY ITEM #1881 ON CHILDREN'S HEALTH (402).
1.1	63 CSHCN FINANCIAL & MEDICAL APPEALS LOG	AC+2	AC+2		AC=RESOLUTION OF APPEAL. CONVENIENCE COPY. SEE AGENCY ITEM # 2260 FOR SPECIALIZED HEALTH SERVICES (402).
1.1	64 DENIED CSHCN APPLICATIONS	FE+5	FE+5		Vital Record. CONVENIENCE COPY. SEE AGENCY ITEM #5029 FOR SPECIALIZED HEALTH SERVICES (402)
1.1	78 INCOMPLETE CSHCN APPLICATIONS	AC	AC		CONVENIENCE COPY. SEE AGENCY ITEM #2413 ON SPECIALIZED HEALTH CARE (402).
1.1	3902 CSHCN WORKSHOPS	AV+1	AV+1		CONVENIENCE COPY. SEE AGENCY ITEM #2321 ON SPECIALIZED HEALTH SVS (402).
1.1	3919 CSHCN CASE RECORD FILES	7	7		CONVENIENCE COPY. SEE AGENCY ITEM #2385 ON SPECIALIZED HEALTH SVS (402).
1.1	3927 CSHCN CASE RECORD FILES (SCANNED)	7	7		CONVENIENCE COPY. SEE AGENCY ITEM #1007 ON SPECIALIZED HEALTH SERVICES (402).
1.1.007	3885 CORRESPONDENCE, ADMINISTRATIVE (ADMINISTRATION) (LIMITED TO FORMULATION, PLANNING, IMPLEMENTATION, INTERPRETATION, MODIFICATION, OR REDEFINITION OF THE PROGRAMS, SERVICES OR PROJECTS & THE ADMINISTRATIVE REGULATIONS, POLICIES AND PROCEDURES THAT GOVERN THEM.)	3	3	R	Vital Record. NLY ADMINISTRATIVE CORRESPONDENCE OF EXECUTIVE STAFF, BOARD OR COMMISSION MEMBERS, DIVISION DIRECTORS AND SECTION/UNIT/BRANCH HEADS REQUIRE ARCHIVAL REVIEW.
1.1.008	1433 GENERAL CORRESPONDENCE (LIMITED TO DOCUMENTING THE ROUTINE OPERATIONS OF THE POLICIES, PROGRAMS, SERVICES OR PROJECTS.)	1	1		INCLUDES SOME E-MAIL

RETENTION CODES (Field 7)

ARCHIVAL CODES (Field 8) VITAL Record (Include in Field 9)

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___ ORIGINAL SUBMISSION _X_ RECERTIFICATION