

UNITED STATES DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES  
REHABILITATION SERVICES ADMINISTRATION  
WASHINGTON, D.C. 20202

POLICY DIRECTIVE  
RSA-PD-04-02  
DATE: June 17, 2004

ADDRESSEES: STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL)  
STATE VOCATIONAL REHABILITATION AGENCIES (BLIND)  
CLIENT ASSISTANCE PROGRAMS  
PROTECTION & ADVOCACY OF INDIVIDUAL RIGHTS  
STATE REHABILITATION COUNCILS  
AMERICAN INDIAN VOCATIONAL REHABILITATION SERVICE  
PROGRAMS  
CONSUMER ADVOCACY ORGANIZATIONS  
RSA SENIOR MANAGEMENT TEAM

SUBJECT: Announcement of OMB Approval for Report Form RSA-227, Annual Client Assistance Program (CAP) Report

POLICY

STATEMENT: The Office of Management and Budget (OMB) has reinstated Form RSA-227, Annual Client Assistance Program (CAP) Report, as a data collection instrument, through April 30, 2005. The OMB number is 1820-0528.

RSA has made two substantive changes to the content of Form 227, transmitted by PD-01-04, dated March 27, 2001. Part I.E, "Outcomes Achieved," has been retitled "Results Achieved for Individuals." RSA believes that this title more accurately describes the data collected in this section of the report. In addition, we have deleted former line item 6 from this section and renumbered the remaining line items accordingly. We determined that the information captured by line item 6, "decision reversed or compromise reached," was duplicative of information collected in other sections of the report, including Part I.D.

Finally, pursuant to the Government Performance and Results Act (GPRA), RSA previously had identified client satisfaction as one indicator to be examined when analyzing the effectiveness of the CAP. Consequently, RSA included a section on client satisfaction data in the original Form 227. However, the extremely low response rate to the surveys distributed by the CAPs over the past several years renders the data collected unusable for the purpose of evaluating the program. Therefore, RSA has determined that it will no longer collect this type of information, and thus, has deleted all questions relating to client satisfaction, found in Part II.I, from Form 227.

RSA uses this form to meet specific data collection requirements of Section 112 of the Rehabilitation Act of 1973, as amended (Act), and its implementing Federal regulations at 34 CFR Part 370. The CAPs must report annually using Form RSA-227 (copy and instructions attached), which is due on or before December 30 each year. Information on transmittal of the form, including electronic transmission, is found on pages 18-21 of the reporting instructions.

**CITATIONS**

**IN LAW:** Section 112 of the Rehabilitation Act of 1973, as amended, and Paperwork Reduction Act of 1995

**CITATIONS IN**

**REGULATIONS:** 34 CFR Part 370

**EFFECTIVE**

**DATE:** Immediately upon issuance

**EXPIRATION**

**DATE:** April 30, 2005

**INQUIRIES:**

Please direct any questions concerning this Policy Directive to the Chief, Basic State Grants Branch, Rehabilitation Services Administration, 550 12<sup>th</sup> Street, SW, Washington, DC 20202, (202) 245-7258.

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Joanne Wilson  
Commissioner

**ATTACHMENTS**

cc: Council of State Administrators of Vocational Rehabilitation  
National Organization of Rehabilitation Partners  
National Association of Protection and Advocacy Systems

**ANNUAL CLIENT ASSISTANCE PROGRAM (CAP) REPORT**

**Fiscal Year**

<b>DESIGNATED AGENCY IDENTIFICATION</b>	
Name:	
Address:	
E-mail Address (if applicable):	
Website Address (if applicable):	
Phone: ( )	TTY: ( )
Toll-free Phone: ( )	Toll-free TTY: ( )
Fax: ( )	
<b>OPERATING AGENCY (IF DIFERENT FROM DESIGNATED AGENCY)</b>	
Name:	
Address:	
E-mail Address (if applicable):	
Website Address (if applicable):	
Phone: ( )	TTY: ( )
Toll-free Phone: ( )	Toll-free TTY: ( )
Fax: ( )	
Name of CAP Director/Coordinator:	
Person to contact regarding report:	
Contact Person's phone: ( )	
<b>PART I. AGENCY WORKLOAD DATA</b>	
<b>A. Information and Referral Services (I&amp;R):</b> (Multiple responses are not permitted.)	
1. Information regarding the Rehabilitation Act	
2. Information regarding Title I of the ADA	
3. Other information provided	
4. Total I&R services provided (Lines A1+A2+A3)	
5. Individuals attending trainings by CAP staff (approximate)	
<b>B. Individuals served</b> (An individual is counted only once during a fiscal year. Multiple counts are not permitted for Lines B1-B3.)	
1. Individuals who are still being served as of October 1 (carryover from prior year)	
2. Additional individuals who were served during the year	
3. Total individuals served (Lines B1+B2)	
4. Individuals (from Line B3) who had multiple case files opened/closed this year. (In unusual situations, an individual may have more than one case file opened/closed during a fiscal year. This number is not added to the total in Line B3 above.)	

<b>PART I. AGENCY WORKLOAD DATA (continued)</b>	
<b>C. Individual still being served as of September 30</b> (Carryover to next year) (This total may not exceed Line I.B3.)	
<b>D. Reasons for closing individuals' case files</b> (Choose one primary reason for closing each case file. There may be more case files than the total number of individuals served to account for those unusual situations, referred to in Line I.B4, when an individual had multiple case files closed during the year.)	
1. All issues resolved in individual's favor	
2. Some issues resolved in individual's favor (when there are multiple issues)	
3. CAP determines VR agency position/decision was appropriate for the individual	
4. Individual's case lacks legal merit; (inappropriate for CAP intervention)	
5. Individual chose alternative representation	
6. Individual decided not to pursue resolution	
7. Appeals were unsuccessful	
8. CAP services not needed due to individual's death, relocation, etc.	
9. Individual refused to cooperate with CAP	
10. CAP unable to take case due to lack of resources	
11. Other (Please explain on separate sheet)	
<b>E. Results achieved for individuals</b> (Choose one primary outcome for each closed case file. As stated in Section D, there may be more case files than the total number of individuals served.)	
1. Controlling law/policy explained to individual	
2. Application for services completed	
3. Eligibility determination expedited	
4. Individual participated in evaluation	
5. IPE developed/implemented	
6. Communication re-established between individual and other party	
7. Individual assigned to new counselor/office	
8. Alternative resources identified for individual	
9. ADA/504/EEO/OCR complaint made	
10. Other (Please explain on separate sheet)	
<b>PART II. PROGRAM DATA</b>	
<b>A. Age</b> (As of the beginning of the fiscal year.) (Multiple responses not permitted.)	
1. 21 and under	
2. 22 – 40	
3. 41 – 64	
4. 65 and over	
5. Total (Sum of Lines A1 through A4. Total must equal Line I. B3.)	
<b>B. Gender</b> (Multiple responses not permitted.)	
1. Females	
2. Males	
3. Total (Lines B1+B2. Total must equal Line I.B3.)	

<b>PART II. Program Data (continued)</b>	
<b>C. Race/ethnicity</b> (Multiple responses are permitted.)	
1. American Indian or Alaskan Native	
2. Asian	
3. Native Hawaiian or Other Pacific Islander	
4. Black or African American	
5. Hispanic or Latino	
6. White	
7. Race/ethnicity unknown	
<b>D. Primary disabling condition of individuals served</b> (Multiple responses not permitted.)	
1. Blindness (both eyes)	
2. Other visual impairments	
3. Deafness	
4. Hard of hearing	
5. Deaf-blind	
6. Orthopedic impairments	
7. Absence of extremities	
8. Mental illness	
9. Substance abuse (alcohol or drugs)	
10. Mental retardation	
11. Specific learning disabilities (SLD)	
12. Neurological disorders	
13. Respiratory disorders	
14. Heart and other circulatory conditions	
15. Digestive disorders	
16. Genitourinary conditions	
17. Speech impairments	
18. AIDS/HIV positive	
19. Traumatic brain injury (TBI)	
20. All other disabilities	
21. Disabilities not known	
22. Total (Sum of Lines D1 through D21. Total must equal Line I. B3.)	
<b>E. Types of individuals served</b> (Multiple responses permitted.)	
1. Applicants of VR Program	
2. Clients of VR Program	
3. Applicants or clients of IL Program	
4. Applicants or clients of other programs and projects funded under the Act	
<b>F. Source of individual's concern</b> (Multiple responses permitted.)	
1. VR agency only	
2. Other Rehabilitation Act sources only	
3. Both VR agency and other Rehabilitation Act sources	
4. Employer	

<b>PART II. PROGRAM DATA (continued)</b>	
<b>G. Problem areas</b> (Multiple responses permitted.)	
1. Individual requests information	
2. Communication problems between individual and counselor	
3. Conflict about services to be provided	
4. Related to application/eligibility process	
5. Related to IPE development/implementation	
6. Other Rehabilitation Act-related problems	
7. Non-Rehabilitation Act related	
8. Related to Title I of the ADA	
<b>H. Types of CAP services provided</b> (Choose one primary service CAP provided for each closed case file. As stated above, there may be more case files than actual individuals served.)	
1. Information/referral	
2. Advisory/interpretational	
3. Negotiation	
4. Administrative/informal review	
5. Alternative dispute resolution	
6. Formal appeal/fair hearing	
7. Legal remedy	
8. Transportation	
<b>PART III. NARRATIVE (Attach separate sheet(s).)</b> Refer to pages 16-19 of the instructions for guidelines on the contents of the narrative.	

Within 90 days after the end of the fiscal year covered by this report, mail one copy of this report to the RSA Regional Office and one copy to the RSA Central Office specified in the instructions.

\_\_\_\_\_  
Signature and title of designated agency official

\_\_\_\_\_  
Date

**Paperwork Burden Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1820-0528. The time required to complete this information collection is estimated to average 6.25 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-2703. If you have comments or concerns regarding the status of your individual submission of this form, write directly to:

## **Instructions**

### **1. Heading**

#### **Fiscal Year:**

Enter the fiscal year covered by this report.

#### **Agency Information:**

Enter the name, address, telephone and fax numbers (including area codes), and e-mail address of the agency designated to administer the CAP. Be sure to include the same information for the operating CAP agency, if different from the designated agency. Also include the name of the CAP Director/Coordinator.

**Person to contact about this form:** Print/type the name and phone number of the person RSA can contact if any problems with the form arise.

### **2. PART L AGENCY WORKLOAD DATA**

#### **Definitional Guidelines for Completing this form:**

- a. **Information/referral service:** The Rehabilitation Act of 1973, as amended (Act), and its implementing regulations authorize CAP to provide information and referral services to any individual with disabilities in the State or to Rehabilitation Act clients or client applicants who have not been defined as "**individuals served**" (see definition below) or to such individuals' representatives. Information/referral services include responses to individuals at meetings, one-time telephone discussions, and follow-up mailings of letters, brochures and/or pamphlets per an individual's request. These individuals do not have case files (see definition below). These services generally take less than one hour of service time. CAP usually does not have personal identifying information about the individuals who ask for and receive these services, except for perhaps the name, address and phone number.
- b. **Individuals served:** An individual is considered an "individual served" or a "client" of CAP if he/she meets three criteria:
  - 1) the individual is eligible for CAP services according to Section 112(a) of the Act;
  - 2) CAP has opened a case file/service record by including at least the name, address, age, race, disability, signed release of information form (if appropriate), concern or complaint, and action taken in the service record;
  - and

- 3) CAP provided at least one "significant service," such as:
  - a) at least one hour of case service time;
  - b) a supervised referral that allows follow-up to assure that the referral was appropriate and completed;
  - c) the completion of a second telephone call to the client when the time between telephone calls was used to obtain additional information about appropriate programs; or
  - d) the provision of any allowable service beyond information and referral (as defined above).

- c. **Case file/service record:** This is the compilation of personal identifying information about the individual, documents, letters, complaints/issues raised, advocate's notes, etc., used in working with an "**individual served**" (as defined above). It may contain many issues at any one time. In fact, most individuals served will present several issues to CAP during the course of the CAP/client relationship. The case file/service record is opened at the time CAP determines that it will provide at least one "significant service" (as defined above) for the individual. New issues may arise while still working with the individual. These new issues, if appropriate for CAP intervention, should be added to the existing case file/service record.

A. Information/referral services:

Include in this category the number of times that CAP provided information about:

- 1) services available under the Act and Title I of the Americans with Disabilities Act (ADA) of 1990;
- 2) the rights and responsibilities of persons applying for or receiving services under the Act;
- 3) the routine activities of programs, projects and community rehabilitation programs funded under the Act; and
- 4) services available from CAP.

Information/referral services also include responses to individuals at meetings, one-time telephone discussions, and follow-up mailings of letters, brochures or pamphlets. With regard to follow-up mailings, be sure to count only the number of individuals who actually requested the information, not the number of letters, brochures or pamphlets sent. Do not include the number of brochures, pamphlets or newsletters that are routinely distributed en masse or the number of individuals who attend workshops or presentations given by CAP. Summarize these activities in the narrative section of this report.

Estimated counts are not acceptable for this section. All CAPs should maintain logs to respond accurately to this item. Such routine requests should not require maintenance of client confidential information, extensive research by CAP staff, or extended contact with the individual. Do not include in this section any information/referral services provided to individuals that meet the definition of "individuals served." Services provided to those

individuals are recorded in a later section of this report.

**Line A1:** Enter the number of requests CAP responded to regarding information about services and benefits available under the Act (e.g., address of the State vocational rehabilitation (VR) agency or the scope of VR services).

**Line A2:** Enter the number of requests CAP responded to regarding information about rights under Title I of the ADA.

**Line A3:** Enter the number of requests CAP responded to regarding information on other issues (e.g., Medicaid/Medicare, Social Security, assistive technology, etc.).

**Line A4:** Add lines A1+A2+A3 and enter the total number here. This should reflect the total number of information/referral services provided by CAP during the fiscal year.

**Line A5 (optional):** Enter the number of individuals who attended training sessions (e.g., orientation sessions, self-advocacy training, etc.) conducted by CAP staff.

**B. Individuals served:**

As stated in the definitional guidelines section above, an "individual served" is someone who is eligible for CAP services under the Act; who has a case file/service record with CAP; and who receives one or more significant services from CAP. All concerns noted in the case file/service record should have required some type of intervention (even if it is only brief) with a program, project or community rehabilitation program funded under the Act from CAP staff in the resolution of the problem.

An "individual served" is counted only once during a fiscal year, regardless of how many case files/service records were opened/closed for that individual during the year. Estimated counts are not acceptable. All CAPs should maintain logs to respond accurately to this item. Do not include in this section any information/referral services provided to individuals who do not meet the definition of "individuals served." Information/referral services provided to those individuals are recorded in an earlier section of this report.

**Line B1:** Enter the number of individuals who had open case files/service records on hand at the beginning of the fiscal year, which were carried over from the prior fiscal year.

**Line B2:** Enter the number of individuals who had new case files/service records opened during this fiscal year.

**Line B3:** Add lines B1+B2 and enter the total number here. This is the total number of individuals served this fiscal year. Remember, no individual may be counted more than once in a fiscal year.

**Line B4:** Of the number of individuals accounted for on Line B3, enter here the number of those individuals who had more than one case file/service record opened/closed during the

fiscal year. Please refer to the definitional guidelines above in answering this item.

**Example A:** An individual requests CAP assistance at the beginning of the fiscal year. She raises several issues concerning her VR program. CAP opens a case file/service record for her immediately. Three months later, CAP has resolved all of the issues and there are no more foreseeable problems. CAP closes the case file/service record. Near the end of the fiscal year, the individual returns to CAP with new problems. The issues she raises now may or may not be related to the issues CAP assisted her with earlier in the year. CAP opens a new case file/service record. This individual would be counted on Line B4 as having had multiple case files/service records this year. If this were the only individual who met this criteria, CAP should put a "1" on Line B4.

**Example B:** An individual requests CAP assistance sometime during the fiscal year. The individual has raised several issues regarding her VR program. CAP opens a case file/service record for this individual. While CAP is working on resolving these initial issues and the case file/service record is still open, the individual raises new issues that are appropriate for CAP intervention. These new issues should be added to those being worked on in the existing case file/service record. A new case file should not be opened for this individual to address these new issues. This individual would **not** be counted on Line B4. If none of the "individuals served" seems to match the criteria for having multiple cases during the same year, CAP should put a "0" on Line B4.

**C. Individuals still being served as of September 30:**

Enter here the number of individuals who still had open case files/service records with CAP as of September 30. These are the individuals who need CAP intervention to continue into the next fiscal year (carryover) in order to resolve the problems/issues raised this fiscal year. This number may not exceed the total of individuals served listed on Line I.B3. This number will equal the "number of individuals with open case files/service records on hand as of October 1" (Line I.B1) on next fiscal year's annual report.

**D. Reasons for closing individuals' case files/service records:**

Following is a list of the various reasons CAP might give for closing the case file/service record of an "individual served". Please choose **one** primary (most appropriate) reason for closing each case file/service record (defined above). Do **not** itemize a reason for resolving each issue. This item asks you to choose one overall reason for closing the entire case file/service record after CAP has done all it can for the individual in terms of resolving the issues/problems raised. The number of case files/service records may, in some situations, be greater than the total number of individuals served (Line I.B3) in order to account for those unusual situations, referred to in Line I.B4, when an individual had multiple case files/service records closed during the fiscal year. Estimated counts are not acceptable. CAPs should maintain records to respond accurately to this item.

**Line D1:** Enter the number of case files closed because all of the issues requiring CAP intervention were resolved in favor of the individual.

**Line D2:** Enter the number of case files closed which demonstrate that at least some of the issues were resolved in the individual's favor. This reason for closure is appropriate only if the individual has raised multiple issues requiring CAP intervention during the time the case file/service record was opened.

**Line D3:** Enter the number of case files closed because CAP determined that the VR agency's decision or action is appropriate under the Act and regulations and that there is nothing CAP can do at this time.

**Line D4:** Enter the number of case files closed because CAP determined, after exploring the facts and law, that the individual's complaint lacked legal merit or that the individual's complaint was outside the scope of CAP's authority.

**Line D5:** Enter the number of case files closed because the individual decided not to pursue CAP representation, but instead obtained representation elsewhere.

**Line D6:** Enter the number of case files closed because the individual decided not to pursue resolution of the problem at this time. In these situations, the individual wanted to "forget it".

**Line D7:** Enter the number of case files closed because the individual had exhausted all available/appropriate appeal procedures and did not prevail. The appeal procedures relevant to this item include formal administrative hearings and legal remedies. For example, CAP may choose to close a case for this reason if the individual served did not prevail at the formal administrative hearing and the case lacks merit for judicial review. CAP may also choose to close a case for this reason if the individual served did not prevail at the formal administrative hearing and judicial review is not allowed under the State's Administrative Procedure's Act (APA). If a case file is closed at the informal administrative review stage when the individual did not prevail, one of the reasons given on Lines D2-6, 8-10 would be a more appropriate reason for closing the case file/service record.

**Line D8:** Enter the number of case files closed because the individual has died, or moved out of state, or for some reason is unavailable for continued representation by CAP.

**Line D9:** Enter the number of case files closed because the individual has made it impossible for CAP to continue effective representation. Some of the reasons might have been that the individual refused to:

- a. give CAP access to necessary information in the individual's VR case file or past history;
- b. follow or accept CAP advice; or
- c. follow through with the individual's obligations.

**Line D10:** Enter the number of case files closed because CAP was unable to represent the individual due to lack of CAP resources or staff.

**Line D11:** Enter the number of case files closed for a reason not listed above. RSA has attempted to list all of the possible reasons CAP could cite for closing a case file/service record. However, we realize there may be some unusual circumstances not encompassed in this listing. This response should be reserved for rare instances. Be sure to attach a separate explanation of the circumstances for the case closure if you use this response.

**E.** Results achieved for individuals:

"Results Achieved for Individuals" should be recorded for each case file/service record closed during the year. These are the outcomes that resulted from CAP intervention on behalf of the individual served. Although services rendered on behalf of an individual might have resulted in several outcomes, choose **one** primary or most appropriate outcome for each case file closed during the year (**not** for each issue addressed). Choose the outcome that reflects most of the services rendered by CAP on behalf of the individual while the case file/service record was opened. As stated in section D above, the number of case files/service records may, in some situations, be greater than the total number of individuals served (Line I.B3) in order to account for those unusual situations, referred to in Line I.B4, when an individual had multiple case files/service records closed during the fiscal year. Estimated counts are not acceptable. CAPs should maintain records to respond accurately to this item.

Enter the number of case files/service records closed in which the following results were achieved during the fiscal year:

**Line E1:** Enter the number of case files closed where the primary outcome was that CAP explained the controlling law and/or policy to the individual. For example, this outcome could be appropriate for those case files closed because CAP determined that the VR agency's decision/position was appropriate for the individual, or for those cases closed because the individual's complaint lacked legal merit or was beyond the scope of CAP's authority. This outcome also could be appropriate for those times when the primary CAP service provided was advice about the individual's rights under the ADA.

**Line E2:** Enter the number of case files closed where the primary outcome was that the individual completed/submitted his application for VR services.

**Line E3:** Enter the number of case files closed where the primary outcome was that the eligibility determination process was expedited for the individual.

**Line E4:** Enter the number of case files closed where the primary outcome was that the individual was allowed to participate in an extended evaluation process or other evaluation process.

**Line E5:** Enter the number of case files closed where the primary outcome was the development or implementation of the IPE for the individual.

**Line E6:** Enter the number of case files closed where the primary outcome was that communication was re-established between the individual and the other party. The other party could be, among others, a VR agency, other community rehabilitation program, or an employer (for an issue under Title I of the ADA). This item could include those times when the re-establishment of communication enabled the individual to exercise his/her right to make informed choices.

**Line E7:** Enter the number of case files closed where the primary outcome was that the individual was assigned to a new counselor, office, or program at the individual's request. This outcome would be most appropriate for a case when the transfer itself basically resolved most of the individual's issues/problems.

**Line E8:** Enter the number of case files closed where the primary outcome was that CAP identified alternative resources for the individual in order to resolve some or all of the issues raised.

**Line E9:** Enter the number of case files closed where the primary outcome was that the individual filed an ADA/504/EEO/OCR complaint.

**Line E10:** Enter the number of case files closed where the primary outcome was something other than listed above. RSA has attempted to list all of the possible outcomes CAP could cite as having achieved. However, we realize there may be others not encompassed in this listing. This response should be reserved for rare instances. Be sure to attach a separate explanation of the outcomes achieved if you use this response.

### 3. **PART II. PROGRAM DATA**

**IMPORTANT NOTE:** The following items are based on statistical information about the "individuals served" (defined earlier in this report). Each individual may be counted only once during a fiscal year. Estimated counts are not acceptable for these items. All CAPs should maintain records to answer these items accurately.

A. **Age:**

Enter the number of individuals served in each of the age categories listed. Record the individual's age as of the beginning of the fiscal year. No individual can be counted more than once. The total recorded on Line II.A5 must equal the total recorded on Line I.B3.

B. **Gender:**

Enter the number of individuals served according to their gender. Do not count an

individual more than once. The total recorded on Line II.B3 must equal the total recorded on Line I.B3.

**C. Race/ethnicity:**

Enter the number of individuals served according to their stated racial or ethnic origin. An individual **may** be counted more than once, for purposes of reporting his/her race/ethnicity on this form, in order to account for those individuals who consider themselves multicultural/racial.

**Line C1:** Enter the number of individuals served who consider themselves to be an American Indian or Alaskan Native.

**Line C2:** Enter the number of individuals served who consider themselves to be Asian. These individuals have origins in the Far East, Southeast Asia, or the Indian subcontinent.

**Line C3:** Enter the number of individuals served who consider themselves to be a Native Hawaiian or other Pacific Islander.

**Line C4:** Enter the number of individuals served who consider themselves to be Black or African American. These individuals may be African-American, African, Jamaican, etc.

**Line C5:** Enter the number of individuals served who consider themselves to be Latino or Hispanic.

**Line C6:** Enter the number of individuals served who consider themselves to be White or Caucasian.

**Line C7:** Enter the number of individuals served whose race or ethnicity is unknown. This line should rarely be used.

**D. Primary disabling condition of individuals served:**

Enter the number of individuals served according to the individual's primary/major disabling condition. This is the physical or mental condition, impairment or disease most responsible for the individual's work or activity limitations. Consult the case file/service record or the VR counselor to determine the major disabling condition. Persons with multiple disabilities should be counted in the category that is determined to be the primary disabling condition. Listed below is a summary of the disabling conditions used by RSA in the VR classification system. An individual may not be counted more than once during a fiscal year. The total on Line II.D22 must equal the total on Line I.B3.

**Line D1:** Enter the number of individuals served who are blind in both eyes. These individuals qualify as legally blind in both eyes.

**Line D2:** Enter the number of individuals served who are blind in only one eye or who have other visual impairments that do not result in blindness in both eyes.

**Line D3:** Enter the number of individuals served who are deaf, i.e., depend primarily on visual or tactile means to communicate.

**Line D4:** Enter the number of individuals served who are not deaf but who are hard-of-hearing.

**Line D5:** Enter the number of individuals served who are deaf-blind. These individuals meet the criteria for both blindness and deafness.

**Line D6:** Enter the number of individuals served who have orthopedic deformities, paralysis or other functional impairments (except amputations) involving the limbs, digits, trunk, back or spine.

**Line D7:** Enter the number of individuals served who are missing major or minor extremities.

**Line D8:** Enter the number of individuals served with mental illness.

**Line D9:** Enter the number of individuals served with alcohol or drug addictions.

**Line D10:** Enter the number of individuals served with all degrees of mental retardation (mild, moderate and severe/profound).

**Line D11:** Enter the number of individuals served with any specific developmental disorders that result in learning disabilities.

**Line D12:** Enter the number of individuals served who have epilepsy or other disorders of the nervous system, not elsewhere classified.

**Line D13:** Enter the number of individuals served who are disabled from respiratory system conditions including tuberculosis, emphysema and chronic bronchitis.

**Line D14:** Enter the number of individuals served who are disabled from cardiac and other circulatory system conditions.

**Line D15:** Enter the number of individuals served who are disabled from digestive system conditions of the teeth and supporting structures, ulcers, hernias and colostomies.

**Line D16:** Enter the number of individuals served with end-stage renal failure or other genitourinary conditions.

**Line D17:** Enter the number of individuals served with speech impairments, such as cleft palate and harelip with speech imperfections, stammering and stuttering, laryngectomies,

and aphasia resulting from strokes.

**Line D18:** Enter the number of individuals served who are infected with the human immunodeficiency virus (HIV), whether symptomatic or asymptomatic.

**Line D19:** Enter the number of individuals served whose disabling condition or functional limitation is caused by traumatic brain injuries (TBI).

**Line D20:** Enter the number of individuals served who have other impairments or disabling diseases and conditions not mentioned above.

**Line D21:** Enter the number of individuals served whose major disabling condition could not be determined. This line should be marked in only rare circumstances.

**Line D22:** Add Lines D1 through D21 and enter the total here. This sum also must equal the total recorded on Line I.B3.

**E.** Types of individuals served:

Enter the number of individuals served according to their relationships with the various programs or projects providing them with services under the Act. For purposes of CAP, "services under the Act" does not include activities carried out under the Protection and Advocacy of Individual Rights (PAIR) program. An individual may be counted more than once during a fiscal year. However, the total on any line cannot exceed the total on Line I.B3.

**Line E1:** Enter the number of individuals served who have applied for or who have attempted to apply for services from the State VR agency and one of the following situations has occurred:

- a) the application was not processed;
- b) no final determination of eligibility has been made; or
- c) the individual has been determined ineligible to receive services.

**Line E2:** Enter the number of individuals served who have been determined eligible for VR services. It does not matter whether the individual's IPE has been developed or implemented. In addition, be sure to include here any individual with severe disabilities who has supported employment identified as his/her rehabilitation objective (i.e., recipients of supported employment services). It does not matter whether the supported employment activity is funded from Title I or Title VI, Part C of the Act.

**Line E3:** Enter the number of individuals served who have either applied for or are receiving Independent Living services under Title VII of the Act.

**Line E4:** Enter the number of individuals served who have either applied for or are receiving services from other programs funded under the Act (e.g., community

rehabilitation programs, Projects with Industry, migratory farm workers, Supported Employment projects, VR projects for American Indians, Recreation, and Interpreter Services).

**E.** Source of person's concern:

Enter the number of individuals served according to the source of the individual's problems or concerns. Although multiple responses are permitted, a problem area cannot be attributed to a particular individual served more than once during a fiscal year. No line may exceed the total on Line I.B3.

**Line F1:** Enter the number of individuals served who are only experiencing problems with the State VR agency. It does not matter whether the individual is receiving Title I or Title VI, Part C services. All that matters is that the individual's complaint only involves the State VR agency.

**Line F2:** Enter the number of individuals served who are experiencing problems only with programs and projects, other than the State VR agency, that provide services under the Act. In other words, the individual's complaint is not with the State VR program, but instead is with another project or program funded under the Act.

**Line F3:** Enter the number of individuals served who are having problems with both the State VR agency and another program or project that provides services under the Act.

**Line F4:** Enter the number of individuals served who had problems with their employers regarding their rights under Title I of the ADA.

**G.** Problem areas:

Enter the number of individuals served according to the problem area identified by the individual. An individual may have issues that fall into more than one problem area; therefore, multiple responses are permitted. However, a problem area cannot be attributed to a particular individual served more than once during a fiscal year. The amount on any line may not exceed the total on Line I.B3.

**Line G1:** Enter the number of individuals served who requested information about any of the services, programs, and projects authorized under the Act or about rights under Title I of the ADA.

**Line G2:** Enter the number of individuals served who need help in resolving a communication problem. For example, the individual may ask CAP to:

- a) clarify the individual's rights and obligations under the Act;
- b) clarify the policy/procedures of programs under the Act; or
- c) help re-establish contact with the VR agency following an inadvertent breakdown in the communication process. An inadvertent breakdown in the

communication process can occur when the staff member cannot locate the individual because he or she has moved or when the individual is not assigned to a new staff member after the former staff member has left the agency.

Do not include on this line communication problems that are due to a conflict between the individual and the agency staff member. These should be included on Line II.G3.

**Line G3:** Enter the number of individuals served who had a conflict with their VR counselor or any staff member of one of the programs authorized under the Act. In a sense, client-staff conflict problems/concerns might be regarded as the underlying cause of most other problem areas for individuals. Client/counselor conflicts can occur when the client:

- a) disagrees with the decision/action of the staff member;
- b) desires a change of a counselor or staff member; or
- c) has a personality conflict with the staff member.

Also include on this line the number of individuals served who request CAP assistance in resolving problems that involve the quantity, quality, and/or expediency of the services received under the Act. However, if the basic cause of such delays or denials is a problem of the individual's eligibility, this problem should be recorded on line II.G4. Individuals served who had conflicts related to employment goals or informed choice should be included on Line II.G5.

**Line G4:** Enter the number of individuals served who have concerns involving such issues as the application process, ineligibility determinations, delays in eligibility determinations, or reapplication procedures.

**Line G5:** Enter the number of individuals served who have concerns involving the development or implementation of their IPE. Include on this line those individuals who had problems related to employment goals or informed choice issues.

**Line G6:** Enter the number of individuals served who have problems or concerns with a program or project funded under the Act but that cannot be included appropriately in one of the preceding categories.

**Line G7:** Enter the number of individuals served who had problems or concerns with issues that are not related to their rehabilitation program, such as AFDC, SSI/SSDI, or housing. An individual served may be recorded here **only if** the individual served also is recorded in one of the other problem areas above. The issues related to this problem area are beyond the immediate domain of services provided under the Act. However, sometimes these issues affect the individual's relationship with the rehabilitation program or project.

**Line G8:** Enter the number of individuals served who had problems or concerns related to their rights under Title I of the ADA. Do not include on this line the number of individuals served who merely asked for information about their rights under Title I of the ADA. Those individuals served should be accounted for on line II.G1 above.

## H. Types of services:

Following is a listing of the categories of services CAP can provide an individual served. It is expected that CAP often will provide more than one type of service during the course of the CAP/client relationship. However, choose **one** primary CAP service provided to the individual before the case file/service record was closed. Choose the CAP service provided that best reflects the assistance and representation CAP provided to the individual while the case file/service record was open. Generally, this will mean that CAP should mark the highest level of service CAP provided on behalf of the individual while the case file/service record was open.

As stated in earlier sections of these instructions, the number of case files/service records may, in some situations, be greater than the total number of individuals served (Line I.B3) in order to account for those unusual situations, referred to in Line I.B4, when an individual had multiple case files/service records closed during the fiscal year. However, no line may exceed the total on Line I.B3. Estimated counts are not acceptable. CAPs should maintain records to respond to this item accurately.

**Example 1:** An individual may have benefited from CAP's negotiation assistance and been represented at an informal review and a fair hearing. CAP provided the individual all of these services during the course of one case file/service record. This individual should be counted in the category for formal appeal procedures.

**Example 2:** An individual may have had two case files/service records opened/closed during the same fiscal year. During the course of working with the individual in the first case file/service record, CAP provided information and negotiation assistance. During the course of working with the individual in the second case file/service record, CAP provided information and negotiation assistance and represented the individual at an informal review proceeding. CAP should account for this individual in the negotiation (first case file) and the informal review proceeding (second case file) categories.

A description of advocacy services provided to more than one individual (systemic advocacy) should be provided in the narrative section of this report. See the instructions for completing the narrative section.

**Line H1:** Enter the number case files/service records closed in which the highest-level CAP service provided to the individual served was information/referral (I&R) services. This category of services must be in addition to another service; therefore, this response will be rarely marked. I&R services can include a telephone conversation, letter, or face-to-face contact that provided information to individuals served about rights and benefits available under the Act and how to obtain such benefits, as well as rights provided under Title I of the ADA, or resulted in a referral to another source for services.

**Line H2:** Enter the number of case files/service records closed in which the highest level

of CAP services provided to the individual served fits into one of the following categories: reviewed the problem or concern expressed; consulted with the individual on various courses of action; researched possible solutions; developed strategies; and provided advice.

Also, include here the number of closed case files/service records for individuals served that reflects CAP's coaching and assistance with self-advocacy. The problems identified by these individuals could fall under the Act or Title I of the ADA.

**Line H3:** Enter the number of case files/service records closed in which the highest level of CAP services provided to the individual served was that CAP engaged in negotiation in order to effect a settlement or compromise with a representative of a program, project or facility funded under the Act or with an employer to reconcile differences.

**Line H4:** Enter the number of case files/service records closed in which the highest level of CAP services provided to the individual served was that CAP assisted the individual in requesting, preparing for, or participating in an informal review with the rehabilitation program or project funded under the Act. This assistance is more than merely advising the individual of the administrative review process; that kind of activity should be recorded on Line H1 above.

**Line H5:** Enter the number of case files/service records closed in which the highest level of CAP services provided to the individual served was that CAP engaged in alternative dispute resolution (ADR) procedures to resolve the dispute between the individual and the rehabilitation program or project funded under the Act or between the individual and an employer. ADR can include mediation which involves a mediator, intermediary, or conciliator to settle disputes between parties. Mediation may involve the use of a professional mediator, other independent third party mutually agreed to by the parties in the dispute, or a CAP employee who: 1) is not involved with representing or assigned to represent the individual; and 2) has not previously represented or been involved with representing the individual. See related section later in the "narrative" portion of these instructions.

**Line H6:** Enter the number of case files/service records closed in which the highest level of CAP services provided to the individual served was that CAP assisted the individual in requesting, preparing for, or participating in formal review proceedings conducted by impartial hearing officers and State Directors/Fair Hearing Boards. Do not include any legal services provided on this line.

**Line H7:** Enter the number of case files/service records closed in which the highest level of CAP services provided to the individual served was that CAP assisted the individual in pursuing legal recourse in the judicial system to resolve the individual's problem or concern.

**Line H8:** Enter the number of case files/service records closed in which CAP provided the individual served with transportation services in connection with other CAP services. An individual also is deemed to have received transportation services if his/her attendant was transported on his/her behalf.

#### **4. PART III. NARRATIVE (Attach separate sheets.)**

According to Education Department General Administrative Regulations (EDGAR) at 34 CFR Part 80, each CAP agency shall submit a written performance report that includes, but is not limited to, the following information. Be sure to include any other information, not otherwise collected on this reporting form that would be helpful in describing the extent of CAP activities this fiscal year. Please limit the narrative report, including attachments, to 20 pages or less.

- a. **Type of agency used to administer CAP:** Identify the type of agency used to administer the CAP and type of agency operating the CAP, if different. Types of agencies used to administer the CAP include, but are not limited to:
  - 1) external -- P&A;
  - 2) external -- other public agency;
  - 3) external -- nonprofit agency;
  - 4) internal to State VR agency (not sub-contracted); and
  - 5) internal to State VR agency (sub-contracted).
  
- b. **Sources of funds expended:** Specify the total expenditure of funds used in providing services to CAP-eligible individuals according to the source of funding. Provide this information even if the agency's only source of funding is the Federal formula grant. The following chart is recommended:

Source of funding	Total expenditures spent on individuals
Federal funds	
State funds	
All other funds	
Total from all sources	

The "all other" category is broad and includes funds from local governments, earned income (e.g., legal fees), charitable contributions, and other grants or contracts. This category does not include in-kind donations. However, it is hoped that CAP agencies will collect this information separately if appropriate.

- c. **Budget for current and following fiscal years:** Be sure to outline the budget for the current and subsequent fiscal years. This item should include a breakdown of dollars expended/allotted for administrative costs (e.g., salaries for personnel, equipment, etc.); and services to individuals and other expenses (e.g., training of staff, travel, etc.). The following chart is recommended:

Category	Current Fiscal Year	Next Fiscal Year
Wages & Salaries		
Fringe Benefits (FICA, unemployment, etc.)		
Materials/Supplies		
Postage		
Telephone		
Rent		
Travel		
Copying		
Bonding/Insurance		
Equipment Rental/Purchase		
Legal Services		
Indirect Costs		
Miscellaneous		
Total Budget		

- d. **Number of person-years:** "Person-years" refer to the actual time that positions (both professional and clerical) were filled during the period covered by this annual report. If a position was filled throughout the year, it counts as one person-year.

Positions filled for any fraction of the fiscal year should be expressed in "full-time equivalents." Person-years should be reported for all CAP personnel whose salaries are paid totally or partially by Section 112 funds. Identify the number of person-years staffing CAP this fiscal year. Be sure to include an explanation of the number of full-time, part-time, and vacant positions. Enter the full-time equivalent for all part-time positions. The following chart is recommended:

Type of position	Full-time equivalent	% of year position filled	Person-years
Professional			
Full-time			
Part-time			
Vacant			
Clerical			
Full-time			
Part-time			
Vacant			

- e. **Summary of presentations made:** Summarize the types of presentations made about CAP and other rehabilitation programs and projects. Include in the summary an estimate of the number of persons attending the presentations.
- f. **Involvement with advisory boards:** Identify in what ways CAP is involved with advisory boards (e.g., State Rehabilitation Advisory Council, Statewide Independent Living Council, etc.).
- g. **Outreach to unserved/underserved populations:** Identify the strategies used to conduct outreach to and to serve individuals previously unserved or underserved and/or individuals who are members of minority groups. Describe the impact of your outreach efforts, especially in terms of how your outreach efforts have benefited individuals who traditionally have been unserved or underserved.
- h. **Alternative dispute resolutions:** The Act clearly mandates CAPs to engage in mediation (or other forms of alternative dispute resolutions) prior to seeking a formal or legal remedy on behalf of the individual served. Part II-H5 of the Form RSA-227 asks you to identify the number of times your CAP agency engaged in ADR. In addition to that numerical data, be sure to describe, in the Narrative portion of your report, your efforts at engaging in ADR procedures, including how

successful (or not successful) your attempts have been and an explanation of why CAP did not engage in ADR prior to seeking a formal or legal remedy.

- i. **Systemic advocacy:** Describe the systemic advocacy undertaken. Indicate the problems that have been identified in the delivery of VR and independent living services. To the extent possible, detail evidence/documentation that substantiates the problems. Summarize the activities CAP has undertaken to remedy the problems. Outline the State VR agency's responses to those activities and explain the status of the problems at the close of the fiscal year. As appropriate, provide CAP's plans for continuing to address the problems during the next fiscal year.
- j. **Interesting cases:** Describe a few of the more interesting or unique cases that CAP worked on during the fiscal year. Summarize the facts of the case and the activities that CAP undertook or is undertaking to resolve the issues raised by the individual served. Explain whether the case raised systemic or policy-making issues and CAP's plan to address those issues.
- k. **On-line information/outreach:** Describe efforts CAP may have put forth to create a web page or some other on-line means of providing information to the public. Include information about the number of "hits" your on-line site received.

5. **End of form:**

**Transmittal:** The RSA-227 reports should be sent within 90 days of the end of the fiscal year covered. Please submit one form each to RSA Central Office and the appropriate regional office using one of the options listed below. If you have questions regarding the completion of this form, contact RoseAnn Ashby in the RSA Central Office at: 202 245-7258.

A. Electronic Mail addresses via INTERNET--

Specific instructions and the URL for key entry/on-line editing of data directly into the RSA MIS will be provided when available.

The RSA Central Office Internet E-mail address for the RSA-227 is: [roseann.ashby@ed.gov](mailto:roseann.ashby@ed.gov)

For information about completion of the RSA-227, please use the same Internet E-mail address.

Regional Office E-mail addresses are:

Region I	<a href="mailto:Allen.Kropp@ed.gov">Allen.Kropp@ed.gov</a>
Region II	<a href="mailto:Allen.Kropp@ed.gov">Allen.Kropp@ed.gov</a>
Region III	<a href="mailto:Ralph.Pacinelli@ed.gov">Ralph.Pacinelli@ed.gov</a>
Region IV	<a href="mailto:Ralph.Pacinelli@ed.gov">Ralph.Pacinelli@ed.gov</a>
Region V	<a href="mailto:Joe.Cordova@ed.gov">Joe.Cordova@ed.gov</a>

Region VI     [Loerance.Deaver@ed.gov](mailto:Loerance.Deaver@ed.gov)  
Region VII    [Joe.Cordova@ed.gov](mailto:Joe.Cordova@ed.gov)  
Region VIII   [Loerance.Deaver@ed.gov](mailto:Loerance.Deaver@ed.gov)  
Region IX     [Noel.Nightingale@ed.gov](mailto:Noel.Nightingale@ed.gov)  
Region X      [Noel.Nightingale@ed.gov](mailto:Noel.Nightingale@ed.gov)

**B. US Mail and Facsimile--**

The Central Office fax # is (new CO FAX number); and the US postal address is:

Rehabilitation Services Administration  
550 12<sup>th</sup> Street, S.W.  
Washington, D.C. 20202-2703

RSA Regional Office fax numbers and addresses are as follows:

Region I

Mr. Allen Kropp  
RSA Regional Commissioner  
Dept. of Education, OSERS  
J.W. McCormack Post Office  
and Courthouse, Room 502  
Boston, MA 02109  
Fax: 617-223-4573

Region II

Mr. Allen Kropp  
RSA Regional Commissioner  
Dept. of Education, OSERS  
75 Park Place, 12<sup>th</sup> Floor  
New York, NY 10007  
Fax: 212-264-3029

Region III

Dr. Ralph N. Pacinelli  
RSA Regional Commissioner  
Dept. of Education, OSERS  
The Wannamaker Building, Suite 512  
100 Penn Square East  
Philadelphia, PA 19104  
Fax: 215-596-0471

Region IV

Dr. Ralph N. Pacinelli  
RSA Regional Commissioner  
Dept. of Education, OSERS  
61 Forsyth Street, S.W., Room 18-T-91  
Atlanta, GA 30303-3104  
Fax: 404-562-6346

Region V

Mr. Joe Cordova  
RSA Regional Commissioner  
Dept. of Education, OSERS  
111 N. Canal, Room 1048  
Chicago, IL 60606-7204  
Fax: 312-353-8623

Region VI

Mr. Loerance Deaver  
RSA Regional Commissioner  
Dept. of Education, OSERS  
Harwood Center  
1999 Bryan Street, Suite 2740  
Dallas, TX 75201-6817  
Fax: 214-880-4931

Region VII

Mr. Joe Cordova  
RSA Regional Commissioner  
Dept. of Education, OSERS  
8930 Ward Parkway, Suite 2212  
Kansas City, Missouri 64114  
Fax: (816) 268-0448

Region VIII

Mr. Loerance Deaver  
RSA Regional Commissioner  
Dept. of Education, OSERS  
Federal Office Building, Suite 310  
1244 Speer Boulevard  
Denver, CO 80204-3582  
Fax: 303-844-6269

Region IX

Ms. Noel Nightingale  
RSA Regional Commissioner  
Dept. of Education, OSERS  
Federal Office Building, Room 215  
50 United Nations Plaza  
San Francisco, CA 94102  
Fax: 415-437-7848

Region X

Ms. Noel Nightingale  
RSA Regional Commissioner  
Dept. of Education, OSERS  
915 Second Avenue, Room 2848  
Seattle, WA 98174-1099  
Fax: 206-220-7842

**Signature and title of CAP program director:** The director of the CAP agency should sign the form to certify that it is complete and correct.

**Date:** Enter the month, day and year in which the form is sent to RSA.