

# Tennessee Department of Human Services INSTRUCTIONS FOR USE OF FORM HS- SSBG Monthly Services Report

**1. Purpose of the form**

The form is the provider's attestation of how many hours of service they provided for SSBG clients each month.

**2. When it is used**

By the 15th of each subsequent month.

**3. Who completes the form**

Service provider management

**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.)**

Client Counts: The “Existing” column should contain the number of clients the agency has as of June 30<sup>th</sup> (the end of state fiscal year). Each subsequent monthly column should contain the number of new unique clients served. The numbers of clients are broken down to indicate how many are referred to the provider without regard to income (WRI) and how many are income-eligible (IE).

Client Counts	Existing	Jul
WRI		
IE		
<b>Total Clients</b>	0	0

Unit Counts: Note the “Existing” column is blocked off because units don’t carry over from the previous fiscal year the way individuals do. Similar to the Client Counts section, units of service are broken down into WRI and IE categories, with the addition of a row showing units spent fulfilling specific assistance requests for individuals that have no SSBG case.

Unit Counts	Existing	Jul
WRI Units		
IE Units		
SA w/o case units		
<b>Total Units</b>		0

**5. Who needs the original and where should it be filed**

Provider agencies, SSBG shared drive

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

SSBG state office

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

**RDA 11155 – 6 years**