

# CENTERS FOR MEDICARE & MEDICAID SERVICES FREEDOM OF INFORMATION ACT REQUEST

1. CMS FOIA Request # \_\_\_\_\_ 2. Referring Regional Office #: \_\_\_\_\_  
 3. Date Received: \_\_\_\_\_ 4. Due Date: \_\_\_\_\_ 5. Response Date: \_\_\_\_\_ 6. Processing Days: \_\_\_\_\_  
 7. Requester: \_\_\_\_\_  
 8. Affiliation/Address: \_\_\_\_\_  
 9. Subject: \_\_\_\_\_  
 10. Referred To: \_\_\_\_\_  
 11. Category of Requester \_\_\_\_\_ Commercial  
 \_\_\_\_\_ Educational/Scientific or News Media  
 \_\_\_\_\_ Other

- 12. IS THERE PROGRAM CONCERN ABOUT DISCLOSING THESE RECORDS?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**
- \_\_\_\_\_ Ongoing Deliberation \_\_\_\_\_ Invasion of Privacy \_\_\_\_\_ Circumvention of Agency Rules  
 \_\_\_\_\_ Decision-making process \_\_\_\_\_ Pending Litigation  
 \_\_\_\_\_ Proprietary Information \_\_\_\_\_ Open Investigation  
 \_\_\_\_\_ Other (Specify) \_\_\_\_\_

- 13. ACTIONS:**
- \_\_\_\_\_ Direct Reply \_\_\_\_\_ No Records Found \_\_\_\_\_ Request Withdrawn  
 \_\_\_\_\_ Not FOIA \_\_\_\_\_ Records Not Reasonably Described \_\_\_\_\_ Subpoena Denial  
 \_\_\_\_\_ Fee Related Closure \_\_\_\_\_ Direct Reply \_\_\_\_\_ Other

### ACTUAL COSTS OF RESPONDING TO REQUEST

14. ACTUAL PROCESSING COSTS:	Hours	Hourly Wage	Total	17. Invoiceable Fees
Reading/Interpreting/Logging				XXXXXXXXXXXXXXXXXX
Clarifying/Negotiating/Consultation				XXXXXXXXXXXXXXXXXX
Searching for Records				\$
Review/Edit/Delete (DFOI Only)				\$
Compose/Type Response				XXXXXXXXXXXXXXXXXX
Other (specify)				\$

15. COPYING COSTS – @ \$.10 per page:	No. of Pages	No. of Sets	Total	
Pages Located/Copied			1 x \$.10 per page	XXXXXXXXXXXXXXXXXX
No. of Pages Released to Requester			1 x \$.10 per page	\$ _____
No. of Pages Sent to Next Review Level		1		XXXXXXXXXXXXXXXXXX

16. MAILING COSTS: Postage _____ Special Handling _____	XXXXXXXXXXXXXXXXXX _____
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18. Total Actual Cost: \_\_\_\_\_  
 19. Total Invoiceable Fees: \_\_\_\_\_

20. Fees Charged: \_\_\_\_\_  
 21. Fee Waived: \_\_\_\_\_  
 22. Name(s), Phone Number(s) and Component(s) of Person(s) Who Searched For and Compiled These Records:  
 \_\_\_\_\_  
 23. Interim Reply Date(s): \_\_\_\_\_

See reverse side for instructions on completing this form. If you have questions, call the Freedom of Information Group at (410) 786-5353.

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## INSTRUCTIONS FOR COMPLETING FORM CMS-632-FOI

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Completion of this form is mandatory. It must be attached to and remain with every Freedom of Information Act (FOIA) request for control and tracking. Every CMS employee involved in processing the request must add to a given Form CMS-632-FOI data accounting for that involvement. This data will be the base for the Annual Report.

### ITEM

1. **CMS FOIA Request #:** tracking number generated by the SWIFT system or the FOIA Contractor Portal.
2. **Referring Regional Office #:** referring regional office number.
3. **Date Received:** date request was received in the FOIA unit.
4. **Due Date:** date 20 working days from receipt of request in the FOIA unit.
5. **Response Date:** actual date case was completed and response sent.
6. **Processing Days:** the number of work days it took to process the request.
7. **Requester:** last name, first name, initial of person who signed the request
8. **Affiliation/Address:** name of company, law firm etc., and complete address of requester.
9. **Subject:** explain briefly the nature of the request by subject or records requested.
10. **Referred To:** where the request was sent for records search(es).
11. **Category of Requester:** check appropriate category based upon number seven above.
12. **Program Concern:** check appropriate item(s) to show concern about release of these records.
13. **Actions:** check all appropriate items that show the disposition of the request.
14. **Actual Processing Costs:** actual costs of time spent by each person involved in processing this request. Complete all items. Include computer-based data costs in the block entitled "other."
15. **Copying Costs:** cost for photocopying the responsive records. Complete all applicable items. Copying cost are \$.10 per page.
16. **Mailing Costs:** input postage and special handling, such as certification of records.
17. **Total Actual Costs:** summation of totals for actual processing, copying and mailing costs.
18. **Invoiceable Fees:** different from actual costs. They are based upon the HHS fee schedule for search, review and copying activities.
19. **Total Invoiceable Fees:** summation of search, review and copying fees.
20. **Fees charged:** responding office tallies. If invoiceable fee is \$25.00 or more, invoice the requester.
21. **Fees waived:** If invoiceable fee is less than \$25.00, do not invoice requester. Insert amount waived in this block.
22. **Name, Phone Number and Component of Person Who Searched For/Compiled Records:** be specific; give name and title of person who searched, their component, address and phone number.
23. **Interim Reply Date(s):** date(s) of response(s) that are not considered the final date of the Agency wide response to close the request.