

# Protection and Advocacy of Beneficiaries of Social Security (PABSS)

## Web Based Reporting System

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## Edit Demo Report

**Name**

Demo Report

**Reporting Period**

FY 2006 1ST Bi-Annual Report

**Grant Award Number**

123456

**Report Prepared By**

Matt Hayden

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## Part I - Quantitative Statistics

### Section A: Information and Referral

**How many individuals received Information and Referral under the PABSS program during the Report Period? (Do not count individuals more than once for this response.)**

**Individuals Receiving I&R**

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## Part I - Quantitative Statistics

### Section A: Information and Referral

**How many Information and Referral requests were made under the PABSS program during the report period? (Include all I&R requests, even if more than one for some individuals. This number should equal or exceed Section A. 1.)**

**Information and Referral Requests**

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## Part I - Quantitative Statistics

### Section B: Individuals and Issue Area Service Requests/Workload Statistics

#### Individuals

a. How many individuals had open PABSS issue area service requests at the start of the report period?

b. How many new PABSS individuals were added during the report period?

c. Total number of individuals with all issue area service requests that were closed during the report period under the PABSS program

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## Part I - Quantitative Statistics

### Section B: Individuals and Issue Area Service Requests/Workload Statistics

#### Services

a. Total PABSS issue area service requests open at the start of the report period.

b. Number of new PABSS issue area service requests added during the report period?

c. Total number of issue area service requests closed during the report period?


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Part I - Quantitative Statistics

Section C: Individual Demographics

**1. Please provide counts of individuals served by Gender:**

a. Male

b. Female


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**2. Please provide counts of individuals served by race (NOT ETHNICITY):**

- a. American Indian or Alaska Native
- b. Asian
- d. Black or African American
- e. Native Hawaiian or Other Pacific Islander
- f. White
- g. Unknown


[Add Explanation](#)

**Explanations**

There are no data records to display.

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Part I - Quantitative Statistics

Section C: Individual Demographics

### 3. Please provide counts of individuals received by Age Bracket:

- a. 14 to 18
- b. 19 to 21
- c. 22 to 40
- d. 41 to 59
- e. 60 to 64


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Part I - Quantitative Statistics

Section C: Individual Demographics

**Please provide counts of individuals received by Beneficiary Status.**

- a. SSI eligible
- b. SSDI eligible
- c. Dually eligible


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- y. Respiratory disorders (emphysema, asthma, pulmonary hypertension, cystic fibrosis, etc.)**
- z. Specific learning disabilities (SLD)**
- aa. Speech impairment**
- bb. Spina bifida**
- cc. Substance abuse (alcohol or drugs)**
- dd. Tourette syndrome**
- ee. Traumatic brain injury (TBI)**
- ff. Visual Impairment (not blind)**
- gg. Disability not known/Other than Above (Specify)**


Add Explanation

**Explanations**  
There are no data records to display.

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**y. [Post-Secondary Ed] Accessibility**


**z. [Post-Secondary Ed] Funding issues**

**aa. [Post-Secondary Ed] Grievance Against College – Not y or z above**

**bb. [Post-Secondary Ed] Other – Specify**

Add Explanation

**Explanations**  
There are no data records to display.

**cc. [Services] Personal assistance – not Employment**


**dd. [Transportation]**

**ee. [Benefits Planning] referral / access to BPAO services**

**ff. [Other] (IF SELECTED MUST SPECIFY)**

Add Explanation

**Explanations**  
There are no data records to display.

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## Part I - Quantitative Statistics

### Section E: Closed Issue Area Service Requests

#### What was the reason for closing the individual's issue area service request?

- a. Issue Resolved in Individual's Favor
- b. Issue Partially Resolved in Individual's Favor
- c. Issue Lacked Legal Merit
- d. Individual decided not to pursue resolution or Individual Withdrew Complaint (Not e-g below)
- e. Other Representation Obtained (Individual found other representation)
- f. Individual Not Responsive to Agency / Individual refused to cooperate with P&A
- g. Services Not Needed Due to lost contact, Death, Relocation, etc.
- h. Advocacy efforts/appeals were unsuccessful (Issue not resolved in Individual's Favor)
- i. Other (IF SELECTED MUST SPECIFY)


[Add Explanation](#)

#### Explanations

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## Part I - Quantitative Statistics

### Section E: Closed Issue Area Service Requests

**What was the highest intervention strategy used?**

**a. Short Term/Technical assistance**

**b. Informal Resolution**

**c. Investigation/Monitoring**

**d. Negotiation**

**e. Mediation / Alternative Dispute Resolution**

**f. Administrative Remedies**

**g. Legal remedy / Litigation**

**h. Class Action Suits**

**i. Systemic / Policy activities**


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## Part II - Narrative Reporting

### Section A: Description of Progress and Status Update

**Please provide a brief overview of overall project status, staff changes, staff training or other major developments with regard to the PABSS program. This could include information about boards and committees where decisions are made concerning disability service delivery and local policy.**

#### Progress and Status Update

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Part II - Narrative Reporting

Section B: Detail of Actions Taken on the Project

**Issue Area Service Requests Summaries: [Please provide summaries of three Issues/ Service Requests undertaken as part of the PABSS project. Indicate clearly the issue or problem, the PABSS intervention, and the results if known]**

**Issue Area Service Requests Summaries**

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Part II - Narrative Reporting

Section B: Detail of Actions Taken on the Project

## Outreach Statistics:

Total Number of Outreach/Presentations

Total Number of Persons Reached by Outreach/ Presentation Events

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Part II - Narrative Reporting

Section B: Detail of Actions Taken on the Project

## Other Information Dissemination Activities: (Number of Instances)

1. Radio/TV appearances by PABSS staff
2. Newspaper/Magazine/Journal articles prepared by staff
3. PSAs/videos/films aired by the Agency
4. Reports disseminated
5. Publications/Booklets/Brochures disseminated
6. Number of Website hits
7. Other media activities (IF SELECTED MUST SPECIFY)


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**Explanations**

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## Part II - Narrative Reporting

### Section B: Detail of Actions Taken on the Project

**Outreach Narrative: [Describe the agency's outreach efforts. Describe the trainings presented by the staff including information about the topics covered, the purpose of the training, and a description of the attendees. Describe media events, informational materials developed or other activities undertaken as part of the PABSS project.]**

**Outreach Narrative**

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## Section C: Problems Encountered and Steps Taken to Resolve Problems

**Problems encountered and steps taken to resolve problems: [Please provide detail information about problems encountered in implementing or administering the PABSS program and actions you have taken to resolve the problems you encountered.]**

Problems encountered and steps taken to resolve problems

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Section D: Planned Future Activities

**Planned activities: [Please provide activities you plan to undertake to further the objectives of the PABSS project.]**

**Planned activities**

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Section E: Diversification Activities

**Diversification activities: [Please provide a description of activities undertaken to address the needs of individuals with disabilities from diverse ethnic and racial communities.]**

**Diversification activities**

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There are certain situations authorized by Federal law in which SSA may release the information you give us through this Project. For example, we release the information to a congressional office in response to an inquiry that office may make at your request.

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