

Department
of
Health & Human
Services

Forms Manual

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Forms Management Manual
HHS Transmittal

FORMS MANAGEMENT PROCEDURES

- I. **REASON FOR ISSUE:** This handbook establishes the procedures that implement the policies for forms management contained in the HHS Forms Management Manual.
- II. **SUMMARY OF CONTENT/MAJOR CHANGES:** This handbook describes the procedures for recommending, creating, managing, monitoring, and eliminating forms used Departmentwide. Major changes are:
- A. An instruction for the transfer of forms from one Operating Division (OPDIV) to another.
 - B. Procedures for use of electronic, preprinted, standard, optional and OPDIV forms.

CERTIFIED BY:

FORMS MANAGEMENT PROCEDURES

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FORMS MANAGEMENT PROCEDURES

I. PURPOSE

This handbook describes the procedures for recommending, creating, managing, monitoring, and eliminating paper or electronic forms used within the Department. This handbook supplements the policies and responsibilities prescribed in the HHS Forms Management Manual. Together, the handbook and the manual establish the necessary tools required to accomplish an effective Health and Human Services (HHS) Forms Management Program.

II. SCOPE

These procedures apply to all HHS.

III. GENERAL

Forms management includes development, approval, management, and evaluation of forms that may be in either paper or electronic form. Use of established forms is required instead of developing and generating forms locally in a division, department, or group. Technical support regarding the design of forms (paper or electronic) is provided by the Media Arts Branch of the Program Support Center, HHS, telephone number: (301) 443-1090.

Each HHS Operating Division (OPDIV) has a designated Forms Management Officer and/or Liaison Officer. See the intranet form site <http://forms.psc.gov> for the FMO with whom to coordinate your forms activities.

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A. Obtaining Forms.

1. Most Federal forms used within HHS may be obtained in paper format from the Personal Property Facility, 16071 Industrial Drive, Gaithersburg, MD. 20877; or the Cohen Building, 200 Independence Avenue, S.W., Washington, D.C.

2. Unlimited quantities of forms may be obtained and downloaded and printed at your workstation from the following websites:

HHS <http://forms.psc.gov/>
OPM <http://www.opm.gov/forms/index.htm>
GSA <http://www.gsa.gov/forms/forms.htm>

B. Changes to Forms. All changes made to forms should be cleared by the originating office through the agency Forms Management Officer (e.g., elimination of lines or inclusion of information, addition of spaces, etc.).

D. Clearance Procedures for Exceptions. When a standard, optional, or other agency form does not serve the Department's purpose, the Forms Management Officer assists the program official in completing the SF-152, "Request for Clearance or Cancellation of a Standard or Optional Form or Exception." This is forwarded through the appropriate FMO to the Department's FMO, who in turn will then seek the exception from the promulgating agency and will advise the requestor of the action taken.

E. Initial Distribution. The initial distribution of all new forms and the superseding revisions will be made through the Program Support Center (PSC) forms store, forms warehouse, originating office or the departments website. Electronic versions will be provided in paper and electronic media.

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F. Reproduction of Forms. The copies may be obtained through the Department's Reprographic Services Center. The form must be obtained from the agency FMO or the promulgating office to ensure the replication of the most current version. Authorized forms, including those that are not promulgated by HHS, e.g., Standard Forms, Optional Forms and other agency forms, should be reviewed by the appropriate FMO and the program office requiring the use of the form to ensure the current version prior to its reproduction.

G. Overprinting. The data included on the form may not be modified without specific prior approval from the appropriate program office having jurisdiction over the form.

H. Replenishment of Stock.

1. Requests for forms stocked and stored at the HHS forms facilities should be forwarded to the warehouse forms' coordinator for restocking of the requestors form supply. The warehouse staff will notify the FMO when their stock levels should be replenished.

2. Forms may also be obtained from the Department's Forms Distribution Website at: <http://www.forms.psc.gov/forms.htm> This site will let you have access to both our downloadable Print-on-Demand (POD) forms and the intelligent on-line fillable forms.

I. Transfers. Program officials must coordinate the transfer ownership of forms from one organization to another through their FMO's.

J. Discontinuances. Program officials will promptly report obsolete and nonessential forms to the appropriate agency FMO. The FMO is responsible for notifying the warehouse forms coordinator, who in turn will notify field facilities of any discontinuances. All forms replaced or superseded by new or revised forms will be reported to the operational components by the agency's FMO.

K. Catalog. A combined catalog of forms for all organizational elements is compiled by each agency and forwarded to the Department's FMO for final compilation

and will be issued through the department's forms stores and posted at the HHS Forms Directory link in the www.hhs.gov website.

Each OPDIV's electronic forms listings will be a part of the web page (both print-on-demand and electronic fillable forms). Each OPDIV FMO is responsible for monitoring and updating their website catalogs. This information should be provided to their website coordinator.

IV . PROCEDURES FOR REQUESTING A NEW OR REVISED FORM

When a program official determines that a form is needed for HHS operations, the following procedures will be followed for manual (paper) and electronic (print images of the form that reside on magnetic or optical media) form:

- A. Contact your agency FMO who will assist in determining if a form already exists to meet this need.
- B. If it is determined that a form exists, and modification is required to serve the purpose, coordination is necessary between the originating office and the appropriate FMO to revise the existing form.
- C. If a form does not exist, the appropriate FMO will assist the originator in the application of established policies and procedures and will help to determine essential, design specifications for the new form.
- D. When a new or revised form is necessary, the originator will prepare a HHS-398. A draft copy of the proposed form will accompany this request. The request will be routed to the appropriate HHS/OPDIV FMO to avoid duplication of procurement and stocking, and to ensure that there is a central reference point for information concerning use of the form.
- E. Privacy Act Clearances will be performed by the OPDIV Privacy Act Officers on all forms. See www.hhs.gov/contacts/privacy.html for your Privacy Act contact.

V. DISSEMINATION OF ELECTRONIC FORMS

- A. HHS organizations disseminating electronic forms must obtain approval from the forms management officer, and the office of primary responsibility, to ensure that the form is accurate and remains current.
- B. Electronic versions of standard and optional forms must implement the current version of the form, and contain all the wording, punctuation, instructions, and identifying information of the form. The specific parameters and cautions regarding electronically designed forms are contained in the General Services Administration (GSA) Information Resources Management Technical Guide, Electronic Forms Systems Analysis and Design (stock number is PB95250239/LP).
- C. The exceptions to standard and optional forms must be requested from the promulgating agency through the Department's Forms Management Officer.
- D. Electronic standard and optional forms with unique characteristics (e.g., forms that pertain to accounting and finance operations) must be cleared by GSA under the exception process.
- E. Specific guidelines for electronic HHS forms are as follows:
1. An electronically disseminated form must be complete, containing all the wording and punctuation of all items in the original. Instructions and questions, and any other identifying information must match exactly.
 2. No data elements may be added or deleted.
 3. The sequence for each item on the form must match the sequence in the original.
 4. Whenever possible, each item must print on the page in approximately the same location as it appears on the equivalent page of the original form.

5. Forms printed front and back on the original may be printed on single sheets provided each page is identified with the form number, page number, and edition date.
6. Multiple part sets may be printed as single sheets.
7. All blocks must remain approximately the same size and lines must remain approximately the same length to the highest degree possible.
8. Contractors creating electronic versions of HHS forms must get clearance from the promulgating office and incorporate or place on the bottom of the face page, near the right corner, the software name and vendor or producer. Form users and agencies must have a way to identify electronic versions of forms from printed versions that are not produced by HHS. Non-owners must make a request in writing to the Departments' FMO .
9. A copy of all electronic versions of a HHS form must be submitted to the Departments Forms Management Officer before usage for final clearance. When submitting include software and environment in which the form is being used.

VI. APPROVAL REQUIREMENTS

All forms having an annual usage in excess of 100 will be part of the HHS/OPDIV's Forms Management Program. This will include forms approved by the OMB for information collections; internal, administrative, and operational forms; and standard, optional, and other governmental agency forms. The following categories of forms require approval prior to use:

1. Forms originating in HHS and Regional offices;
2. Forms originating in one activity which affect functions under the jurisdiction of another program office;
3. Forms which are subject to intra-agency use, i.e., standard forms, optional

- forms;
4. Forms which are beyond the composition or reproduction capacity of regional facilities, or those which must be produced by special sources, such as carbon-interleaved or other specialty forms; and
 5. Forms which are electronically generated for the reduction of waste and to facilitate faster transfer of information.

VII. FORM DESIGN AND SPECIFICATION

The following design specifications will apply to all HHS forms. **NOTE:** Eliminate carbon-set forms whenever possible particularly when converting from impact to non-impact or laser printing systems.

- A. All forms requiring name, address and other identifying information will follow this standard order: Last name, first name, middle initial; number and street or post office box; city, State, and Zip code; Social Security Number, or any other identification. Exceptions may be made to accommodate design format.
- B. Box design will be used to ensure that the best use of space and ease of data entry.
- C. Captions (upper left or centered) will be arranged in a logical sequence to ensure ease and accuracy of entries to and transcription of information from a form.
- D. "Check boxes" will be used to the maximum extent possible.
- E. Typewriter or other machine spacing will be the controlling factor in determining horizontal and vertical spacing of all entries.
- F. Each form will have a distinguishing title that is a concise description of its function. The title will be located at the top of the form unless filing or other equipment requirements dictate otherwise.

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G. Forms will conform to paper sizes determined by standard sheet sizes (8 ½ X 11), or by fixed requirements such as capabilities of processing machines. White paper and black ink will be used. Exceptions for colored paper or colored inks must be justified.

H. Instructions for completing an internal HHS form that exceeds a quarter of a page will not be printed on the face of the form. Such instructions will appear on the reverse side of the form or in the corresponding Department directive. Instructions for one-page forms that exceed a quarter of a page will be printed on the reverse side of the form or on a separate page.

I. Forms used to collect information as required by the Paperwork Reduction Act (PRA) will be developed and placed on the form in an obvious and highlighted format showing the OMB number, expiration date and OMB statement, ensuring readability by the user.

J. The Workforce Investment Act of 1998 (P.L. 105-220, 112 Stat. 936 Section 408 (b)) of that law included a revised version of Section 508 of the Rehabilitation Act of 1973, Section 408 (b) Subsection 508, 112 Stat. 1203-06. This newly revised Section imposes strict requirements for any electronic information technology developed, maintained, procured, or used by Federal agencies. A workgroup (Web Accessibility Initiative (WAI), has been formed named W3C. They have recommended:

“C.1. Only use technologies defined in a W3C specification and use them in an accessible manner. Where not possible, provide an accessible alternative page that does. Many non-HTML technologies (e.g., PDF, Shockwave, and other non-W3C data formats) used to encode information require either plug-ins or stand-alone applications that often create pages that cannot be viewed or navigated using standard Web access tools....”

Information is to be made more accessible to individuals with handicaps. Any document put on a website, must be available in text or HTML format, in addition to whatever format you would like to put it in. When transforming a document into TEXT,

a lot of the formatting techniques, like page numbering, indenting, bolding, etc., and possibly all your graphic presentations will be lost or altered in appearance.

K. Use of specialty forms, i.e., marginally punched, continuous, special construction, OCR (Optical Character Recognition), MICR (Magnetic Imaging Character Recognition), and forms printed on security paper, will be limited to applications where the added cost is clearly justified in terms of direct savings to the agency/department.

L. **Preferrable Keywords to Use in Titling Forms**

(Below are examples of keywords to use in titling your forms. Please work with your FMO when selecting form titles).

<u>Keyword</u>	<u>Purpose of Form(s)</u>
<u>A</u>	
Abstract	To make a summary of
Account	To record debit and credit
Acknowledgment	To document the receipt of
Affidavit	To attest to the truth of
Agreement	To offer and accept in writing
Allotment	To distribute in parts
Appeal	To request the review of a decision
Application	To request something
Appointment	To constitute
Assignment	To specify
Authorization	To permit an action
Award	To bestow

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B

Bid	To offer for a price
Bill	To itemize
Bond	To issue interest-bearing certificate

C

Cancellation	To revoke
Certificate	To verify the truth of
Claim	To ask as due
Commission	To grant powers
Communication	To interchange information
Complaint	To formally allege
Contract	To agree to provide for a price

D

Deed	To convey real estate
Designation	To indicate or identify
Diary	To record daily
Digest	To classify and condense
Document	To furnish information

E

Endorsement	To write; to assign
Estimate	To calculate approximately

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M

Manifest	To list cargo
Memorandum	To record informally
Memorial	To keep in mind
Message	To communicate

N

Note	To assist the memory; to acknowledge a debt
Notice	To announce information or directions
Notification	A written or printed document by which information is sent

O

Order	To command
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P

Pass	To permit to come and go
Payroll	To list persons receiving pay
Permit	To authorize a specific act
Petition	To request formally

Q

Questionnaire	To ask questions to obtain data
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R

Receipt	To acknowledge delivery or payment
Recommendation	To advise a course of action
Record	To retain an account of facts or events
Register	To list events or actions in sequence
Release	To set free
Report	To make an account of action or status
Request	To ask for
Requisition	To apply for formally
Return	To report on income and expenditures
Roll	To register events
Roster	To list names
Routing	To direct documents from one office/individual to another

S

Schedule	To catalog recurring events; to publish a plan of future action; to append
Specification	To state requirements; to particularize in detail
Statement	To communicate a declaration or report
Summary	To contain the substance of a fuller account; to brief
Survey	To inspect; to examine and report on condition and value

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I

Tabulation	To arrange in a systematic outline, usually in columns
Telegram	To convey a written message by telegraph
Ticket	To attach to goods, giving information on nomenclature, size, or price; to entitle the holder to specified privileges
Transmittal	To send out an attachment
Transcript	To provide a written copy

V

Voucher	To bear witness; a receipt for payment
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W

Warrant	To guarantee anything; to answer for the genuineness of
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FUNCTION - SUBJECT CLASSIFICATION SYSTEM

This system provides a glossary of forms functions and their definitions, followed by a list of forms subjects. Each subject has been further subdivided into secondary subjects, where they exist. The forms were gathered, examined, analyzed, and classified in a working file for the everyday use of HHS Forms Management Officers. The HHS Function-Subject Classification System was developed from an analysis of all forms used within HHS.

This Function-Subject Index is indispensable to forms management officers when they undertake to standardize, combine, and eliminate existing forms. The development of a functional file will aid each forms management officer to:

- Know the subject and/or function of a form and its location when the form number or title are not known..
- Locate all forms performing the same function under one subject.
- Locate all forms concerning one subject regardless of the function
- Locate all forms performing the same function regardless of the subject; or
- Be sure that there are not existing forms pertaining to a specific subject or function with which you may be concerned at the moment.

This system is intended to help in situations such as:

- When the number and title of a form are not known - how can the form be located?
- It is desired to bring together all the forms used for a particular purpose, in order to make a comprehensive system analysis - how can these forms be identified?
- A new form is being proposed - will it overlap or duplicate the function being performed by an existing standardized form?

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To develop a working Functional file, a copy of all forms used by your agency should be classified according to this index; marked with the classification code from this Subject-Function Index. The code, marked in red, should be placed in the upper-right corner of the form copy. An example of a classification code, L-10a, would be developed in this manner:

- L - Report (This is the form's function)
- 10 - Dentistry (This is the form's primary subject)
- a - Examination (This is the form's secondary subject)

Thus, a form coded L-10a would be a report concerning a dental examination.

After the code has been entered each form should be filed in folders which identify the function and subject, including secondary subjects, if used. No more than one function, however, should be included in each folder.

This information is made available here for the benefit of everyone concerned with forms and forms management, throughout Health and Human Services. The Functional Classification System used by Food and Drug Administration differs from the HHS Function-Subject Classification System. It is included, however, as an addendum of this section.

FUNCTIONS AND DEFINITIONS

CODE	FUNCTION	DEFINITION
A.	ACKNOWLEDGE	To recognize; to report receipt of.
B.	AGREE	To come to terms or a common understanding; to concur; to offer and accept in writing.
C.	APPLY	To ask for something which may or may not be granted, usually referring to intangibles.
D.	AUTHORIZE	To empower; to permit; to establish by authority.
E.	CERTIFY	To verify; to attest authoritatively; to testify to in writing.
F.	CLAIM	To ask for, or seek to obtain, by virtue of authority, right or supposed right; to demand as due.
G.	IDENTIFY	To establish or prove the identity of a person, place, or thing.
H.	INSTRUCT	To furnish with directions or information on what to do or how to do something.
I.	NOTIFY	To make known; to inform.
J.	ORDER	To order (command) to travel, duty, etc.
K.	RECORD	To commit information to writing for the purpose of retaining it as an account of facts or data.
L.	REPORT	To send, present, or transmit, in writing, information of action or status or an official account of facts.
M.	REQUEST	To ask for something wanted, usually referring to tangibles.

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N.	REQUISITION	To formally request, by authority, the acquisition (or procurement) of something required, usually referring to tangibles.
O.	ROUTE	To forward or transport by a prearranged itinerary or address, i.e., (routing slip, mailing label).
P.	TRANSMIT	To send or transfer an attachment from one person or place to another, i.e., a transmittal form or transmittal form letter.

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SUBJECT SELECTION

Each form is classified directly under the primary subject only if it does not fit into one of the secondary subject classifications.

1. ACCIDENT Pertains to accidents other than employee injuries. See "Personnel" for employee injuries and related compensation.
2. ANIMAL EXPERIMENTS Pertains to the utilization of animals for research and experimental purposes, including laboratory records maintained for this purpose. Example: Animal production Record; Animal Weight Report.
3. BUDGET Pertains to budget preparation and control, and includes program and operating budgets.
4. BUILDINGS/GROUNDS Pertains to the maintenance and management of buildings and grounds or any fixed part thereof. Example: Boiler Room Log; Building Pass.
5. CENSUS Pertains to the enumeration of things but does not include inventory forms. Example: Nursing Unit Census Report; Annual Census of Patients.
6. CLOTHING/LAUNDRY Pertains specifically to clothing or laundry (see also "Patient's Property/Valuables" under subject 28). Example: Laundry Production Report; Clothing and Property Record.
7. COMMISSARY/MEALS Forms peculiar to the functions of a commissary, and pertaining to employees and travelers' meals (see subject 28m for nutrition and dietary forms pertaining to patients). Example: Commissary Coupon Book; Meal Ticket.
8. COMMUNICATIONS Pertains to communications by mail, messenger, or any electronic means.
9. CONTRACTS Pertains to contracts and contract forms regardless of the contract subject. For example: Contract for Microfilm; Professional Services Contract.

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10. DENTISTRY
- a. Examination - Pertains to the examination of patients' and employees' teeth, and to examination results.
 - b. Fluoride - Pertains to the fluoride application in dentistry.
 - c. Operations - Pertains to dental operations in general (see "Treatment/Care" for those pertaining to individual patients).
 - d. School Program - Forms peculiar to school dental programs and studies, and not classified under a more specific subject within the "dentistry" category.
 - e. Survey Summary - Pertains to the summarization or tabulation of survey or study findings and results.
 - f. Treatment/Care - Pertains to the treatment and care of teeth of patients, employees, and study participants, as individuals. This includes treatment appointment records.
11. DISEASE CONTROL
ACTIVITY
- Pertains to the disease control activities of the various programs and facilities. These are program forms which do not readily fall within other subjects established. Example: Report of a Suspect or Case of VD; Report of Disease Outbreak; Semi-Annual State Cancer Control Activity Report.
12. DISEASE STUDY/SURVEY
- Pertains to the specific disease studies or surveys listed below. Other diseases are classified under the primary subject.
- a. Cancer
 - b. Diabetes
 - c. Heart
 - d. Mental Illness
 - e. Tuberculosis
 - f. Venereal Disease
13. DISTRIBUTION
- Pertains to the distribution services of the Service. Example: Distribution Request; Form Distribution Schedule.
14. DRUGS
- Pertains specifically to drugs and narcotics (see "Laboratory" for analysis of and manufacture of):

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15. GRANTS
(PROJECTS/FORMULA) Forms peculiar to all grant programs, including such areas as research; training; fellowships; trainee ships; construction, etc.
- a. Research (Application)
 - b. Training (Applications/Trainee)
 - c. Construction (Applications)
 - d. Fellowships/Trainee ships
 - e. Residencies/Internships
 - f. Reports of Expenditures
 - g. Progress Reports
 - h. Vouchers/Requests for
 - i. Federal/State Relationships
16. EQUIPMENT Pertains to equipment in general; requirements for; loan of, etc. See related subjects: Maintenance/Repair; Property Control.
17. FINANCE Pertains to the fiscal management of financial resources. Financial forms of the various programs, because of their nature, are classified under more specific subjects whenever possible. The latter includes survey financial forms and financial forms submitted to the public.
- a. Accounts
 - b. Allotment/Appropriation
 - c. Cost
 - d. Disbursements/Collections
 - e. Expenditures/Liquidations
 - f. Obligations
 - g. Patient's Funds
 - h. Payroll
 - i. Savings Bonds
 - j. Vouchers
 - k. Vouchers, Transportation
18. FORMS Forms peculiar to the administration of a forms management program, and those pertaining specifically to blank forms. Example: Forms Status Notice; Forms Action Logs, etc.
19. GENERAL Those blank forms which are considered of a general nature and carry no subject, they can be used for many purposes.
20. IDENTIFICATION (Person) Any form whose primary purpose is to identify an individual. Example: Deceased Patient's ID Tag; Patient's Identification Card.
21. IMMUNIZATION Pertains to vaccinations for disease immunity, inoculation vaccines, and related forms.

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22. INVENTORY Forms that list an inventory or subject matter pertaining to an inventory.
23. LABORATORY Forms pertaining to or used in laboratory work, form pertaining to a patient are classified under "Examination, Laboratory (Patient)", subject 28.
- a. Analysis b. Biologic Products c. Culture Media
24. LIBRARY Forms peculiar to the functions of a library. Example: Borrower's Record; Records of Periodicals; Library Loan Request.
25. LICENSE Pertains to the licensing of any product, machine, or activity.
26. MAINTENANCE/REPAIR Pertains specifically to the maintenance or repair of things. Example: Request for Equipment Repair, etc.
27. MEDICAL FACILITIES Pertains to medical facilities in general, and not limited to any specific function of a facility. Example: Report of Personal Study of Mental Hospitals; Annual Report of Psychiatric Clinics.
28. MEDICAL TREATMENT CARE Pertains specifically to the medical treatment and care of patients, and related activities. Classified here are forms that cannot be identified with one of the secondary subjects.
- | | |
|---|--|
| <ul style="list-style-type: none"> a. Admissions/Discharge b. Appointments c. Blood Bank d. Clinical Brief e. "Clinical Records"
(Those not classified under a More specific subject.) f. Employee Health g. Examination (Employee) h. Examination, Laboratory (Patients) i. Follow-up | <ul style="list-style-type: none"> j. Index k. Medication/Treatment l. Nursing Care m. Nutrition/Diet n. Outpatients o. Patient's Property/Valuables p. Physician q. Social Service r. Specimens s. Surgery t. Therapy u. X-rays |
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