1. **Purpose of the form**
   To review the effectiveness and outcomes of the SSBG program, focusing on the continued improvement of services to the customer

2. **When it is used**
   Annually

3. **Who completes the form**
   SSBG Contractors

4. **An explanation of what goes into any field that is not clearly self-explanatory or any additional information needed to process this form (e.g. routing, processing etc.)**
   N/A

5. **Who needs the original and where should it be filed**
   SSBG State Office Staff maintain the original copy in SSBG State Office Records

6. **Who needs a copy and where should it be filed**
   N/A

7. **Length of time the form must be maintained after the service is rendered/case closed**
   Six (6) years