DEPARTMENT OF HEALTH AND HUMAN SERVICES Indian Health Service 650 Capitol Mall, Suite 7-100 Sacramento, California 95814

Refer to: OCPS

INDIAN HEALTH SERVICE CIRCULAR NO. 24-XX

INDIAN HEALTH SERVICE CIRCULAR FORMAT

Sec.

- 1. Purpose
- 2. Background
- 3. Policy
- 4. Responsibilities
- 5. Procedures
- 6. Supersedure
- 7. Effective date
- 1. <u>PURPOSE</u>. Insert the reason the Circular is being issued and the specific objectives.
- 2. <u>BACKGROUND</u>. Insert the relevant statutes, higher-echelon directives, or specific requirements for program or administrative activities to meet higher-echelon directives or statutory requirements, etc., that compel issuance of the Circular.
- 3. <u>POLICY</u>. Insert a policy statement.
- 4. <u>RESPONSIBILITIES</u>. Insert the responsibilities of the managers and staff accountable for successfully overseeing and accomplishing the functions covered by the Indian Health Service (IHS) Circular.
 - A. <u>Area Office Director, IHS</u>.
 - (1) List additional information for subparagraph A (e.g., additional responsibilities) here.
 - (2) List information that is the continuation of subparagraph A (e.g., additional responsibilities) here.
 - a. List additional information for subparagraph A(2) here.
 - b. List information that is the continuation of subparagraph A(2) here.
 - B. <u>Deputy Director.</u> (Or other management official next in the line of reporting)

Distribution: Phoenix Date: (insert date signed)

- C. <u>Area Staff</u>.
- D. <u>Headquarter Staff</u>. (if applicable)
- 5. <u>PROCEDURES</u>. Insert general information for readers and specific requirements or guidance for the IHS staff.
- 6. <u>SUPERSEDURE</u>. Insert the title and the date of issuance of previously issued polices/directives that the Circular is replacing, if any.
- 7. <u>EFFECTIVE DATE</u>. Insert the date the Circular was signed by the Area Director or Service Unit Chief Executive Officer.

Beverly Miller, M.H.A., M.B.A. Director California Area Office Indian Health Service