

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

POLICY DIRECTIVE

RSA-PD-99-06

RSM-4520

DATE: May 3, 1999

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

SUBJECT: Form ED(RSA)-7-OB, 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)-7-OB reporting form for the collection of specific data for the
Independent Living Services for Older Individuals who are Blind Program.

The Form ED(RSA)-7-OB has been approved by OMB for use by the
Rehabilitation Services Administration (RSA) until January 31, 2001,
under the Paperwork Reduction Act of 1980. The OMB number is 1820-
0608.

Reports are due in the RSA Central Office no later than December 29
annually. 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 sub-grants 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 annual report. A State agency may chose to use an
external evaluator to administer the survey annually. Internal staff may
also be utilized to administer the Participant Survey provided that random
sampling methods are practiced in selecting consumers to ensure valid
standards of measurements of outcomes. Remember, consumers
participating in the survey must be randomly selected from closed case
files. Please submit the original of the completed report to the
Independent Living Branch, Office of Developmental Programs,

Rehabilitation Services Administration, Department of Education, 400
Maryland 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:

Edna Johnson, Chapter 2 Program Officer

TELEPHONE:

(202) 205-9320

Fredric K. Schroeder
Commissioner

Attachment

cc: CSAVR
NCIL

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

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 **1820-0608**. The time required to complete this information collection is estimated to average **8 hrs** hours (or minutes) 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(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Ray Melhoff, Older Blind Program, Independent Living Branch, U.S. Department of Education, MES Bldg., Room 3328, 330 C St. S.W., Washington, D.C. 20202-2741

PART I - SOURCES AND AMOUNTS OF FUNDING

(a) Total funding by each of the following sources

- (1) Title VII, Chapter 2 \$ _____
- (2) Other Federal \$ _____
- (3) State (excluding in kind) \$ _____
- (4) Third party contributions (including local & community funding, excluding in kind) \$ _____
- (5) In kind contributions \$ _____
- (6) Total \$ _____

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

(c) Total direct expenditures (a)(6) minus (b) \$ _____

PART II - STAFFING

<u>Staff Working on the Project</u> <u>(FTE)</u>			FTE With Disabilities	FTE Who are Racial/ Ethnic Minority
administrative staff				
direct service staff				
support staff				
consultants				
volunteers				

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

(a) Age

- (1) 55-59 _____
- (2) 60-64 _____
- (3) 65-69 _____
- (4) 70-74 _____
- (5) 75-79 _____
- (6) 80-84 _____
- (7) 85 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) Not Reported

(d) Visual Disability

(1) Totally Blind (LP only or NLP)

(2) Legally blind (excluding total blindness)

(3) Severe visual impairment

(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) Hearing impaired

(5) Diabetes

(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) Purchase of Adaptive Aids, Devices, or Equipment -- cost \$_____	Number of Individuals Served
(1) Home appliances	
(2) Low vision aids	
(3) Communication aids	

(c) Training -- cost \$_____	Number of Individuals Served
(1) Orientation & Mobility Skill	
(2) Communication Skills (i.e. print on palm and/or braille)	
(3) Daily Living Skills	
(4) Adaptive Aids, Devices, and Equipment	
(5) Advocacy	
(6) Management of secondary disabilities	
(d) Other Individual Services cost \$_____	
(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	

(g) **Community Capacity** (Describe collaboration with other entities and efforts to improve or expand community services or programs for older individuals who are blind)

Cost: \$_____

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 older individuals who are blind where services significantly contributed to their maintenance or increased independence.

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

(d) **PROJECT STATUS.** Report your progress in accomplishing the objectives of the project. In doing so, for each project objective, describe the project activities, accomplishments and outcomes covering the fiscal year ending September 30. Where it is possible to do so, information on activities, accomplishments and outcomes should be quantified.

If a planned objective was not attained, or a planned activity was not conducted as scheduled, explain why, what steps are being taken to address the problem, and the schedule for doing so.

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

PART VI - PROGRAM PARTICIPANT SURVEY

Attachment A is to be completed by a mail or telephone survey of randomly selected program participants. The survey is to be conducted by either a third party, the State, or RSA as determined by the RSA Commissioner.

___ Project Director (Signature) Date

___ Name (printed) Phone:

Randomly selected program participants will be asked to please indicate the response that best describes your opinion of the services you may have received by using the following: Strongly agree is 4, Agree is 3, Disagree is 2, Strongly disagree is 1, and Not applicable is 0. The telephone interviewer will begin each question with, "Your participation in this survey should not take more than about 10 minutes.

1... I feel more confident in my ability to perform activities I had given up because of my vision loss.

- 4 - Strongly Agree
- 3 - Agree
- 2 - Disagree
- 1 - Strongly Disagree
- 0 - Not Applicable

2... Overall, I am less dependent on others.

- 4 - Strongly Agree
- 3 - Agree
- 2 - Disagree
- 1 - Strongly Disagree
- 0 - Not Applicable

3... I am better able to move confidently around my house, apartment, or yard.

- 4 - Strongly Agree
- 3 - Agree
- 2 - Disagree
- 1 - Strongly Disagree
- 0 - Not Applicable

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4... I am better able to prepare meals for myself.

- 4 - Strongly Agree
- 3 - Agree
- 2 - Disagree
- 1 - Strongly Disagree
- 0 - Not Applicable

5... I can better manage my house- keeping tasks.

- 4 - Strongly Agree
- 3 - Agree
- 2 - Disagree
- 1 - Strongly Disagree
- 0 - Not Applicable

6... I am better able to manage my paperwork (such as mail, correspondence, and writing checks).

- 4 - Strongly Agree
- 3 - Agree
- 2 - Disagree
- 1 - Strongly Disagree
- 0 - Not Applicable

7... I am better able to enjoy reading materials such as books, newspapers, magazines (whether with magnifiers, large print, Braille, or on tape).

- 4 - Strongly Agree
- 3 - Agree
- 2 - Disagree
- 1 - Strongly Disagree
- 0 - Not Applicable

8... I am better able to participate in the life of my family, friends, or community.

- 4 - Strongly Agree
- 3 - Agree
- 2 - Disagree
- 1 - Strongly Disagree
- 0 - Not Applicable

9... I feel more in control in making decisions that are important in my life.

- 4 - Strongly Agree
- 3 - Agree
- 2 - Disagree
- 1 - Strongly Disagree
- 0 - Not Applicable

10. What was the greatest difference this program made in your life? (Please comment in the space below)

The following information is optional, but will help us serve you and others better in the future.

1. What is your age? _____

2. I am (check one)

- Male
- Female

3. Do you _____? (check one)

- Live Alone
- Live with Spouse
- Live with other relative(s)
- Live with non-relative(s)

4a. What main type of eye problem do you have? (check one)

- Macular Degeneration
- Glaucoma
- Diabetic Retinopathy
- Cataracts
- Other

4b. What was the date of the onset of your vision loss?

Date: _____

5. Do you have any significant physical problems other than vision loss? (If you do, please list below:)

6. Have you ever received any services through Vocational Rehabilitation. yes___ no___

Today's date: (mo/day/yr) _____