1. **Purpose of the form**
   The purpose is to inform SSBG state office staff of how many clients get canceled by each agency every month so state office can be sure to limit those occurrences.

2. **When it is used**
   Each homemaker agency must fill this out monthly if they have any missed appointments that are not rescheduled.

3. **Who completes the form**
   Homemaker contracting agency leadership.

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 Program Coordinator.

6. **Who needs a copy and where should it be filed**
   SSBG Program Coordinator, shared drive.

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