

**REQUEST FOR RECORDS DISPOSAL AUTHORITY**  
(See Instructions on reverse)

*Rec'd NCI 75049774*

LEAVE BLANK	
JOB NO	NCI 90 78 10
DATE RECEIVED	AUG 28 1978
NOTIFICATION TO AGENCY	
In accordance with the provisions of 44 U.S.C. 3303a the disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10	
9-14-78 Date	<i>James B. Rhoads</i> Archivist of the United States

TO: **GENERAL SERVICES ADMINISTRATION,  
NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408**

1. FROM (AGENCY OR ESTABLISHMENT)  
Public Health Service

2. MAJOR SUBDIVISION  
Alcohol, Drug Abuse, and Mental Health Administration

3. MINOR SUBDIVISION  
National Institute on Drug Abuse

4. NAME OF PERSON WITH WHOM TO CONFER  
Gerry Elder *Gerry Elder*

5. TEL EXT.  
443-4543

6. CERTIFICATE OF AGENCY REPRESENTATIVE

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposal of the agency's records; that the records proposed for disposal in this Request of 3 page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified.

- A Request for immediate disposal.
- B Request for disposal after a specified period of time or request for permanent retention.

C. DATE 8/22/78	D. SIGNATURE OF AGENCY REPRESENTATIVE <i>Elyse W. Waltrich</i>	E. TITLE PHS Records Officer
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7. ITEM NO.	8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
1	<p>CLIENT ORIENTED DATA ACQUISITION PROCESS (CODAP) Completed Forms</p> <p>Admission Reports</p> <p>Completed reports using form ADM 427-1, which are completed for each client upon admission to a clinic for treatment. The form contains information regarding date of admission, admission type, treatment modality, treatment environment, medications prescribed, legal status, demographic characteristics, employment status, educational status, and pattern of drug abuse. The information is entered into the machine-readable Admission Files.</p> <p>Volume: 90 cu. ft. per year</p> <p>Disposition: Destroy six months after the machine-readable initial data file containing the detail data has been created.</p>	NCI-90-76-5 Item 65 (B-311 Item 67)	
2	<p>Discharge Reports</p> <p>Completed reports using form ADM 427-3 which are completed for each client upon discharge from a clinic. The forms contain information concerning date of discharge, reason</p>		

*to Agency only 9-18-78 5 items*

**REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet**

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
3	<p>for discharge, modality and environment at the time of discharge, medications prescribed, length of time in treatment, employment and educational status.</p> <p>Volume: 84 cu. ft. per year</p> <p>Disposition: Destroy six months after the machine-readable initial data file containing the detail data has been created.</p> <p>Client Flow Summary Reports</p> <p>These reports using forms numbered ADM 427-4 provide a client census by modality and environment as of the last day of the report month, a summary of screening and referral activity during the month, the number of individuals currently on the waiting list and the number of admission and discharge reports submitted for the month.</p> <p>Volume: 8 cu. ft. per year</p> <p>Disposition: Destroy two years after the machine-readable initial data file containing the detail data has been created.</p>		
4	<p>Activity Reports</p> <p>These reports using forms numbered ADM 427-5 provide data concerning clinic activities during the month and characteristics of clients in treatment at the end of the report month. Submission of these reports was made optional as of November 1, 1975.</p> <p>Volume: .5 cu. ft. per year</p> <p>Disposition: Destroy six months after the machine-readable initial data file containing the detail data has been created.</p>		
5	<p>Bureau of Prisons Client Progress Reports</p> <p>Completed reports using form ADM 427-2 for each client in treatment during the reporting quarter. The form contains information regarding client modality, environment, source of referral, and measures of employment and educational progress during the quarter.</p> <p>Volume: 8.1 cu. ft. per year</p> <p>Disposition: Destroy six months after the machine-readable</p>		

**REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet**

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	initial data file containing the detail data has been created.		