

STATE ASSURANCES

INDEPENDENT LIVING SERVICES FOR OLDER INDIVIDUALS WHO ARE BLIND

TITLE VII, CHAPTER 2 OF THE REHABILITATION ACT OF 1973, AS AMENDED

1. _____
(Name of Agency)
has been designated by the State as the sole State agency authorized to provide rehabilitation services to individuals who are blind, and, as the Designated State Agency (DSA) will solely authorized to administer the Independent Living Services for Older Individuals Who are Blind (IL-OIB) program under section 752(a)(2) of the Rehabilitation Act of 1973, as amended (Act).
2. Grant funds will be expended only for the purposes described in § 752(d) of the Act and 34 CFR 367.1.
3. The State will make available directly or through donations from public or private entities, non-Federal contributions toward the costs of the program in an amount that is not less than \$1 for each \$9 of Federal funds provided in the grant. (§ 752(f) of the Act and 34 CFR 367.11(b)).
4. The DSA will seek to incorporate into and describe in the State plan under section 704 of the Act any new methods and approaches relating to IL services for older individuals who are blind that are developed by and determined to be effective from projects funded under the IL-OIB program. (§ 752(h) of the Act and 34 CFR 367.11(c))
5. At the end of each fiscal year, the DSA will prepare and submit to the Secretary a report, with respect to each project or program the DSA operates or administers under this part, whether directly or through a grant or contract, that contains, information that the Secretary determines necessary for the proper and efficient administration of this program, including—
 - (1) The number and types of older individuals who are blind, including older individuals who are blind from minority backgrounds, and are receiving services;
 - (2) The types of services provided and the number of older individuals who are blind and who are receiving each type of service;
 - (3) The sources and amounts of funding for the operation of each project or program;
 - (4) The amounts and percentages of resources committed to each type of service provided;
 - (5) Data on actions taken to employ and advance in employment, qualified—

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- (i) Individuals with significant disabilities;
 - (ii) Older individuals with significant disabilities who are blind;
 - (iii) Individuals who are members of racial or ethnic minority groups;
 - (iv) Women; and
 - (v) Elderly individuals;
- (6) A comparison, if appropriate, of prior year activities with the activities of the most recent year; and
- (7) Any new methods and approaches relating to IL services for older individuals who are blind that are developed by projects funded under this program. (§ 752(i)(2)(A) and 34 CFR 367.11(d))
6. The DSA will provide services that contribute to the maintenance of, or the increased independence of, older individuals who are blind; and engage in: (1) capacity-building activities, including collaboration with other agencies and organizations; (2) activities to promote community awareness, involvement, and assistance; and (3) outreach efforts. (§ 752(i)(2)(B) and 34 CFR 367.11(e)(1)(2))
7. The application is consistent with the State plan for providing IL services required by section 704 of the Act and subpart C of 34 CFR part 364. (§752(i)(2)(C) and 34 CFR 367.11(f))
8. The DSA will meet each of the requirements set forth in Title VII, Chapter 2 of the Act and 34 CFR Part 367.

NAME OF APPLICANT	
PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
SIGNATURE	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 1820-0660. The time required to complete this information collection is estimated to average 10 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:** Rehabilitation Services Administration, U.S. Department of Education, 400 Maryland Avenue S.W., PCP Room 5031, Washington, D.C. 20202-2800.