Department of Human Services
INSTRUCTIONS FOR USE OF FORM HS-3115,
SSBG Service Proposal

1. **Purpose of the form**
   To communicate the specifics about service providers programs to DHS (eg. Community need, costs, training plans, referral & service delivery process, etc.).

2. **When it is used**
   Annually.

3. **Who completes the form**
   Provider Agency

4. **An explanation of what goes into any field that is not clearly self-explanatory**
   N/A

5. **Who needs the original and where should it be filed**
   The DHS SSBG Program Administrator files this form on the DHS H-drive.

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**
   Three years.