

# **Program Performance Report (PPR) State Councils on Developmental Disabilities Within the On-Line Data Collection (OLDC) System**

The following pages represent the instrument-forms for this report.  
On this page is a summary overview of the Council PPR.

## Section 1

Information regarding the individuals and entities involved with the Council program.

## Section 2

A brief update description of the status of the service delivery system in the State.

## Section 3

This is the heart of the PPR. This section is divided first by Life Goal Areas (i.e., Areas of Emphasis), and then within each Life Goal Area, it is further divided into three divisions:

1. Projects, Strategies, and Activities  
This is a repeating section, with multiple instances of this section created, one for each project/strategy/activity that the Council pursued during the reporting year. Taken together, these represent what the Council did in the reporting year.
2. Quantitative results of what the Council achieved.
3. Narrative description of Council achievements.

## Section 4

Data on customer/stakeholder satisfaction with Council activities.

## Section 5

Council progress in achieving the goals that were identified in the State Plan. This is a repeating section, with one instance created for each goal.

## Section 6

Reporting year expenditures, broken out by Areas of Emphasis and by the eventual recipient of the funding.

## Section 7

Description of how the Council disseminated the annual report to people in the State.

## Section 8

Description of collaborative work of the three DDNetwork programs: (i.e., the Council, the Protection & Advocacy System, and the University Centers for Excellence).

- A. Barriers identified by the DDNetwork partner programs.
- B. Repeating section, with one instance for each described DDNetwork collaborative project.

**The following two pages show the “Report Sections” page  
from which a user can access individual sections  
of the Council PPR Report.**

- Within the OLDC system, a user accessing the “Report Sections” page of the PPR, for the State Council on Developmental Disabilities, must first select the State, and then they select the Reporting Period in order to “Select Report” shown on the next two pages. Based on these selections, the OLDC system inserts some information automatically (shown in blue). The selection options are limited, based on the authorizations of the user’s OLDC account, so that they cannot accidentally enter data in a report form for a different State or for a fiscal year or reporting period in the future.
- This is a multiple section report. Each row on the Report Sections page provides access to one of the sections. The three columns on the Report Section page show section information:
  - o the first column identifies the section name,
  - o the second column provides the user an opportunity to take some action on the section, and
  - o the third column indicates the section’s current status (initialized or saved).
- For the “Perform Action” column, the available actions are:
  - o Create a section (only for repeating sections)
  - o Clear section data,
  - o Edit section, and
  - o Print section.

These actions permit users to create and access sections of the report, where the report data are actually entered by the user. Each section is saved independently of the other sections.

- Some of the sections are repeating sections... that is, the user can create multiple instances of that section, such as for reporting of multiple activities within an Area of Emphasis. The repeating sections are shown on the Report Sections page as plum colored.
- **Information entered in blue is inserted by the OLDC system automatically.**
- The blue buttons at the top of the Report Sections page are for going to different parts of the OLDC system:
  - o OLDC Home ... the first page visited in OLDC when accessing it.
  - o Select State ... the page where a user selects their State.
  - o Select Report ... the page where the user selects the reporting period.
  - o End OLDC ... permits the user to sign out of the system.

- The blue buttons at the bottom of the Report Sections page are for report manipulations:
  - o Add Attachments ... this is an option available to grantees who wish to submit additional documentation. This was requested by the grantees to provide them the opportunity to submit additional materials that they wanted the federal reviewers to see.
  - o Validate Report ... the data entry staff indicate that the report is completed.
  - o Submit Report ... the authorized official sends the report to the federal reviewers.

[OLDC Home](#)[Select State](#)[Select Report](#)[End OLDC](#)On-Line Data Collection  
Human Services

Department of Health &amp;

OMB Clearance No.: 0980-0172

Expiration Date: xx/xx/xxxx

**State Council on DD, PPR**  
(Report Sections)

Reporting Period: 10/01/2008 To: 09/30/2009

State: Alaska

Section Name:	Perform Action:	Section Status:
Section 1 - Identification	<input type="text"/>	Saved
Section 2 - Comprehensive Review and Analysis Update	<input type="text"/>	Initialized
* Section 3 - EM-1: Life Goal Area (Employment)	<input type="text"/>	Initialized
<input type="text" value="0"/>		
Section 3 - EM-2/3: Employment - Outcomes & Narrative	<input type="text"/>	Initialized
* Section 3 - ED-1: Life Goal Area (Education)	<input type="text"/>	Initialized
<input type="text" value="0"/>		
Section 3 - ED-2/3: Education - Outcomes & Narrative	<input type="text"/>	Initialized
* Section 3 - HO-1: Life Goal Area (Housing)	<input type="text"/>	Initialized
<input type="text" value="0"/>		
Section 3 - HO-2/3: Housing - Outcomes & Narrative	<input type="text"/>	Initialized
* Section 3 - HE-1: Life Goal Area (Health)	<input type="text"/>	Initialized
<input type="text" value="0"/>		
Section 3 - HE-2/3: Health - Outcomes & Narrative	<input type="text"/>	Initialized
* Section 3 - CH-1: Life Goal Area (Child Care)	<input type="text"/>	Initialized
<input type="text" value="0"/>		
Section 3 - CH-2/3: Child Care - Outcomes & Narrative	<input type="text"/>	Initialized
* Section 3 - RE-1: Life Goal Area (Recreation)	<input type="text"/>	Initialized
<input type="text" value="0"/>		

Section 3 - RE-2/3: Recreation - Outcomes & Narrative	<input type="text"/>	Initialized
* Section 3 - TR-1: Life Goal Area (Transportation)	<input type="text"/>	Initialized
<input type="text" value="0"/>		
Section 3 - TR-2/3: Transportation - Outcomes & Narrative	<input type="text"/>	Initialized
* Section 3 - QA-1: Life Goal Area (Quality Assurance)	<input type="text"/>	Initialized
<input type="text" value="0"/>		
Section 3 - QA-2/3: Quality Assurance - Outcomes, Self Advocacy & Narrative	<input type="text"/>	Initialized
* Section 3 - CS-1: Life Goal Area (Community Supports)	<input type="text"/>	Initialized
<input type="text" value="0"/>		
Section 3 CS-2/3: Community Support - Outcomes & Narrative	<input type="text"/>	Initialized
* Section 3 - CC-1: Life Goal Area (Cross Cutting)	<input type="text"/>	Initialized
<input type="text" value="0"/>		
Section 3 - CC-2/3: Cross Cutting - Outcomes & Narrative	<input type="text"/>	Initialized
Section 4: Consumer Satisfaction with Council Activities	<input type="text"/>	Initialized
* Section 5: Council Progress in Achieving Goals	<input type="text"/>	Initialized
<input type="text" value="0"/>		
Section 6: Reporting Year Expenditures	<input type="text"/>	Initialized
Section 7: Dissemination of Annual Report	<input type="text"/>	Initialized
Section 8A: Developmental Disabilities Network Collaboration – Issues/Barriers	<input type="text"/>	Initialized
* Section 8B: Network Collaboration- Project Description	<input type="text"/>	Initialized
<input type="text" value="0"/>		

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average 5.1 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**Add Attachments**

**Validate Report**

**Submit Report**

**The following pages show  
the individual sections of the Council PPR Report  
in the order in which they appear  
on the “Report Sections” page (see previous two pages).**

**Information entered in blue in the following pages  
is inserted by the OLDC system automatically.**

The blue buttons at the top of each section-form serve the following purposes:

- o Return to Sections Page ... returns the user to the Report Sections page, where a different section can be accessed... user reminded to save or will lose edits.
- o Save This Section ... stores the contents of the current section-form, including any edits that have been made.
- o Go To Next Section ... takes user out of the current section and takes them to the next section down (as shown in the Report Sections page... user is reminded to save or will lose edits.

## SCDD PPR

[Return to Sections](#)[Save This](#)[Go To Next](#)Grantee: [Alaska](#)Reporting Period: [10/01/2008 - 09/30/2009](#)

State: <a href="#">Alaska</a>		
Name of person to contact regarding PPR information		
Last name:	First name:	Middle initial
Email Address:		
Contact Person's Phone: Area Code___ Exchange Digits___ Other Digits___ Extension___		
Did your Designated State Agency (DSA) change this fiscal year? <input type="radio"/> Yes <input checked="" type="radio"/> No		
If Yes, name of new DSA:		
If Yes, is the new DSA a service provider? <input type="radio"/> Yes <input checked="" type="radio"/> No		
State Authority establishing Council by:		
Has the Executive Order/Statute changed this year? <input type="radio"/> Yes <input checked="" type="radio"/> No		

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## A. COMPREHENSIVE REVIEW AND ANALYSIS UPDATE:

Please provide an update on the comprehensive review and analysis in your State Plan. Include a description of the adequacy of health care and other services, supports, and assistance that people with developmental disabilities receive 1) in ICF(MR)s; and 2) through home and community-based waivers.(limit 4,000 characters):

## B. Waiting List-Please report any change in number (from last year to this year) of individuals with developmental disabilities on waiting lists for services.

Section 2 - B. Waiting List Number	Waiting List Name	Number in Plan or previous PPR	Number in FY__
1			



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**EMPLOYMENT (EM):** People get and keep employment consistent with their interests, abilities, and needs.

**1. PROJECTS, STRATEGIES AND/OR ACTIVITIES:**

Life Goal Area: EM

(i) Implementer:  In house  by contract/grant

(ii) Grantee/Contractor name (if appropriate):

iii) Beginning date: \_\_\_/\_\_\_/\_\_\_ Ending date: \_\_\_/\_\_\_/\_\_\_

(iv) Subtitle B funding: \$0 Other funding: \$0

(v) Intermediaries/Collaborators:

State Protection and Advocacy System  University Centers of Excellence

List Other Collaborators:

a)

b)

c)

d)

(vi) Check Primary Type of Activity:

<input type="checkbox"/> Outreach	<input type="checkbox"/> Training
<input type="checkbox"/> Technical Assistance	<input type="checkbox"/> Supporting & Educating Communities
<input type="checkbox"/> Interagency Collaboration & Coordination	<input type="checkbox"/> Coordination with related Councils and Committees
<input type="checkbox"/> Coalition Development & Citizen Participation	<input type="checkbox"/> Informing Policymakers
<input type="checkbox"/> Demonstration of New Approaches to Services and Supports	<input type="checkbox"/> Other(s)
<input type="checkbox"/> Programs Barrier Elimination, Systems Design & Redesign	

**Project Activity Description**

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## SECTION 3: EM

### 2. COUNCIL RESULTS FOR REPORTING YEAR IN EMPLOYMENT (EM): People get and keep employment consistent with their interests, abilities and needs:

EM01. Adults have jobs of their choice through Council efforts:	0
EM02. Dollars leveraged for employment:	0
EM03. Employers provided vocational supports to students on the job:	0
EM04. Businesses/employers employed adults:	0
EM05. Employment programs/policies were created/improved:	0
EM06. People facilitated employment:	0
EM07. People trained in employment:	0
EM10. Other(1):	0
EM10. Other(1): Description	
EM10. Other(2):	0
EM10. Other(2): Description	
EM10. Other(3):	0
EM10. Other(3): Description	

### 3. Narrative Description Of Council Results For Reporting Year In Employment. (Maximum 2,500 Characters):

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<b>EDUCATION AND EARLY INTERVENTION (ED):</b> Students reach their educational potential and infants and young children reach their developmental potential.	
<b>1. PROJECTS, STRATEGIES AND/OR ACTIVITIES:</b>	
Life Goal Area: ED	
(i) Implementer: <input type="checkbox"/> In house <input type="checkbox"/> by contract/grant	
(ii) Grantee/Contractor name (if appropriate):	
iii) Beginning date: ___/___/_____	Ending date: ___/___/_____
(iv) Subtitle B funding: \$0	Other funding: \$0
(v) Intermediaries/Collaborators:	
<input type="checkbox"/> State Protection and Advocacy System	<input type="checkbox"/> University Centers of Excellence
List Other Collaborators:	
a)	
b)	
c)	
d)	
(vi) <u>Check Primary Type of Activity:</u>	
<input type="checkbox"/> Outreach	<input type="checkbox"/> Training
<input type="checkbox"/> Technical Assistance	<input type="checkbox"/> Supporting & Educating Communities
<input type="checkbox"/> Interagency Collaboration & Coordination	<input type="checkbox"/> Coordination with related Councils and Committees
<input type="checkbox"/> Coalition Development & Citizen Participation	<input type="checkbox"/> Informing Policymakers
<input type="checkbox"/> Demonstration of New Approaches to Services and Supports	<input type="checkbox"/> Other(s)
<input type="checkbox"/> Programs Barrier Elimination, Systems Design & Redesign	

**Project Activity Description**

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## SECTION 3: ED

**2. COUNCIL RESULTS FOR REPORTING YEAR IN EDUCATION AND CHILD DEVELOPMENT(ED). Students reach their educational potential and infants and young children reach their developmental potential.**

ED01. Students have the education and support they need to reach their educational goals through Council efforts:	0
---	---

ED02. Infants and young children have the services/supports needed to reach developmental goals through Council efforts:	0
--	---

ED03. Students transitioned from school to community and jobs:	0
--	---

ED04. Children transitioned from early intervention and pre-school to inclusive schools/classrooms:	0
---	---

ED05. People on waiting list(s) received services/supports:	0
---	---

ED06. Dollars leveraged for education:	0
--	---

ED07. Education programs/policies created/improved:	0
---	---

ED08. Post-secondary institutions improved inclusive education:	0
---	---

ED09. Schools improving IEP practices:	0
--	---

ED10. People facilitated inclusive education :	0
--	---

ED11. People trained in inclusive education:	0
--	---

ED13. Parents or guardians trained regarding their child's education rights:	0
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ED14. Other(1):	0
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ED14. Other(1): Description

ED14. Other(2):	0
-----------------	---

ED14. Other(2): Description

**3. Narrative Description of Council Results for Reporting Year in Education and Early Intervention. (Maximum 2,500 Characters):**



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<b>HOUSING (HO): Adults choose where and with whom they live.</b>	
<b>1. PROJECTS, STRATEGIES AND/OR ACTIVITIES:</b>	
Life Goal Area: HO	
(i) Implementer: <input type="checkbox"/> In house <input type="checkbox"/> by contract/grant	
(ii) Grantee/Contractor name (if appropriate):	
iii) Beginning date: ___/___/_____	Ending date: ___/___/_____
(iv) Subtitle B funding: \$0	Other funding: \$0
(v) Intermediaries/Collaborators:	
<input type="checkbox"/> State Protection and Advocacy System	<input type="checkbox"/> University Centers of Excellence
List Other Collaborators:	
a)	
b)	
c)	
d)	
(vi) <u>Check Primary Type of Activity:</u>	
<input type="checkbox"/> Outreach	<input type="checkbox"/> Training
<input type="checkbox"/> Technical Assistance	<input type="checkbox"/> Supporting & Educating Communities
<input type="checkbox"/> Interagency Collaboration & Coordination	<input type="checkbox"/> Coordination with related Councils and Committees
<input type="checkbox"/> Coalition Development & Citizen Participation	<input type="checkbox"/> Informing Policymakers
<input type="checkbox"/> Demonstration of New Approaches to Services and Supports	<input type="checkbox"/> Other(s)
<input type="checkbox"/> Programs Barrier Elimination, Systems Design & Redesign	
<b>Project Activity Description</b>	





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<b>SECTION 3: HO</b>	
<b>2.COUNCIL RESULTS FOR REPORTING YEAR IN HOUSING(HO): Adults choose where and with whom they live:</b>	
<b>HO01. Individual have homes of their choice through Council efforts:</b>	0
<b>HO02. People moved from congregate setting to homes in the community:</b>	0
<b>HO03. Dollars leveraged for housing :</b>	0
<b>HO04. Banks made mortgage funds available to enable people to their own homes:</b>	0
<b>HO05. Housing programs/policies created/improved :</b>	0
<b>HO06. Units of affordable, accessible housing made available:</b>	0
<b>HO07. People facilitated home ownership/rental:</b>	0
<b>HO08. People trained in housing :</b>	0
<b>HO11. Other(1):</b>	0
<b>HO11. Other(1): Description</b>	
<b>HO11. Other(2):</b>	0
<b>HO11. Other(2): Description</b>	
<b>HO11. Other(3):</b>	0
<b>HO11. Other(3): Description</b>	
<b>3. Narrative Description Of Council Results For Reporting Year In Housing. (Maximum 2,500 Characters):</b>	

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**HEALTH (HE):** People are healthy and benefit from the full range of needed health services.

**1. PROJECTS, STRATEGIES AND/OR ACTIVITIES:**

Life Goal Area: HO

(i) Implementer:  In house  by contract/grant

(ii) Grantee/Contractor name (if appropriate):

iii) Beginning date: \_\_\_/\_\_\_/\_\_\_

Ending date: \_\_\_/\_\_\_/\_\_\_

(iv) Subtitle B funding: \$0

Other funding: \$0

(v) Intermediaries/Collaborators:

State Protection and Advocacy System

University Centers of Excellence

List Other Collaborators:

a)

b)

c)

d)

(vi) Check Primary Type of Activity:

Outreach

Training

Technical Assistance

Supporting & Educating Communities

Interagency Collaboration & Coordination

Coordination with related Councils and Committees

Coalition Development & Citizen Participation

Informing Policymakers

Demonstration of New Approaches to Services and Supports

Other(s)

Programs Barrier Elimination, Systems Design & Redesign

**Project Activity Description**

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## SECTION 3: HE

**2. COUNCIL RESULTS FOR REPORTING YEAR IN HEALTH (HE): People are healthy and benefit from the full range of needed health services.**

HE01. People have needed health services through Council efforts:	0
---	---

HE02. Dollars leveraged for health services:	0
--	---

HE03. Health programs/policies created/improved:	0
--	---

HE04. People improved health services :	0
---	---

HE05. People trained in health services :	0
---	---

HE08. Other(1):	0
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HE08. Other(1): Description	
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HE08. Other(2):	0
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HE08. Other(2): Description	
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HE08. Other(3):	0
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HE08. Other(3): Description	
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**3. Narrative Description Of Council Results For Reporting Year In Health. (Maximum 2,500 Characters):**

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<b>CHILD CARE (CH): Children and families benefit from a range of inclusive, flexible child care options.</b>	
<b>1. PROJECTS, STRATEGIES AND/OR ACTIVITIES:</b>	
Life Goal Area: CH	
(i) Implementer: <input type="checkbox"/> In house <input type="checkbox"/> by contract/grant	
(ii) Grantee/Contractor name (if appropriate):	
iii) Beginning date: ___/___/_____	Ending date: ___/___/_____
(iv) Subtitle B funding: \$0	Other funding: \$0
(v) Intermediaries/Collaborators:	
<input type="checkbox"/> State Protection and Advocacy System	<input type="checkbox"/> University Centers of Excellence
List Other Collaborators:	
a)	
b)	
c)	
d)	
(vi) <u>Check Primary Type of Activity:</u>	
<input type="checkbox"/> Outreach	<input type="checkbox"/> Training
<input type="checkbox"/> Technical Assistance	<input type="checkbox"/> Supporting & Educating Communities
<input type="checkbox"/> Interagency Collaboration & Coordination	<input type="checkbox"/> Coordination with related Councils and Committees
<input type="checkbox"/> Coalition Development & Citizen Participation	<input type="checkbox"/> Informing Policymakers
<input type="checkbox"/> Demonstration of New Approaches to Services and Supports	<input type="checkbox"/> Other(s)
<input type="checkbox"/> Programs Barrier Elimination, Systems Design & Redesign	

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## SECTION 3: CH

### 2. COUNCIL RESULTS FOR REPORTING YEAR IN CHILD CARE: Children and families benefit from a range of inclusive, flexible child care options.

CH01. Children in inclusive child care settings through Council efforts:	0
--	---

CH02. Dollars leveraged for child care programs:	0
--	---

CH03. Child care programs/policies created/improved:	0
--	---

CH04. People facilitated inclusive child care:	0
--	---

CH05. People trained in child care:	0
-------------------------------------	---

CH08. Other(1):	0
-----------------	---

CH08. Other(1): Description

CH08. Other(2):	0
-----------------	---

CH08. Other(2): Description

CH08. Other(3):	0
-----------------	---

CH08. Other(3): Description

3. Narrative Description Of Council Results For Reporting Year In Child Care.  
(Maximum 2,500 Characters):



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<b>RECREATION (RE): People benefit from inclusive recreational, leisure, and social activities consistent with their interests and abilities.</b>	
<b>1. PROJECTS, STRATEGIES AND/OR ACTIVITIES:</b>	
Life Goal Area: RE	
(i) Implementer: <input type="checkbox"/> In house <input type="checkbox"/> by contract/grant	
(ii) Grantee/Contractor name (if appropriate):	
iii) Beginning date: ___/___/_____	Ending date: ___/___/_____
(iv) Subtitle B funding: \$0	Other funding: \$0
(v) Intermediaries/Collaborators:	
<input type="checkbox"/> State Protection and Advocacy System	<input type="checkbox"/> University Centers of Excellence
List Other Collaborators:	
a)	
b)	
c)	
d)	
(vi) <u>Check Primary Type of Activity:</u>	
<input type="checkbox"/> Outreach	<input type="checkbox"/> Training
<input type="checkbox"/> Technical Assistance	<input type="checkbox"/> Supporting & Educating Communities
<input type="checkbox"/> Interagency Collaboration & Coordination	<input type="checkbox"/> Coordination with related Councils and Committees
<input type="checkbox"/> Coalition Development & Citizen Participation	<input type="checkbox"/> Informing Policymakers
<input type="checkbox"/> Demonstration of New Approaches to Services and Supports	<input type="checkbox"/> Other(s)
<input type="checkbox"/> Programs Barrier Elimination, Systems Design & Redesign	

**Project Activity Description**

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## SECTION 3: RE

**2. COUNCIL RESULTS FOR REPORTING YEAR IN RECREATION (RE): People benefit from inclusive recreational, leisure, and social activities consistent with their interest and abilities.**

RE01. People active in recreational activities through Council efforts:	0
---	---

RE02. Dollars leveraged for recreation :	0
--	---

RE03. Recreation programs/policies created/improved:	0
--	---

RE04. People facilitated recreation:	0
--------------------------------------	---

RE05. People trained in recreation:	0
-------------------------------------	---

RE08. Other(1):	0
-----------------	---

RE08. Other(1): Description

RE08. Other(2):	0
-----------------	---

RE08. Other(2): Description

RE08. Other(3):	0
-----------------	---

RE08. Other(3): Description

**3. Narrative Description Of Council Results For Reporting Year In Recreation. (Maximum 2,500 Characters):**

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<b>TRANSPORTATION (TR): People have transportation services for work, school, medical, and personal needs.</b>	
<b>1. PROJECTS, STRATEGIES AND/OR ACTIVITIES:</b>	
Life Goal Area: RE	
(i) Implementer: <input type="checkbox"/> In house <input type="checkbox"/> by contract/grant	
(ii) Grantee/Contractor name (if appropriate):	
iii) Beginning date: ___/___/_____	Ending date: ___/___/_____
(iv) Subtitle B funding: \$0	Other funding: \$0
(v) Intermediaries/Collaborators:	
<input type="checkbox"/> State Protection and Advocacy System	<input type="checkbox"/> University Centers of Excellence
List Other Collaborators:	
a)	
b)	
c)	
d)	
(vi) <u>Check Primary Type of Activity:</u>	
<input type="checkbox"/> Outreach	<input type="checkbox"/> Training
<input type="checkbox"/> Technical Assistance	<input type="checkbox"/> Supporting & Educating Communities
<input type="checkbox"/> Interagency Collaboration & Coordination	<input type="checkbox"/> Coordination with related Councils and Committees
<input type="checkbox"/> Coalition Development & Citizen Participation	<input type="checkbox"/> Informing Policymakers
<input type="checkbox"/> Demonstration of New Approaches to Services and Supports	<input type="checkbox"/> Other(s)
<input type="checkbox"/> Programs Barrier Elimination, Systems Design & Redesign	

**Project Activity Description**

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## SECTION 3: TR

### 2. COUNCIL RESULTS FOR REPORTING YEAR IN TRANSPORTATION: People have transportation services for work, school, medical, and personal needs.

TR01. People have transportation services through Council efforts:	0
TR02. Dollars leveraged for transportation:	0
TR03. Transportation programs/policies created/improved:	0
TR04. People facilitated transportation:	0
TR05. People trained in transportation:	0
TR08. Other(1):	0
TR08. Other(1): Description	
TR08. Other(2):	0
TR08. Other(2): Description	
TR08. Other(3):	0
TR08. Other(3): Description	
<b>3. Narrative Description Of Council Results For Reporting Year In Transportation. (Maximum 2,500 Characters):</b>	

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**QUALITY ASSURANCE (QA):** People have the information, skills, opportunities, and supports to live free of abuse, neglect, financial and sexual exploitation, and violations of their human and legal rights, and the inappropriate use of restraints or seclusion. Quality assurance systems contribute to and protect self-determination, independence, productivity, and integration and inclusion in all facets of community life.

**1. PROJECTS, STRATEGIES AND/OR ACTIVITIES:**

Life Goal Area: QA

(i) Implementer:  In house  by contract/grant

(ii) Grantee/Contractor name (if appropriate):

iii) Beginning date: \_\_\_/\_\_\_/\_\_\_\_\_ Ending date: \_\_\_/\_\_\_/\_\_\_\_\_

(iv) Subtitle B funding: \$0 Other funding: \$0

(v) Intermediaries/Collaborators:

State Protection and Advocacy System  University Centers of Excellence

List Other Collaborators:

a)

b)

c)

d)

(vi) Check Primary Type of Activity:

<input type="checkbox"/> Outreach	<input type="checkbox"/> Training
<input type="checkbox"/> Technical Assistance	<input type="checkbox"/> Supporting & Educating Communities
<input type="checkbox"/> Interagency Collaboration & Coordination	<input type="checkbox"/> Coordination with related Councils and Committees
<input type="checkbox"/> Coalition Development & Citizen Participation	<input type="checkbox"/> Informing Policymakers
<input type="checkbox"/> Demonstration of New Approaches to Services and Supports	<input type="checkbox"/> Other(s)



**Programs Barrier Elimination, Systems Design & Redesign**

**Project Activity Description**



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## SECTION 3: QA

### 2A. COUNCIL RESULTS FOR REPORTING YEAR IN QUALITY ASSURANCE:

People have the information, skills, opportunities, and support to live free of abuse, neglect, financial and sexual exploitation, and violations of their human and legal rights, and the inappropriate use of restraints or seclusion. Quality assurance systems contribute to and protect self-determination, independence, productivity, and integration in all facets of community life.

QA01. People benefiting from quality assurance efforts of the Council:	0
QA02. Dollars leveraged for quality assurance programs :	0
QA03. Quality assurance programs/policies created/improved:	0
QA04. People facilitated quality assurance:	0
QA05. People trained in quality assurance:	0
QA06. People active in systems advocacy:	0
1. Self -advocates	0
2. Family members	0
3. Others	0
QA07. People trained in systems advocacy:	0
1. Self -advocates	0
2. Family members	0
3. Others	0
QA08. People trained in leadership, self-advocacy and self-determination:	0
QA09. People attained membership on public and private bodies and other leadership coalitions:	0
QA10. Number of entities participating in partnership or coalitions as a result of Councils efforts:	0
QA11. Other(1):	0
QA11. Other(1): Description	
QA11. Other(2):	0
QA11. Other(2): Description	

QA11. Other(3):

0

QA11. Other(3): Description

**2B. SELF - ADVOCACY:**

**A. Is there a self-advocacy organization(s) in the state led by individuals with developmental disabilities that receives direct funding from a private or public source?**

Yes

No

**B. Does the Council directly or indirectly fund a self-advocacy organization in the state led by individuals with developmental disabilities? ?**

Yes

No

**If yes, amount of funding Council contributes \$0**

**C. Dollars leveraged for self-advocacy organization(s) in the state led by individuals with developmental disabilities. \$0**

**3. Narrative Description Of Council Results For Reporting Year In Quality Assurance. (Maximum 2,500 Characters):**

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<b>FORMAL &amp; INFORMAL COMMUNITY SUPPORTS (CS):</b> Individuals have access to other services available or offered in a community, including formal and informal community supports that affect their quality of life.	
<b>1. PROJECTS, STRATEGIES AND/OR ACTIVITIES:</b>	
Life Goal Area: CS	
(i) Implementer: <input type="checkbox"/> In house <input type="checkbox"/> by contract/grant	
(ii) Grantee/Contractor name (if appropriate):	
iii) Beginning date: ___/___/_____	Ending date: ___/___/_____
(iv) Subtitle B funding: \$0	Other funding: \$0
(v) Intermediaries/Collaborators:	
<input type="checkbox"/> State Protection and Advocacy System <input type="checkbox"/> University Centers of Excellence	
List Other Collaborators:	
a)	
b)	
c)	
d)	
(vi) Check Primary Type of Activity:	
<input type="checkbox"/> Outreach	<input type="checkbox"/> Training
<input type="checkbox"/> Technical Assistance	<input type="checkbox"/> Supporting & Educating Communities
<input type="checkbox"/> Interagency Collaboration & Coordination	<input type="checkbox"/> Coordination with related Councils and Committees
<input type="checkbox"/> Coalition Development & Citizen Participation	<input type="checkbox"/> Informing Policymakers
<input type="checkbox"/> Demonstration of New Approaches to Services and Supports	<input type="checkbox"/> Other(s)
<input type="checkbox"/> Programs Barrier Elimination, Systems Design & Redesign	

**Project Activity Description**

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<b>SECTION 3: CS</b>	
<b>2. COUNCIL RESULTS FOR REPORTING YEAR IN FORMAL/INFORMAL COMMUNITY SUPPORTS (CS): Individuals have access to other services available or offered in a community, including formal and informal community supports that affects their quality of life.</b>	
<b>CS01. Individuals benefit from formal/informal community supports as a result of Council efforts:</b>	0
<b>CS02. Dollars leveraged for formal/informal community supports :</b>	0
<b>CS03. Formal/informal community supports programs/policies created/improved:</b>	0
<b>CS04. People facilitated formal/informal community supports:</b>	0
<b>CS05. People trained in formal/informal community supports:</b>	0
<b>CS08. Buildings/public accommodations became accessible</b>	0
<b>CS09. Other(1):</b>	0
<b>CS09. Other(1): Description</b>	
<b>CS09. Other(2):</b>	0
<b>CS09. Other(2): Description</b>	
<b>CS09. Other(3):</b>	0
<b>CS09. Other(3): Description</b>	
<b>3. Narrative Description Of Council Results For Reporting Year In Formal/Informal Community Supports. (Maximum 2,500 Characters):</b>	

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**Cross Cutting (CC):** The following represent those Council activities that impact all Life Goal Areas of Emphasis.

**1. PROJECTS, STRATEGIES AND/OR ACTIVITIES:**

Life Goal Area: CC

(i) Implementer:  In house  by contract/grant

(ii) Grantee/Contractor name (if appropriate):

iii) Beginning date: \_\_\_/\_\_\_/\_\_\_ Ending date: \_\_\_/\_\_\_/\_\_\_

(iv) Subtitle B funding: \$0 Other funding: \$0

(v) Intermediaries/Collaborators:

State Protection and Advocacy System  University Centers of Excellence

List Other Collaborators:

a)

b)

c)

d)

(vi) Check Primary Type of Activity:

- |   |  |
|---|--|
| <input type="checkbox"/> Outreach   | <input type="checkbox"/> Training  |
| <input type="checkbox"/> Technical Assistance                                     | <input type="checkbox"/> Supporting & Educating Communities                |
| <input type="checkbox"/> Interagency Collaboration & Coordination                 | <input type="checkbox"/> Coordination with related Councils and Committees |
| <input type="checkbox"/> Coalition Development & Citizen Participation            | <input type="checkbox"/> Informing Policymakers                            |
| <input type="checkbox"/> Demonstration of New Approaches to Services and Supports | <input type="checkbox"/> Other(s)  |
| <input type="checkbox"/> Programs Barrier Elimination, Systems Design & Redesign  |  |

**Project Activity Description**





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Customer Satisfaction Survey Results				
Number of responses:0				
1. Respect - I (or my family member) was treated with respect during project activity.				Yes:0.00%No:0.00%
2. Choice - I (or my family member) have more choice and control as a result of project activity.				Yes:0.00%No:0.00%
3. Community - I (or my family member) can do more things in my community as a result of this project.				Yes:0.00%No:0.00%
4. Satisfied - I am satisfied with project activity.	4 Strongly Agree:0.00%	3 Agree:0.00%	2 Disagree:0.00%	1 Strongly Disagree:0.00%
5. Better Life - My life is better because of project activity.	4 :Strongly Agree:0.00%	3 Agree:0.00%	2 Disagree:0.00%	1 Strongly Disagree:0.00%
6. Rights - Because of this project activity, I (or my family member) know my rights. (optional)				Yes:0.00%No:0.00%
7. Safe - I (or my family member) are more able to be safe and protect myself from harm as a result of activity. (optional)				Yes:0.00%No:0.00%
Comments: (Maximum 2,500 characters)				

## Section 4 – Consumer Satisfaction with Council Activities

Stakeholders Satisfaction Survey Results			
Number of responses:0			
Impact - Council activities have improved the ability of the individuals with developmental disabilities.			
1. Make choices and exert control over the services and support they use:	6 :Strongly Agree:0.00% 3 Somewhat Disagree:0.00%	5 Agree:0.00% 2 Disagree:0.00%	4 Somewhat Agree:0.00% 1 Strongly Disagree:0.00%
2. Participate in community life:	6 :Strongly Agree:0.00% 3 Somewhat Disagree:0.00%	5 Agree:0.00% 2 Disagree:0.00%	4 Somewhat Agree:0.00% 1 Strongly Disagree:0.00%
Satisfaction - Council activities promote self-determination and community participation for individuals with developmental disabilities.	6 :Strongly Agree:0.00% 3 Somewhat Disagree:0.00%	5 Agree:0.00% 2 Disagree:0.00%	4 Somewhat Agree:0.00% 1 Strongly Disagree:0.00%
Comments: (Maximum 2,500 characters)			



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## Section 6 – Reporting Year Expenditures

Recipient	Sub Title B \$	Match \$	Total \$
1. State Councils on DD	\$0	\$0	\$0
2. Designated State Agency	\$0	\$0	\$0
3. Other(s) State Agency	\$0	\$0	\$0
4. State P & A Agencies	\$0	\$0	\$0
5. University Centers for Excellence	\$0	\$0	\$0
6. Non-Profit Organizations	\$0	\$0	\$0
7. Other	\$0	\$0	\$0
8. Total	\$0	\$0	\$0

Category	Sub Title B \$	Other(s) \$	Total \$
1. Employment	\$0	\$0	\$0
2. Education and Early Intervention	\$0	\$0	\$0
3. Housing	\$0	\$0	\$0
4. Health	\$0	\$0	\$0
5. Child Care	\$0	\$0	\$0
6. Recreation	\$0	\$0	\$0
7. Transportation	\$0	\$0	\$0
8. Quality Assurance	\$0	\$0	\$0
9. Formal/Informal Community Support	\$0	\$0	\$0
10. General management (Personnel, Budget/Finance/Reporting)	\$0	\$0	\$0
11. Functions of DSA	\$0	\$0	\$0
12. Total	\$0	\$0	\$0

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Section 7: Dissemination Of Annual Report (Maximum 2,500 Characters)

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**SECTION 8: DEVELOPMENTAL DISABILITIES NETWORK COLLABORATION**  
**A. Provide information related to only those issues/barriers affecting individuals with developmental disabilities and their families in your State that the DDC, P&A, and UCEDDs (the DD network) have jointly identified as critical State issues/barriers.**

Using short titles, list 5-10 areas that the SCDD, P&A, and UCEDDs have identified as critical State issues/barriers.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

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<b>Provide the following information for at least one of the issues/barriers selected for DD Network collaboration in Section 8A:</b>	
<b>1. Issue/Barrier number (from Section 8A):</b> 0	
<b>2. Provide a brief description of the collaborative issue/barrier and expected outcomes(s). (Maximum 500 Characters):</b>	
<b>3. Check applicable Area(s) of Emphasis:</b>	
<input type="checkbox"/> Employment	<input type="checkbox"/> Recreation
<input type="checkbox"/> Education & Early Intervention	<input type="checkbox"/> Transportation
<input type="checkbox"/> Housing	<input type="checkbox"/> Quality Assurance
<input type="checkbox"/> Health	<input type="checkbox"/> Formal & Informal Community Support
<input type="checkbox"/> Child Care	
<b>4. Describe the Council's specific roles and responsibilities in this collaborative effort and technical assistance expertise your Council can provide to other States. (Maximum 1,000 Characters):</b>	
<b>5. Briefly identify problems encountered as a result of this Collaboration, and technical assistance, if any, desired. (Maximum 1,000 Characters):</b>	
<b>6. Describe any unexpected benefits of this collaborative effort. (Maximum 1,000 Characters):</b>	

