[] Yes

QUARTERLY CUMULATIVE CASELOAD REPORT

Rehabilitation Services Administration OSERS/US DEPARTMENT OF EDUCATION

Fiscal Year _____

		Period Covered		
	[] Blind	[] Oct-Dec [] Oct-Jun		
State	<pre>_[] General/Combined</pre>	[] Oct-Mar [] Oct-Sep		

Operated Under Order Of Selection During Period?
[] No

CASELOAD ITEMS	TOTAL NUMBER	NUMBER WITH SIGNFICANT DISABILITY		
A. APPLICATIONS AND ELIGIBILITY				
Applicants	_			
1 Applicants On Hand October 1				
2 Applicants, New This FY				
3 Applicants At End Of Period (A1+A2-A5-A8-A12-D7)				
4 Applicants In Trial Work/EE On Hand, October 1				
5 Applicants In Trial Work/EE Referred This FY				
6 Applicants In Trial Work/EE At End Of Period				
(A4+A5-A9-A13-D6)				
Eligible Individuals On Order Of Selection (OOS) Waiting List				
7 Individuals On OOS Waiting List On Hand October 1				
8 Individuals On OOS Waiting List, New This FY From				
Application				
9 Individuals On OOS Waiting List, New This FY From				
Trial Work/EE				
10 Individuals On OOS Waiting List At End Of Period				
(A7+A8+A9-A14-D5)				
Individuals Determined Eligible, Before Signed IPE				
11 Eligible Individuals Before Signed IPE On Hand,				
October 1				
12 Eligible Individuals Before Signed IPE, New This FY From				
Application				
13 Eligible Individuals Before Signed IPE, New This FY From Trial Work/EE				
14 Eligible Individuals Before Signed IPE, New This FY From OOS Waiting List				
15 Eligible Individuals Before Signed IPE At End Of Period (A11+A12+A13+A14-B2-D3)				

CASELOAD ITEMS		TOTAL NUMBER	NUMBER WITH SIGNFICANT DISABILITY
	DEVELOPMENT OF INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE)		
1	Individuals With Signed IPE, Before Receiving Services, On Hand October 1		
2	Individuals With Signed IPE, Before Receiving Services, This FY		
3	Individuals With Signed IPE, Before Receiving Services, At End Of Period (B1+B2-C2-D4)		
С.	SERVICE IMPLEMENTATION		
1	Individuals Receiving Services, On Hand October 1		
2	Individuals Receiving Services, Beginning This FY		
	Individuals Receiving Services At End Of Period		
	(C1+C2-D1-D2)		
	OUTCOMES FOR INDIVIDUALS EXITING THE PROGRAM		
	Individuals Exiting With Employment Outcomes		
2	Individuals Exiting Without Employment, After Receiving Services		
3	Individuals Exiting Without Employment, After Eligibility, Before Signed IPE		
4	Individuals Exiting Without Employment, After Signed IPE, Before Receiving Services		
5	Individuals Exiting From OOS Waiting List		
6	Individuals Exiting From Trial Work/EE		
7	Individuals Exiting As Applicants		
8	Total Number Of Individuals Exiting The Program		
	(D1+D2+D3+D4+D5+D6+D7)		
Contact Person (Please Print)Phone Number			
E-mail address			
-			

Date _____Authorized Signature _____