



APPROVAL OF RECORDS RETENTION SCHEDULE

In accordance with provisions of Title 30, *Code of Laws of South Carolina, 1976*, Sections 30-1-10 through 30-1-140, as amended, the attached Records Retention Schedule is submitted for approval. This schedule supersedes any previously approved schedule for these same records series.

PART I—Office or Department

BERKELEY COUNTY

Local Government Subdivision

MEDICAL INDIGENT ASSISTANCE PROGRAM

Office or Department

8

Record Group Number

I certify that I am authorized to act for this office or department in the disposition of its public records and hereby approve the attached Records Retention Schedule. The schedule meets all legal and audit requirements and the records have no further administrative, fiscal, or legal value to this office or department after the expiration of the prescribed retention periods.

Records series included in this approval are numbered:

3-28-96

Date

09225
Timothy J. Powell
Signature of Approving Authority

ADMINISTRATIVE SERVICES
DIRECTOR Title

PART II—Governing Body

I am authorized to act for the governing body of this local government subdivision and certify that the governing body has approved the Records Retention Schedule as described in Part I, above.

3/28/96

Date

James H. King
Signature of Approving Authority

County Supervisor
Title

PART III—Department of Archives and History

The records listed in the attached Records Retention Schedule have been evaluated by this department for their management, research, and permanent value and are approved for retention or disposal as described in the schedule.

4-1-96

Date

George A. Vogt
Director, Department of Archives and History



BERKELEY COUNTY

RECORD GROUP NUMBER: 8

MEDICAL INDIGENT ASSISTANCE PROGRAM

ADMINISTRATIVE SERVICES

09225 MEDICALLY INDIGENT ASSISTANCE FUND APPLICATION FILE

Description

Application for financial assistance with inpatient hospital services. Information includes State Health and Human Services Finance Commission Application Form: applicant identification, third party information on applicant, listing of applicant's family members, income, resources, transfer of resources, statement of understanding, and case notes; Supporting Documentation: birth certificate, social security number, proof of residence, proof of income, bank statement, loan information, and motor vehicle registration; and State Health and Human Services Finance Commission form of Approval or Denial/Withdrawal.

Retention

6 years, then destroy.

¹ Schedule Approved 4-96