

Request for Records Disposition Authority		Leave Blank (NARA Use Only)	
(See Instructions on reverse) <b>To National Archives and Records Administration (NIR)</b> <b>Washington, DC 20408</b>		Job Number <div style="font-size: 1.5em; font-family: cursive;">NI-15-10-4</div>	
1 From (Agency or establishment) <b>Department of Veterans Affairs (VA)</b>		Date Received <div style="font-size: 1.5em; font-family: cursive;">6/15/09</div>	
2 Major Subdivision <b>Veterans Health Administration (VHA)</b>		<b>Notification to Agency</b> In accordance with the provisions of 44 U.S.C. 3303a, the disposition request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10	
3 Minor Subdivision			
4 Name of Person with whom to confer <b>Kenya Van Doren</b>	5 Telephone (include area code) <b>202-461-5965</b>	Date <div style="font-size: 1.5em; font-family: cursive;">2009 2010</div> Archivist of the United States <div style="font-size: 1.5em; font-family: cursive;">[Signature]</div>	
<b>6 Agency Certification</b> I hereby certify that I am authorized to act for this agency in matters pertaining to the disposition of its records and that the records proposed for disposal on the attached _____ page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified, and that written concurrence from the General Accounting Office, under the provisions of Title 8 of the GAO Manual for Guidance of Federal Agencies <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span><input type="checkbox"/> is not required</span> <span><input type="checkbox"/> is attached</span> <span><input type="checkbox"/> has been requested</span> </div>			
Signature of Agency Representative		Title	
Signature of Agency Representative		Date (mm/dd/yyyy)	

7 Item Number	8 Description of Item and Proposed Disposition	9 GRS or Superseded Job Citation	10 Action taken (NARA Use Only)
	<b>Prosthetics and Sensory Aids Service Files</b>  The prosthetics and sensory aids service files consist of claim documentation, applications, prescriptions and purchase orders for prosthetic items and services. The records are used to ensure that patients who receive prosthetic items and services have appropriate documentation to fulfill their requests. The files are maintained on paper and electronic medium. They are maintained at each VA medical facility.		
1.	<b>Home Improvement Structural Alterations (HISA).</b> HISA claim documentation such as floor plans, vendor price estimates, pictures, authorization forms, home inspections, purchase orders, etc. Records are used to monitor HISA grants.  a. Paper files. Records used to create and update the electronic files.  Disposition: Destroy 6 years, 3 months after the creation date of the purchase order or 6 years, 3 months after the <del>patient has expired.</del> <div style="text-align: center; font-family: cursive; font-size: 1.2em;">LAST ENTRY IN FILE.</div> b. Electronic files. Electronic records located on shared network drives or the local Vista computer system.  Disposition: Delete 6 years, 3 months after the creation of the purchase order or 6 years, 3 months after the <del>patient has expired.</del> <div style="text-align: center; font-family: cursive; font-size: 1.2em;">LAST ENTRY IN FILE.</div>		

## REQUEST FOR RECORDS DISPOSITION AUTHORITY – CONTINUATION

Job Number

7 ITEM NO	8 DESCRIPTION OF ITEM AND PROPOSED DISPOSITION	9 GRS OR SUPERSEDED JOB CITATION	10 ACTION TAKEN (NARA USE ONLY)
2	Automobile Adaptive Equipment (AAE) AAE applications, copies of driver's licenses, vehicle registration, vendor estimates, invoices, authorization letters, etc  Disposition Temporary Destroy 6 years, 3 months after payment of the AAE benefit		
3	Home Respiratory Care Copies of oxygen prescriptions, patient education, vendor estimates and vendor respiratory reports  Disposition Temporary Destroy 3 months after patient is discharged from the home respiratory care program or 3 months after the <del>patient has expired</del> <b>LAST ENTRY IN FILE.</b>		
4	Prosthetic (Amputee) Copies of the artificial limb prescription, Amputee Clinic notes, vendor estimates, authorization letters, purchase orders, etc  Disposition Temporary Destroy 3 months after the <del>patient has expired</del> <b>LAST ENTRY IN FILE.</b>  <b>3/30/2010</b> <b>THE REVISIONS TO ITEMS 1a, 1b, 3, &amp;</b> <b>4 WERE MADE WITH THE CONCURRENCE</b> <b>OF KENYA VAN DOREN OF VA/VHA.</b> <b>OK</b>		