

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND
REHABILITATIVE SERVICES
REHABILITATION SERVICES ADMINISTRATION
WASHINGTON, DC 20202-2741

POLICY DIRECTIVE
RSA-PD-95-01
RSM-4520
DATE: 10-13-94

ADDRESSEES: STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL)
STATE VOCATIONAL REHABILITATION AGENCIES (BLIND)
CLIENT ASSISTANCE PROGRAMS
RSA SENIOR MANAGEMENT TEAM

SUBJECT: Form ED(RSA)-7OB, Annual Report for Independent Living Services for
Older Individuals who are Blind

POLICY

STATEMENT: The Office of Management and Budget (OMB) has approved the
ED(RSA)-7OB reporting form for the collection of specific data for the
Independent Living Services for Older Individuals who are Blind
Program.

The Form ED(RSA)-7OB has been approved by OMB for use by the
Rehabilitation Services Administration (RSA) until July 31, 1997, under
the Paperwork Reduction Act of 1980. The OMB number is 1820-0608.

Reports are due in the RSA Central Office no later than 60 days following
the end of the Federal Fiscal Year. Each grantee of Title VII, Chapter 2
funds is responsible for providing all information requested on this form,
whether operated by the State agency directly or through subgrants to
public or private nonprofit agencies or organizations.

Attached for your assistance is a copy of the form with its instructions for
use in submitting this report. Please submit the original of the completed
report to the Independent Living Branch, Office of Developmental
Programs, Rehabilitation Services Administration, Department of
Education, 600 Independence Avenue, S.W., Washington, D.C.
20202-2741.

CITATIONS

IN LAW: Chapter 2 of Title VII of the Rehabilitation Act of 1973, as amended

CITATIONS IN

REGULATIONS: 34 CFR 367.11

INQUIRIES: Raymond Melhoff, TELEPHONE (202) 205-9320

Fredric K. Schroeder
Commissioner

ED(RSA)-70B form
OMB No. 1820-0608
Expiration Date 7-31-97

UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

REHABILITATION SERVICES ADMINISTRATION

Washington, D.C. 20202-2741

FISCAL YEAR 19

ANNUAL REPORT

INDEPENDENT LIVING SERVICES

FOR

OLDER INDIVIDUALS WHO ARE BLIND

GRANTEE

GRANT NO.

Chapter 2, Title VII of the Rehabilitation Act, as amended
Section 752(i)(2)(A) of the Rehabilitation Act, as amended

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, Information Management and Compliance Division, Washington, DC 20202-4651; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

PART I - SOURCES AND AMOUNTS OF FUNDING

(a) Total funding provided by each of the following sources

(1) Federal	\$
(2) State (excluding in kind)	\$
(3) Third party contributions (including local & community funding, excluding in kind)	\$
(4) In kind contributions	\$
(5) Total	\$

(b) Total expenditures allocated to administrative, support staff and general overhead costs \$

(c) Total direct expenditures (a)(5) minus (b) \$

PART II - STAFFING

(a) <u>Staff Working on the Project (FTE)</u>	Total Positions	Persons With Disabilities ¹	Number who are racial/ethnic Minority
(1) Administrative staff			
(2) Direct service staff			
(3) Support staff			
(4) Consultants			
(5) Volunteers			

PART III - DATA ON INDIVIDUALS (please identify the number of individuals served in each category below)

(a) Age

(1) 55-60

¹ Includes persons employed who are older individuals who are blind

- (2) 61-65**
- (3) 66-70**
- (4) 71-75**
- (5) 76-80**
- (6) 81-85**
- (7) 86 and over**

(b) Gender

- (1) Female**
- (2) Male**

(c) Race/ethnicity

- (1) White (non-Hispanic)**
- (2) Black (non-Hispanic)**
- (3) American Indian or Alaskan Native**
- (4) Asian or Pacific Islander**
- (5) Hispanic**
- (6) Other (specify)**

(d) Visual Disability

- (1) Totally Blind (LP only or NLP)**
- (2) Legally blind (excluding total blindness)**
- (3) Visual impairment progressing toward legal blindness**

(e) Non-Visual Disabilities (as reported by the individual)

- (1) Alterations in mental functioning**
 - (i) Alzheimer's disease**
 - (ii) Dementia, non-Alzheimer type**
 - (iii) Mental retardation**
 - (iv) Other**
- (2) Cancer**
- (3) Cardiovascular disease**
 - (i) Heart disease, chronic chest pain, or history of heart attack or surgery**
 - (ii) High blood pressure**
- (4) Deaf or hard-of-hearing**
- (5) Diabetes (Type I & II)**
- (6) Kidney failure**

(7) Musculoskeletal

(i) Arthritis

(ii) Amputations

**(iii) Fractures/injuries which resulted in
permanent loss/impairment of limb
function (exclude stroke)**

- (8) Neurologic changes due to:
 - (i) Stroke (CVA) with resulting paralysis or weakness
 - (ii) Peripheral or diabetic neuropathy
 - (iii) Other conditions effecting the central nervous system (includes seizure disorders, cerebral palsy, multiple sclerosis, etc.)
- (9) Respiratory or lung conditions
- (10) Other

PART IV TYPES OF SERVICES PROVIDED; NUMBER OF OLDER INDIVIDUALS WHO ARE BLIND RECEIVING EACH TYPE OF SERVICE; AMOUNTS OF RESOURCES COMMITTED TO EACH TYPE OF SERVICE

- (a) Number of individuals for whom one or more services were provided during this fiscal year
- (b) Estimated number of individuals in the state who qualify as potential recipients of program services under Chapter 2 of Title VII

(c) Training	Number of Individuals Served	Resource Commitment in \$
(1) Orientation & Mobility Skill		
(2) Communication Skills (i.e. print on palm and/or braille)		
(3) Daily Living Skills		
(4) Assistive Devices/technology		
(i) Home appliances		
(ii) Low vision aids		
(iii) Communication aids		
(5) Advocacy		
(6) Management of secondary disabilities		

(d) Other Individual Services	Number of Individuals Served	Resource Commitment in \$
(1) Low vision screening/services		
(2) Counseling (individual, peer, and family)		
(3) Transportation		
(4) Readers and guides		
(5) Restorative Services		
(6) Referral to other agencies		
(7) Support groups		
(8) Community integration		
<p>(e) Outreach Services (Briefly describe activities for expanding into underserved or unserved populations.)</p>		
<p>(f) Community Awareness (Describe community education and activities such as brochures, media, presentations, health fairs, designed to increase knowledge of blindness and its causes and the needs of blind individuals)</p>		
<p>(g) Community Capacity (Describe collaboration with other entities and efforts to improve or expand community services or programs for older individuals who are blind)</p>		



PART V - NARRATIVE

(a) Describe any new methods and approaches relating to IL services for older individuals who are blind that were developed by this project that the State will seek to incorporate into the State plan for independent living under section 704 of the Act.

(b) Please provide a brief narrative, about one or two individuals where services significantly contributed to the maintenance of, or the increased independence of older individuals who are blind.

(c) Provide data on actions taken to employ, and advance in employment, qualified individuals with severe disabilities, including older individuals who are blind.

(d) Compare the prior fiscal year's activities and achievements with the current or reporting fiscal year's activities and achievements.

_____ **Project Director (Signature)** **Date**
_____ **Name (printed)** **Phone:**

**INSTRUCTIONS FOR COMPLETING THE ANNUAL REPORT ON INDEPENDENT LIVING SERVICES FOR OLDER INDIVIDUALS WHO ARE BLIND -
TITLE VII, CHAPTER 2**

Each grantee of Title VII, Chapter 2 funds is responsible for providing all information requested on this form for the project funded by the grant, whether operated by the State agency or by subcontract. Reports are due in the Rehabilitation Services Administration (RSA) Central Office no later than 60 days following the end of the Federal fiscal year (November 30).

Heading

**Indicate the Federal fiscal year covered by this report.
Indicate the name of the grantee and grant number.**

PART I. Sources and Amounts of Funding

a. Total funding provided by each of the following sources - Provide amount of funds the project received from each of the sources indicated during the reporting fiscal year, October 1 through September 30.

1. Federal - self explanatory.

2. State (excluding in-kind) - self explanatory.

3. Third party contributions (including local & community funding, excluding in-kind) - self explanatory.

4. In-kind contributions - other than cash, i.e. staff, space, or equipment.

5. Total - sum of amounts on line 1 through 4.

b. Total expenditures allocated to administrative, support staff and general overhead costs - do not include the cost of staff which provide direct services, or contracts or subgrants which pay for the provision of direct services to individuals.

c. Total direct expenditures equals the total in (a)(5) minus (b) and includes the cost of staff and any services or aids and appliances purchased for individuals.

PART II. Staffing

a. Full time equivalents (FTE's) assigned to project - One person working full-time for one year counts as one full-time-equivalent (FTE) position. Part-time positions filled throughout the year and positions filled for any fraction of the year should be computed as a fraction of the FTE to the nearest tenth.

For the reporting fiscal year, indicate the number of FTE positions in each category listed. In the first column indicate total FTE positions; in the second column indicate the number of individuals with disabilities in those positions, including older individuals who are blind; and in the third column the number of individuals who are from a racial/ethnic minority background.

Categories of positions are:

- 1. Administrative staff - Includes project director, managers, and supervisors.**
- 2. Direct service staff - Persons who provide direct services such as rehabilitation teachers, counselors, and trainers.**
- 3. Support staff - Persons supporting the operation of the project as clerical.**
- 4. Consultants - Non-staff persons hired to provide specific professional services.**
- 5. Volunteers - unpaid workers who contribute time to the project.**

PART III. Data on Individuals (Please identify the number of individuals served in each category below) The information in this part should be provided for each individual who received one or more services through this project during the project reporting period.

a. Age - indicate numbers of individuals in each age category.

- 1. 55-60**

- 2. 61-65**
- 3. 66-70**
- 4. 71-75**
- 5. 76-80**
- 6. 81-85**
- 7. 86 and over**

b. Gender - indicate the number of individuals in each category.

- 1. Female**
- 2. Male**

c. Race/Ethnicity - Information should be elicited on a voluntary basis, by provider observation, or information gathered from referral. For persons who are of mixed racial origin, use the category which most closely reflects the individual's recognition in his community.

- 1. White (non-Hispanic)**
- 2. Black (non-Hispanic)**
- 3. American Indian or Alaskan Native**
- 4. Asian or Pacific Islander**
- 5. Hispanic**
- 6. Other (specify)**

d. Visual Disability

1. Totally Blind (LP only or NLP) - In the case of an individual that has no light perception or light perception only, it is not essential to provide medical documentation. This can be determined through the observations of the counselor/teacher or the individual may state their level of vision.

2. Legally Blind (excluding total blindness) - This may be taken from the medical report, or, in the case of those individuals for whom the report does not contain exact acuity, a Snellen chart may be used.

3. Visual impairment progressing toward legal blindness - This may be determined by medical exam or through use of a Snellen chart. These individuals would not be legally blind but have a condition which progresses toward legal blindness.

e. Non-Visual Disabilities in addition to significant visual impairment (as reported by the individual). Enter the number of individuals reporting each of these conditions. Self reporting is acceptable in this category and no

medical confirmation is required.

1. Alterations in mental functioning

- i. Alzheimer's Disease - self explanatory.**
- ii. Dementia, non-Alzheimer type - self explanatory.**
- iii. Mental retardation - self explanatory.**

2. Cancer (includes any type or location, benign or malignant)

3. Cardiovascular Disease

- i. Heart disease, chronic chest pain, or history of heart attack or surgery - self explanatory.**
- ii. High blood pressure - self explanatory.**

4. Deaf or hard of hearing - includes chronic disorder of the external ear, tympanic membrane, middle ear, and inner ear such as chronic otitis media, presbycusis, use of hearing aids, etc.

5. Diabetes (Type I & II) - include juvenile diabetes, adult onset diabetes, insulin dependent and non-insulin dependent diabetes.

6. Kidney failure - includes chronic renal failure and nephritis.

7. Musculoskeletal

- i. Arthritis - includes rheumatoid arthritis, ankylosing spondylitis, osteoarthritis, bursitis, gout, systemic lupus erythematosus, etc.**
- ii. Amputations - self explanatory.**
- iii. Fractures/injuries which resulted in permanent loss/impairment of limb function (exclude stroke)-- include hip/femur fractures, upper and/or lower extremity fractures which result in impaired function of the limb during the course of rehabilitation services.**

8. Neurologic changes due to:

- i. Stroke, cardiovascular accident (CVA) with resulting paralysis or weakness - self explanatory.**
- ii. Peripheral or diabetic neuropathy - includes those individuals who experience alterations in their ability to function due to the presence of this condition.**
- iii. Other conditions effecting the central nervous system (includes seizure disorders, cerebral palsy, multiple sclerosis, etc.) - self explanatory.**

9. Respiratory or lung conditions - includes asthma, chronic obstructive pulmonary disease, chronic bronchitis, and emphysema.

10. Other - includes any disabling conditions of a chronic nature which is not otherwise described in the above listing.

PART IV. Service Provision (Please identify the number of individuals receiving each service and total direct resources committed to each.)

- a. Number of individuals for whom one or more services were provided during this fiscal year - provide the total number of individuals who received one or more services during the reporting period.**

- b. Enter the estimated number of individuals in the state who qualify as potential recipients of program services under Title VII, Chapter 2.**

The columns on the form under c and d showing the number of individuals served will be a duplicative count since individuals may receive more than one service. If the exact dollar amount is unknown, the suggested formula for arriving at an estimated resource commitment is:

Total Direct Resources (see IC) multiplied by service % of time devoted to equals Resource commitment

(Example: \$150,000 x .10 (10% of time) = \$15,000)

c. Training - Items below are self explanatory

1. Orientation & Mobility Skills

2. Communication Skills (i.e. print on palm and/or braille)

3. Daily Living Skills

4. Assistive devices/technology

- i. Home appliances**
- ii. Low vision aids**
- iii. Communication aids**

5. Advocacy

6. Management of secondary disabilities

d. Other Individual services - Items below are self explanatory

1. Low vision screening/services

2. Counseling (individual, peer, and/or family)

3. Transportation provision

4. Readers and guides

5. Restorative Services

6. Referral to other agencies (i.e. Social Security, VR agency, meal programs, talking book services)

7. Support groups

8. Community Integration

e. Outreach services - activities to expand services into underserved or unserved populations.

f. Community awareness - Community education and activities such as brochures, media, presentations, health fairs, designed to increase knowledge of blindness and its causes and the needs of blind individuals.

g. Community capacity - collaboration with other agencies and organizations and efforts to increase community services or programs for older individuals who are blind.

PART V. Narrative

a. Describe any new methods and approaches relating to IL services for older individuals who are blind that were developed by this project that the State will seek to incorporate into the State plan under section 704.

b. Please provide a short narrative, not to exceed 200 words each, about one or two individuals (without revealing specific personally identifying information) where services contributed to the maintenance of, or the increased independence of older individuals who are blind.

c. Provide data on actions taken to employ, and advance in employment, qualified individuals with severe disabilities, including older individuals who are blind.

d. Compare the prior fiscal year's activities and achievements

with the current or reporting fiscal year's activities and achievements.

Indicate the name of the project director who is noted on the face of the application and who can provide detailed information about the project.