

State Plan
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, including Council members and Council staff.

Section 21

Information regarding the designated State agency (DSA) and its roles.

Section 3

A comprehensive description of the service delivery system in the State and of unserved and underserved populations. Also a rationale for the selection of the goals of the Council.

Section 4

This is the heart of the State Plan. 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. Narrative goal(s) developed within any Life Goal area that is selected by the State
This is a repeating section, permitting the user to report on more than one goal for a Life Goal area, with one instance for each goal described.
2. Narrative objective(s) developed within any Life Goal area that is selected by the State.
This is a repeating section, permitting the user to report on more than one objective for a Goal within a Life Goal area, with one instance for each objective described. Planned resources and collaborators are reported.
3. Quantitative targets for Council achievements in the planning years. There are two sets of targets: targets that all Councils can use to enable establishment of national target numbers, and targets that are unique to the particular Council.

Section 5

The Council certifies here that the Assurances are submitted (or soon will be submitted), as required in the DDAc, Section 124(c)(5).

Section 6

The Council reports here on its planned budget for each year of the 5-year planning cycle. This is a repeating section, providing a instance for each of the five fiscal years in the planning cycle.

Section 7 and Section 8

Description of the Council's plan for providing for public review of the plan and for evaluation of the plan.

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

- Within the OLDC system, a user accessing the “Report Sections” page of the State Plan, 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 three pages. Based on these selections, the OLDC system inserts the grantee name and reporting period 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 State Plan for a different State or for an inappropriate planning year.
- 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:
 - the first column identifies the section name,
 - the second column provides the user an opportunity to take some action on the section, and
 - the third column indicates the section’s current status (initialized or saved).
- For the “Perform Action” column, the available actions are:
 - Create a section (only for repeating sections)
 - Clear section data,
 - Edit section, and
 - 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 on multiple goals or objectives within an Area of Emphasis. The repeating sections are shown on the Report Sections page as plum colored. These sections include a box for entering information specific to the particular instance.
- **Information entered in blue (grantee & reporting period) 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:
 - OLDC Home ... the first page visited in OLDC when accessing it.
 - Select State ... the page where a user selects their State.
 - Select Report ... the page where the user selects the reporting period.
 - 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:
 - 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.
 - Validate Report ... the data entry staff indicate that the report is completed.
 - Submit Report ... the authorized official sends the report to the federal reviewers.

OLDC Home

Select State

Select Report

End OLDC

On-Line Data Collection

Department of Health & Human Services

OMB Clearance No.: 0980-0162

Expiration Date: xx/xx/xxxx

Council on DD, State Plan
(Report Sections)

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

State: **Alaska**

| <u>Section Name:</u> | <u>Perform Action:</u> | <u>Section Status:</u> |
|--|------------------------|------------------------|
| Section 1: Council Identification | <input type="text"/> | Saved |
| Section 2: Designated State Agency | <input type="text"/> | Initialized |
| Section 3: Comprehensive Review and Analysis | <input type="text"/> | Initialized |
| * Section4: Part EM: Employment - Goal <input type="text" value="0"/> | <input type="text"/> | Initialized |
| * Section 4: Part EM: Employment - Objective <input type="text" value="0"/> | <input type="text"/> | Initialized |
| Section 4: Part EM: Employment - Performance Targets | <input type="text"/> | Initialized |
| * Section 4: Part ED: Education - Goal <input type="text" value="0"/> | <input type="text"/> | Initialized |
| * Section 4: Part ED: Education - Objective <input type="text" value="0"/> | <input type="text"/> | Initialized |
| Section 4: Part ED: Education - Performance Targets | <input type="text"/> | Initialized |
| * Section 4: Part HO: Housing - Goal <input type="text" value="0"/> | <input type="text"/> | Initialized |
| * Section 4: Part HO: Housing - Objective <input type="text" value="0"/> | <input type="text"/> | Initialized |
| Section 4: Part HO: Housing - Performance Targets | <input type="text"/> | Initialized |

| | | |
|--|----------------------|--------------------|
| * Section 4: Part HE: Health - Goal | <input type="text"/> | Initialized |
| <input type="text" value="0"/> | | |
| * Section 4: Part HE: Health - Objective | <input type="text"/> | Initialized |
| <input type="text" value="0"/> | | |
| Section 4: Part HE: Health - Performance Targets | <input type="text"/> | Initialized |
| * Section 4: Part CH: Child Care - Goal | <input type="text"/> | Initialized |
| <input type="text" value="0"/> | | |
| * Section 4: Part CH: Child Care - Objective | <input type="text"/> | Initialized |
| <input type="text" value="0"/> | | |
| Section 4: Part CH: Child Care - Performance Targets | <input type="text"/> | Initialized |
| * Section 4: Part RE: Recreation - Goal | <input type="text"/> | Initialized |
| <input type="text" value="0"/> | | |
| * Section 4: Part RE: Recreation - Objective | <input type="text"/> | Initialized |
| <input type="text" value="0"/> | | |
| Section 4: Part RE: Recreation - Performance Targets | <input type="text"/> | Initialized |
| * Section 4: Part TR: Transportation - Goal | <input type="text"/> | Initialized |
| <input type="text" value="0"/> | | |
| * Section 4: Part TR: Transportation - Objective | <input type="text"/> | Initialized |
| <input type="text" value="0"/> | | |
| Section 4: Part TR: Transportation - Performance Targets | <input type="text"/> | Initialized |
| * Section 4: Part QA: Quality Assurance - Goal | <input type="text"/> | Initialized |
| <input type="text" value="0"/> | | |
| * Section 4: Part QA: Quality Assurance - Objective | <input type="text"/> | Initialized |
| <input type="text" value="0"/> | | |
| Section 4: Part QA: Quality Assurance - Performance Targets | <input type="text"/> | Initialized |
| * Section 4: Part CS: Community Support - Goal | <input type="text"/> | Initialized |
| <input type="text" value="0"/> | | |
| * Section 4: Part CS: Community Support - Objective | <input type="text"/> | Initialized |
| <input type="text" value="0"/> | | |
| Section 4: Part CS: Community Support - Performance Targets | <input type="text"/> | Initialized |

| | | |
|---|----------------------|--------------------|
| * Section 4: Part CR: Cross Cutting - Goal | <input type="text"/> | Initialized |
| <input type="text" value="0"/> | | |
| * Section 4: Part CR: Cross Cutting - Objective | <input type="text"/> | Initialized |
| <input type="text" value="0"/> | | |
| Section 4: Part CR: Cross Cutting - Performance Targets | <input type="text"/> | Initialized |
| Section 5: Assurances | <input type="text"/> | Initialized |
| * Section 6: Projected Council Budget | <input type="text"/> | Initialized |
| <input type="text" value="0"/> | | |
| Sections 7&8: Public Review of Plan / Evaluation of Plan | <input type="text"/> | Initialized |

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

Public reporting burden for this collection of information is estimated to average 367 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 State Plan
in the order in which they appear
on the “Report Sections” page (see previous three pages).**

**Text Information entered in blue in the following pages
(grantee & plan reporting period)
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 State Plan

[Return to Sections](#)

[Save This Section](#)

[Go To Next](#)

Grantee: [Alaska](#)

Plan Reporting Period: [10/01/2009 - 09/30/2010](#)

| | |
|--|--|
| A. Contact Person First Name: _____ MI: ___ Last Name: _____ | |
| Email Address: _____ | Phone Number: _____ -Ext. _____ |
| B. Council Establishment: | |
| (1) Date of Establishment: ___/___/_____ | |
| (2) Authorization: <input type="radio"/> State Statute <input type="radio"/> Executive Order <input type="radio"/> N/A | |
| (3) Authorization Citation: _____ | |
| C. Council Membership: Complete the following chart providing the name of each Council member (and proxy/alternate, if any), name of the agency/organization he/she is representing , beginning and ending dates of the appointments, and category of membership using the codes provided. Begin with agency/organizational representative, A, then citizen members B and C. If more than one member represents a particular State Agency (e.g. IDEA part B and Part C) put that code(A2) with each individual's name and identify the appropriate program in the space provided. | |
| Council Membership Category Codes: | |
| Agency/Organization Representatives: | |
| A1. =Rehab Act | |
| A2. =IDEA | Citizen Member Representatives: B1. = Individual With DD B2. = Parent/Guardian of Child B3. = Immediate Relative/Guardian of adult with mental Impairment C1. = Individual now/ever in institution C2. = Immediate relative/guardian of individual in institution |
| A3. =Older American Act | |
| A4. =SSA/Title X1X | |
| A5. = UCEDD | |
| A6. =P&A | |
| A8. = NGO/Local | |
| A9. = Other | |
| A10.= SSA/Title V | |

C1. Please provide a brief plan for compliance if the Council cannot fulfill the new membership requirements by the due date of this plan. (Limit 500 characters)

C2. Council Members:

Add Extra

Del. Marked

| # | Last Name | First Name | Term | Ag. Code | Agency / Org. Name | Appt. Date | Appt. Expire Date | Alt / Proxy Name | Del. |
|---|-----------|------------|------|----------|--------------------|------------|-------------------|------------------|--------------------------|
| 1 | | | | | | | | | <input type="checkbox"/> |

D. Council Staff

Add Extra Staff

Del. Marked

| # | Position or Working Title | FT | PT | %PT | Last name of person in position | First name of person in position | MI | Del. |
|---|---------------------------|--------------------------|--------------------------|-------|---------------------------------|----------------------------------|----|--------------------------|
| 1 | | <input type="checkbox"/> | <input type="checkbox"/> | 0.00% | | | | <input type="checkbox"/> |

SCDD State Plan

[Return to Sections](#)

[Save This Section](#)

[Go To Next](#)

Grantee: [Alaska](#)

Plan Reporting Period: [10/01/2009 - 09/30/2010](#)

| | | |
|--|-----------------------------------|--|
| A. The DSA is: | <input type="radio"/> The Council | <input type="radio"/> Other Than The Council |
| <u>If DSA is Another Agency, then:</u> | | |
| 1. Agency Name: _____ | | |
| 2. State DSA Official's First name: _____ MI: ____ Last name: _____ | | |
| 3. Address line 1: | | |
| Address line 2: | | |
| Address line 3: | | |
| City: _____ State: _____ Zip code: _____ | | |
| 4. Phone: | | |
| 5. FAX: | | |
| 6. E-Mail: | | |
| C. Direct Services. If DSA is other than the Council, does it provide or pay for direct services to persons with developmental disabilities?: Yes <input type="radio"/> No <input type="radio"/> | | |
| If yes, describe the general category of services it provides: | | |
| D. Does Your Council have a Memorandum of Understanding/Agreement with your DSA? Yes <input type="radio"/> No <input type="radio"/> | | |
| E. DSA Roles and Responsibilities related to the Council. If DSA is other than the Council, describe the roles and responsibilities: | | |
| | | |
| F. Date Council or Agency Was Designated as DSA ____/____/_____ | | |

[Return to Sections](#)

[Save This Section](#)

[Go To Next](#)

Grantee: [Alaska](#)

Plan Reporting Period: [10/01/2009 - 09/30/2010](#)

| |
|--|
| A. Prevalence of Developmental Disabilities in the State |
| 1. Estimated number of people with developmental disabilities living in the State: _____ |
| 2. How estimate was created: <input type="radio"/> a. National prevalence rate (Gollay, 1.8%) <input type="radio"/> b. Other |
| If Other, please describe: |
| B. Environmental Factors Affecting Services. Describe how economic, social, political, and litigative factors affect persons with developmental disabilities and their families in the State. Attempt to limit each field to one topic and provide a topic heading appropriate to your State. For each topic you need not use the entire 2,000 characters nor do you need to use all four topics: |
| Environmental Factors Topic 1: |
| Environmental Factors Topic 2: |
| Environmental Factors Topic 3: |
| Environmental Factors Topic 4: |

C. The State Service System(s): [Section 124(c)(3)]. Provide a summary of the results of the Councils review and analysis of the State service system for people with developmental disabilities. Include reference to relevant interagency initiatives and any specific eligibility barriers to services. Attempt to limit each field to one topic and provide a topic heading appropriate to your State. You need not fill the entire field of 2,000 characters nor use all 6 topics.

Service System(s) Topic 1:

Service System(s) Topic 2:

Service System(s) Topic 3:

Service System(s) Topic 4:

Service System(s) Topic 5:

Service System(s) Topic 6:

D. Community Services and Opportunities. Provide a summary of the extent to which community services and opportunities related to the areas of emphasis directly benefit individuals with developmental disabilities. Include information on assistive technology/services and rehabilitation technology, current resources and projected availability of future resources to fund services, and health care and other supports and services received in ICF(MRs) and through Home and Community Based Waivers.

E. Waiting Lists Provide the name of the waiting lists in your state and the number of individuals with developmental disabilities on those lists.

Add Extra Waiting List

Del. Marked Waiting

| Waiting List | Waiting List Name | Number | Del. |
|--------------|-------------------|--------|--------------------------|
| List # 1 | | _____ | <input type="checkbox"/> |

Waiting list narrative. Provide a brief review of the waiting lists in your state.

F. Unserved and Underserved Groups:

F1. List and describe racial/ethnic groups that may be unserved/underserved and describe the barriers to their receipt of supports and services. You may identify barriers specific to a particular racial/ethnic group you have selected, (150 characters), identify general, overall barriers applicable to all racial/ethnic groups selected, or both.

| | | |
|--------------------------|--|----------|
| <input type="checkbox"/> | Asian | Barrier: |
| <input type="checkbox"/> | Black or African American | Barrier: |
| <input type="checkbox"/> | Hispanic/Latino | Barrier: |
| <input type="checkbox"/> | American Indian or Alaska Native | Barrier: |
| <input type="checkbox"/> | Native Hawaiian or other Pacific Islander | Barrier: |
| <input type="checkbox"/> | White | Barrier: |
| <input type="checkbox"/> | Multi-cultural (identifying with more than one of the above) | Barrier: |

General racial/ethnic barriers:

F2. List and describe any other unserved/underserved group(s) and describe the barriers that impede full participation of this group(s). Examples of such groups are religious groups, rural populations, those excluded from eligibility for particular services, particular types of disabilities)

| | | |
|--------------------------------|--------|-----------|
| 1. <input type="checkbox"/> | Group: | Barriers: |
| 2. <input type="checkbox"/> | Group: | Barriers: |
| 3. <input type="checkbox"/> | Group: | Barriers: |
| 4. <input type="checkbox"/> | Group: | Barriers: |
| 5. <input type="checkbox"/> | Group: | Barriers: |
| 6. <input type="checkbox"/> | Group: | Barriers: |
| 7. <input type="checkbox"/> | Group: | Barriers: |
| 8. <input type="checkbox"/> | Group: | Barriers: |

General barriers for other groups:

G. Rational for Goal Selection [Section 124(c)(3)(E)]: Provide a summary as to how the information in public forum and comprehensive review and analysis was utilized to develop the Council's goals and objectives.



SCDD State Plan

[Return to Sections](#)

[Save This Section](#)

[Go To Next](#)

Grantee: [Alaska](#)

Plan Reporting Period: [10/01/2009 - 09/30/2010](#)

Employment (EM): People get and keep employment consistent with their interest, abilities and needs.

Goal #: _____

Goal description:

Strategies used in achieving goal:

- Outreach**
- Training**
- Technical Assistance**
- Supporting and Education Communities**
- Interagency Collaboration and Coordination**
- Coordination with Related Councils, Committees and Programs**
- Barrier Elimination, Systems design, and Redesign**
- Coalition Development and Citizen Participation**
- Informing Policymakers**
- Demonstration of New Approaches to Services and Supports**
- Other Activities**

[Return to Sections](#)

[Save This Section](#)

[Go To Next](#)

Grantee: [Alaska](#)

Plan Reporting Period: [10/01/2009 - 09/30/2010](#)

| |
|--|
| Employment (EM): People get and keep employment consistent with their interest, activities and needs. |
| Goal ID #: _____ |
| 2.(a) Objective EM #: _____ |
| Objective EM Description: |
| (b) Expected Year of Accomplishment: <input checked="" type="radio"/> Year One <input type="radio"/> Year Two <input type="radio"/> Year Three <input type="radio"/> Year Four <input type="radio"/> Year Five |
| 3) Resources to be Allocated for this Objective (if known): Check if not known: <input type="checkbox"/> Resources (if known): _____ |
| 4. Intermediaries/Collaborators Planned for this Objective (if known): |
| <input type="checkbox"/> (a) State Protection and Advocacy Agencies |
| <input type="checkbox"/> (b) National Network of University Centers for Excellence in Developmental Disabilities Education, Research and Services |
| (c) |
| (d) |
| (e) |
| (f) |
| (g) |
| (h) |

(i)

SCDD State Plan

[Return to Sections](#)

[Save This Section](#)

[Go To Next](#)

Grantee: [Alaska](#)

Plan Reporting Period: [10/01/2009 - 09/30/2010](#)

Section 4 – Part EM (Employment) Performance Targets

| EM | Target for year 1 | Target for year 2 | Target for year 3 | Target for year 4 | Target for year 5 |
|---|-------------------|-------------------|-------------------|-------------------|-------------------|
| EM01: Adults have jobs of their choice through Council efforts: | 0 | 0 | 0 | 0 | 0 |
| EM02: Dollars leveraged for employment: | \$0 | \$0 | \$0 | \$0 | \$0 |
| EM03: Employers provided vocational supports to students on the job: | 0 | 0 | 0 | 0 | 0 |
| EM04: Business/employers employed adults: | 0 | 0 | 0 | 0 | 0 |
| EM05: Employment programs/policies created/improved: | 0 | 0 | 0 | 0 | 0 |
| EM06: People Facilitated employment: | 0 | 0 | 0 | 0 | 0 |
| EM07: People trained in employment: | 0 | 0 | 0 | 0 | 0 |

| EM | Description | Target for year 1 | Target for year 2 | Target for year 3 | Target for year 4 | Target for year 5 |
|------------------------|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| EM10: Other | | 0 | 0 | 0 | 0 | 0 |
| EM11: Other | | 0 | 0 | 0 | 0 | 0 |
| EM12: Other | | 0 | 0 | 0 | 0 | 0 |
| EM13: Other | | 0 | 0 | 0 | 0 | 0 |
| EM14: Other | | 0 | 0 | 0 | 0 | 0 |
| EM15: Other | | 0 | 0 | 0 | 0 | 0 |
| EM16: Other | | 0 | 0 | 0 | 0 | 0 |
| EM17: Other | | 0 | 0 | 0 | 0 | 0 |
| EM18: Other | | 0 | 0 | 0 | 0 | 0 |
| EM19: Other | | 0 | 0 | 0 | 0 | 0 |

Education and Early Intervention (ED): Students reach their educational potential and infants and young children reach their development potential.

Goal #: _____

Goal description:

Strategies used in achieving goal:

- Outreach
- Training
- Technical Assistance
- Supporting and Education Communities
- Interagency Collaboration and Coordination
- Coordination with Related Councils, Committees and Programs
- Barrier Elimination, Systems design, and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

Education and Early Intervention (ED): Students reach their educational potential and infants and young children reach their development potential.

Goal ID #: _____

2.(a) Objective ED #: _____

Objective ED Description:

(b) Expected Year of Accomplishment:

Year One Year Two Year Three Year Four Year Five

3) Resources to be Allocated for this Objective (if known):

Check if not known:

Resources (if known): _____

4. Intermediaries/Collaborators Planned for this Objective (if known):

(a) State Protection and Advocacy Agencies

(b) National Network of University Centers for Excellence in Developmental Disabilities Education, Research and Services

(c)

(d)

(e)

(f)

(g)

(h)

(i)

Section 4 – Part ED (Education) Performance Targets (defined for all Councils)

| ED | Target for year 1 | Target for year 2 | Target for year 3 | Target for year 4 | Target for year 5 |
|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| ED01: Students hve the education and support they need to reach their educational goals throught Council efforts: | 0 | 0 | 0 | 0 | 0 |
| ED02: Infants and young children have services/support needed to reach developmental goals through Council efforts: | 0 | 0 | 0 | 0 | 0 |
| ED03: Students transitioned from school to community and jobs: | 0 | 0 | 0 | 0 | 0 |
| ED04: Children transitioned from early intervention and pre-school to inclusive classrooms/schools: | 0 | 0 | 0 | 0 | 0 |
| ED05: Dollars leveraged for education: | \$0 | \$0 | \$0 | \$0 | \$0 |
| ED06: Education programs/policies created/improved: | 0 | 0 | 0 | 0 | 0 |
| ED07: Post-secondary institutions improved inclusive education: | 0 | 0 | 0 | 0 | 0 |
| ED08: School improved IEP: | 0 | 0 | 0 | 0 | 0 |
| ED09: People facilitated inclusive education: | 0 | 0 | 0 | 0 | 0 |
| ED10: People trained in inclusive education: | 0 | 0 | 0 | 0 | 0 |
| ED12: Parents or guardians trained regarding their childs educational rights: | 0 | 0 | 0 | 0 | 0 |

Education

| ED | Description | Target for year 1 | Target for year 2 | Target for year 3 | Target for year 4 | Target for year 5 |
|----------------|-------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| ED13: Other | | 0 | 0 | 0 | 0 | 0 |
| ED14: Other | | 0 | 0 | 0 | 0 | 0 |
| ED15: Other | | 0 | 0 | 0 | 0 | 0 |
| ED16: Other | | 0 | 0 | 0 | 0 | 0 |
| ED17: Other | | 0 | 0 | 0 | 0 | 0 |
| ED18: Other | | 0 | 0 | 0 | 0 | 0 |
| ED19: Other | | 0 | 0 | 0 | 0 | 0 |
| ED20: Other | | 0 | 0 | 0 | 0 | 0 |
| ED21: Other | | 0 | 0 | 0 | 0 | 0 |
| ED22: Other | | 0 | 0 | 0 | 0 | 0 |

SCDD State Plan

[Return to Sections](#)

[Save This Section](#)

[Go To Next](#)

Grantee: [Alaska](#)

Plan Reporting Period: [10/01/2009 - 09/30/2010](#)

Housing (HO): Adults choose where and with whom they live.

Goal #: _____

Goal description:

Strategies used in achieving goal:

- Outreach
- Training
- Technical Assistance
- Supporting and Education Communities
- Interagency Collaboration and Coordination
- Coordination with Related Councils, Committees and Programs
- Barrier Elimination, Systems design, and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

| |
|---|
| Housing (HO): Adults choose where and with whom they live. |
| Goal ID #: _____ |
| 2.(a) Objective HO #: _____ |
| Objective HO Description: |
| (b) Expected Year of Accomplishment: <input checked="" type="radio"/> Year One <input type="radio"/> Year Two <input type="radio"/> Year Three <input type="radio"/> Year Four <input type="radio"/> Year Five |
| 3) Resources to be Allocated for this Objective (if known): Check if not known: <input type="checkbox"/> Resources (if known): _____ |
| 4. Intermediaries/Collaborators Planned for this Objective (if known): |
| <input type="checkbox"/> (a) State Protection and Advocacy Agencies |
| <input type="checkbox"/> (b) National Network of University Centers for Excellence in Developmental Disabilities Education, Research and Services |
| (c) |
| (d) |
| (e) |
| (f) |
| (g) |
| (h) |
| (i) |

SCDD State Plan

[Return to Sections](#)

[Save This Section](#)

[Go To Next](#)

Grantee: [Alaska](#)

Plan Reporting Period: [10/01/2009 - 09/30/2010](#)

Section 4 – Part HO (Housing) Performance Targets

| HO | Target for year 1 | Target for year 2 | Target for year 3 | Target for year 4 | Target for year 5 |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|
| HO01: Individuals have home of their choice through Council efforts: | 0 | 0 | 0 | 0 | 0 |
| HO02: People moved from congregate settings to homes in the community: | 0 | 0 | 0 | 0 | 0 |
| HO03: Dollars leveraged for housing: | \$0 | \$0 | \$0 | \$0 | \$0 |
| HO04: Banks made mortgage funds available to enable people to own homes: | 0 | 0 | 0 | 0 | 0 |
| HO05: Housing programs/policies created/improved: | 0 | 0 | 0 | 0 | 0 |
| HO06: Units of affordable, accessible housing made available: | 0 | 0 | 0 | 0 | 0 |
| HO07: People facilitated home ownership/rental: | 0 | 0 | 0 | 0 | 0 |
| HO08: People trained in housing: | 0 | 0 | 0 | 0 | 0 |

| HO | Description | Target for year 1 | Target for year 2 | Target for year 3 | Target for year 4 | Target for year 5 |
|------------------------|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| HO11: Other | | 0 | 0 | 0 | 0 | 0 |
| HO12: Other | | 0 | 0 | 0 | 0 | 0 |
| HO13: Other | | 0 | 0 | 0 | 0 | 0 |
| HO14: Other | | 0 | 0 | 0 | 0 | 0 |
| HO15: Other | | 0 | 0 | 0 | 0 | 0 |
| HO16: Other | | 0 | 0 | 0 | 0 | 0 |
| HO17: Other | | 0 | 0 | 0 | 0 | 0 |
| HO18: Other | | 0 | 0 | 0 | 0 | 0 |
| HO19: Other | | 0 | 0 | 0 | 0 | 0 |
| HO20: Other | | 0 | 0 | 0 | 0 | 0 |

SCDD State Plan

[Return to Sections](#)

[Save This Section](#)

[Go To Next](#)

Grantee: [Alaska](#)

Plan Reporting Period: [10/01/2009 - 09/30/2010](#)

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

Goal #: _____

Goal description:

Strategies used in achieving goal:

- Outreach
- Training
- Technical Assistance
- Supporting and Education Communities
- Interagency Collaboration and Coordination
- Coordination with Related Councils, Committees and Programs
- Barrier Elimination, Systems design, and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

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

Goal ID #: _____

2.(a) Objective HE #: _____

Objective HE Description:

(b) Expected Year of Accomplishment:

Year One Year Two Year Three Year Four Year Five

3) Resources to be Allocated for this Objective (if known):

Check if not known:

Resources (if known): _____

4. Intermediaries/Collaborators Planned for this Objective (if known):

(a) State Protection and Advocacy Agencies

(b) National Network of University Centers for Excellence in Developmental Disabilities Education, Research and Services

(c)

(d)

(e)

(f)

(g)

(h)

(i)

SCDD State Plan

[Return to Sections](#)

[Save This Section](#)

[Go To Next](#)

Grantee: [Alaska](#)

Plan Reporting Period: [10/01/2009 - 09/30/2010](#)

Section 4 – Part HE (Health) Performance Targets

| HE | Target for year 1 | Target for year 2 | Target for year 3 | Target for year 4 | Target for year 5 |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|
| HE01: People have needed health services through Council efforts: | 0 | 0 | 0 | 0 | 0 |
| HE02: Dollars leveraged for health services: | \$0 | \$0 | \$0 | \$0 | \$0 |
| HE03: Health care programs/policies created/improved: | 0 | 0 | 0 | 0 | 0 |
| HE04: People improved health services: | 0 | 0 | 0 | 0 | 0 |
| HE05: People trained in health services: | 0 | 0 | 0 | 0 | 0 |

| HE | Description | Target for year 1 | Target for year 2 | Target for year 3 | Target for year 4 | Target for year 5 |
|------------------------|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| HE8: Other | | 0 | 0 | 0 | 0 | 0 |
| HE9: Other | | 0 | 0 | 0 | 0 | 0 |
| HE10: Other | | 0 | 0 | 0 | 0 | 0 |
| HE11: Other | | 0 | 0 | 0 | 0 | 0 |
| HE12: Other | | 0 | 0 | 0 | 0 | 0 |
| HE13: Other | | 0 | 0 | 0 | 0 | 0 |
| HE14: Other | | 0 | 0 | 0 | 0 | 0 |
| HE15: Other | | 0 | 0 | 0 | 0 | 0 |
| HE16: Other | | 0 | 0 | 0 | 0 | 0 |
| HE17: Other | | 0 | 0 | 0 | 0 | 0 |

Child Care (CH): Children & families benefits from a range of inclusive, flexible child care options.

Goal #: _____

Goal description:

Strategies used in achieving goal:

- Outreach**
- Training**
- Technical Assistance**
- Supporting and Education Communities**
- Interagency Collaboration and Coordination**
- Coordination with Related Councils, Committees and Programs**
- Barrier Elimination, Systems design, and Redesign**
- Coalition Development and Citizen Participation**
- Informing Policymakers**
- Demonstration of New Approaches to Services and Supports**
- Other Activities**

[Return to Sections](#)

[Save This Section](#)

[Go To Next](#)

Grantee: [Alaska](#)

Plan Reporting Period: [10/01/2009 - 09/30/2010](#)

| |
|--|
| Child Care (CH): Children & families benefits from a range of inclusive, flexible child care options. |
| Goal ID #: _____ |
| 2.(a) Objective CH #: _____ |
| Objective CH Description: |
| (b) Expected Year of Accomplishment: <input checked="" type="radio"/> Year One <input type="radio"/> Year Two <input type="radio"/> Year Three <input type="radio"/> Year Four <input type="radio"/> Year Five |
| 3) Resources to be Allocated for this Objective (if known): Check if not known: <input type="checkbox"/> Resources (if known): _____ |
| 4. Intermediaries/Collaborators Planned for this Objective (if known): |
| <input type="checkbox"/> (a) State Protection and Advocacy Agencies |
| <input type="checkbox"/> (b) National Network of University Centers for Excellence in Developmental Disabilities Education, Research and Services |
| (c) |
| (d) |
| (e) |
| (f) |
| (g) |
| (h) |

(i)

SCDD State Plan

[Return to Sections](#)

[Save This Section](#)

[Go To Next](#)

Grantee: [Alaska](#)

Plan Reporting Period: [10/01/2009 - 09/30/2010](#)

Section 4 – Part CH (Child Care) Performance Targets

| CH | Target for year 1 | Target for year 2 | Target for year 3 | Target for year 4 | Target for year 5 |
|---|-------------------|-------------------|-------------------|-------------------|-------------------|
| CH01: Children in inclusive child care settings through Council efforts: | 0 | 0 | 0 | 0 | 0 |
| CH02: Dollars leveraged for child care programs: | \$0 | \$0 | \$0 | \$0 | \$0 |
| CH03: Child care programs/policies created/improved: | 0 | 0 | 0 | 0 | 0 |
| CH04: People facilitated inclusive child care: | 0 | 0 | 0 | 0 | 0 |
| CH05: People trained in child care: | 0 | 0 | 0 | 0 | 0 |

| CH | Description | Target for year 1 | Target for year 2 | Target for year 3 | Target for year 4 | Target for year 5 |
|------------------------|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| CH8: Other | | 0 | 0 | 0 | 0 | 0 |
| CH9: Other | | 0 | 0 | 0 | 0 | 0 |
| CH10: Other | | 0 | 0 | 0 | 0 | 0 |
| CH11: Other | | 0 | 0 | 0 | 0 | 0 |
| CH12: Other | | 0 | 0 | 0 | 0 | 0 |
| CH13: Other | | 0 | 0 | 0 | 0 | 0 |
| CH14: Other | | 0 | 0 | 0 | 0 | 0 |
| CH15: Other | | 0 | 0 | 0 | 0 | 0 |
| CH16: Other | | 0 | 0 | 0 | 0 | 0 |
| CH17: Other | | 0 | 0 | 0 | 0 | 0 |

Recreation (RE): People benefit from inclusive recreational, leisure and social activities consistent with their interests and abilities.

Goal #: _____

Goal description:

Strategies used in achieving goal:

- Outreach
- Training
- Technical Assistance
- Supporting and Education Communities
- Interagency Collaboration and Coordination
- Coordination with Related Councils, Committees and Programs
- Barrier Elimination, Systems design, and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

[Return to Sections](#)

[Save This Section](#)

[Go To Next](#)

Grantee: [Alaska](#)

Plan Reporting Period: [10/01/2009 - 09/30/2010](#)

| |
|--|
| Recreation (RE): People benefit from inclusive recreational, leisure and social activities consistent with their interests and abilities. |
| Goal ID #: _____ |
| 2.(a) Objective RE #: _____ |
| Objective RE Description: |
| (b) Expected Year of Accomplishment: <input checked="" type="radio"/> Year One <input type="radio"/> Year Two <input type="radio"/> Year Three <input type="radio"/> Year Four <input type="radio"/> Year Five |
| 3) Resources to be Allocated for this Objective (if known): Check if not known: <input type="checkbox"/> Resources (if known): _____ |
| 4. Intermediaries/Collaborators Planned for this Objective (if known): |
| <input type="checkbox"/> (a) State Protection and Advocacy Agencies |
| <input type="checkbox"/> (b) National Network of University Centers for Excellence in Developmental Disabilities Education, Research and Services |
| (c) |
| (d) |
| (e) |
| (f) |
| (g) |
| (h) |

(i)

SCDD State Plan

[Return to Sections](#)

[Save This Section](#)

[Go To Next](#)

Grantee: [Alaska](#)

Plan Reporting Period: [10/01/2009 - 09/30/2010](#)

Section 4 – Part RE (Recreation) Performance Targets

| RE | Target for year 1 | Target for year 2 | Target for year 3 | Target for year 4 | Target for year 5 |
|---|-------------------|-------------------|-------------------|-------------------|-------------------|
| RE01: People active in recreational activities through Council efforts: | 0 | 0 | 0 | 0 | 0 |
| RE02: Dollars leveraged for recreation programs: | \$0 | \$0 | \$0 | \$0 | \$0 |
| RE03: Recreation programs/policies created/improved: | 0 | 0 | 0 | 0 | 0 |
| RE04: People facilitated recreation: | 0 | 0 | 0 | 0 | 0 |
| RE05: People trained in recreation: | 0 | 0 | 0 | 0 | 0 |

| RE | Description | Target for year 1 | Target for year 2 | Target for year 3 | Target for year 4 | Target for year 5 |
|------------------------|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| RE8: Other | | 0 | 0 | 0 | 0 | 0 |
| RE9: Other | | 0 | 0 | 0 | 0 | 0 |
| RE10: Other | | 0 | 0 | 0 | 0 | 0 |
| RE11: Other | | 0 | 0 | 0 | 0 | 0 |
| RE12: Other | | 0 | 0 | 0 | 0 | 0 |
| RE13: Other | | 0 | 0 | 0 | 0 | 0 |
| RE14: Other | | 0 | 0 | 0 | 0 | 0 |
| RE15: Other | | 0 | 0 | 0 | 0 | 0 |
| RE16: Other | | 0 | 0 | 0 | 0 | 0 |
| RE17: Other | | 0 | 0 | 0 | 0 | 0 |

Transportation (TR): People have transportation services for work, school, medical, and personal needs.

Goal #: _____

Goal description:

Strategies used in achieving goal:

- Outreach**
- Training**
- Technical Assistance**
- Supporting and Education Communities**
- Interagency Collaboration and Coordination**
- Coordination with Related Councils, Committees and Programs**
- Barrier Elimination, Systems design, and Redesign**
- Coalition Development and Citizen Participation**
- Informing Policymakers**
- Demonstration of New Approaches to Services and Supports**
- Other Activities**

[Return to Sections](#)

[Save This Section](#)

[Go To Next](#)

Grantee: [Alaska](#)

Plan Reporting Period: [10/01/2009 - 09/30/2010](#)

| |
|--|
| Transportation (TR): People have transportation services for work, school, medical, and personal needs. |
| Goal ID #: _____ |
| 2.(a) Objective TR #: _____ |
| Objective TR Description: |
| (b) Expected Year of Accomplishment: <input checked="" type="radio"/> Year One <input type="radio"/> Year Two <input type="radio"/> Year Three <input type="radio"/> Year Four <input type="radio"/> Year Five |
| 3) Resources to be Allocated for this Objective (if known): Check if not known: <input type="checkbox"/> Resources (if known): _____ |
| 4. Intermediaries/Collaborators Planned for this Objective (if known): |
| <input type="checkbox"/> (a) State Protection and Advocacy Agencies |
| <input type="checkbox"/> (b) National Network of University Centers for Excellence in Developmental Disabilities Education, Research and Services |
| (c) |
| (d) |
| (e) |
| (f) |
| (g) |
| (h) |

(i)

SCDD State Plan

[Return to Sections](#)

[Save This Section](#)

[Go To Next](#)

Grantee: [Alaska](#)

Plan Reporting Period: [10/01/2009 - 09/30/2010](#)

Section 4 – Part TR (Transportation) Performance Targets

| TR | Target for year 1 | Target for year 2 | Target for year 3 | Target for year 4 | Target for year 5 |
|---|-------------------|-------------------|-------------------|-------------------|-------------------|
| TR01: People have transportation services for work, school, medical, and personal needs: | 0 | 0 | 0 | 0 | 0 |
| TR02: Dollars leveraged for transportation programs: | \$0 | \$0 | \$0 | \$0 | \$0 |
| TR03: Transportation programs/policies created/improved: | 0 | 0 | 0 | 0 | 0 |
| TR04: People facilitated transportation: | 0 | 0 | 0 | 0 | 0 |
| TR05: People trained in transportation: | \$0 | \$0 | \$0 | \$0 | \$0 |

| TR | Description | Target for year 1 | Target for year 2 | Target for year 3 | Target for year 4 | Target for year 5 |
|------------------------|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| TR8: Other | | 0 | 0 | 0 | 0 | 0 |
| TR9: Other | | 0 | 0 | 0 | 0 | 0 |
| TR10: Other | | 0 | 0 | 0 | 0 | 0 |
| TR11: Other | | 0 | 0 | 0 | 0 | 0 |
| TR12: Other | | 0 | 0 | 0 | 0 | 0 |
| TR13: Other | | 0 | 0 | 0 | 0 | 0 |
| TR14: Other | | 0 | 0 | 0 | 0 | 0 |
| TR15: Other | | 0 | 0 | 0 | 0 | 0 |
| TR16: Other | | 0 | 0 | 0 | 0 | 0 |
| TR17: Other | | 0 | 0 | 0 | 0 | 0 |

Quality Assurance (QA): People have the information, skills, opportunities, and support to live free of abuse, neglect, financial and sexual exploitation, and violation 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.

Goal #: _____

Goal description:

Strategies used in achieving goal:

- Outreach
- Training
- Technical Assistance
- Supporting and Education Communities
- Interagency Collaboration and Coordination
- Coordination with Related Councils, Committees and Programs
- Barrier Elimination, Systems design, and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

[Return to Sections](#)

[Save This Section](#)

[Go To Next](#)

Grantee: [Alaska](#)

Plan Reporting Period: [10/01/2009 - 09/30/2010](#)

| |
|---|
| Quality Assurance (QA): People have the information, skills, opportunities, and support to live free of abuse, neglect, financial and sexual exploitation, and violation 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. |
| Goal ID #: _____ |
| 2.(a) Objective QA #: _____ |
| Objective QA Description: |
| (b) Expected Year of Accomplishment: <input checked="" type="radio"/> Year One <input type="radio"/> Year Two <input type="radio"/> Year Three <input type="radio"/> Year Four <input type="radio"/> Year Five |
| 3) Resources to be Allocated for this Objective (if known): Check if not known: <input type="checkbox"/> Resources (if known): _____ |
| 4. Intermediaries/Collaborators Planned for this Objective (if known): <input type="checkbox"/> (a) State Protection and Advocacy Agencies <input type="checkbox"/> (b) National Network of University Centers for Excellence in Developmental Disabilities Education, Research and Services (c) (d) (e) (f) (g) (h) |

(i)

Grantee: [Alaska](#)

Plan Reporting Period: [10/01/2009 - 09/30/2010](#)

Section 4 – Part QA (Quality Assurance) Performance Targets

| QA | Target for year 1 | Target for year 2 | Target for year 3 | Target for year 4 | Target for year 5 |
|---|-------------------|-------------------|-------------------|-------------------|-------------------|
| QA01: People benefiting from quality assurance efforts of the Councils: | 0 | 0 | 0 | 0 | 0 |
| QA02: Dollars leveraged for quality assurance programs: | 0 | 0 | 0 | 0 | 0 |
| QA03: Quality assurance programs/policies created/improved: | \$0 | \$0 | \$0 | \$0 | \$0 |
| QA04: People facilitated quality assurance: | 0 | 0 | 0 | 0 | 0 |
| QA05: People trained in quality assurance: | 0 | 0 | 0 | 0 | 0 |
| QA06: People active in systems advocacy about quality assurance: | 0 | 0 | 0 | 0 | 0 |
| Break out of the number: QA06A: Self-advocates active in systems advocacy about quality assurance: | 0 | 0 | 0 | 0 | 0 |
| Break out of the number: QA06B: Family members active in systems advocacy about quality assurance: | 0 | 0 | 0 | 0 | 0 |
| Break out of the number: QA06C: Others active in systems advocacy about quality assurance: | 0 | 0 | 0 | 0 | 0 |
| QA07: People trained in systems advocacy about quality assurance: | 0 | 0 | 0 | 0 | 0 |
| Break out of the number: QA07A: Self-advocates trained in systems advocacy about | 0 | 0 | 0 | 0 | 0 |

| | | | | | |
|--|---|---|---|---|---|
| quality assurance: | | | | | |
| Break out of the number: QA07B: Family members trained in systems advocacy about quality assurance: | 0 | 0 | 0 | 0 | 0 |
| Break out of the number: QA07C: Others trained in systems advocacy about quality assurance: | 0 | 0 | 0 | 0 | 0 |
| QA08: People trained in leadership, self-advocacy, and self determination: | 0 | 0 | 0 | 0 | 0 |
| QA09: People attained membership on public and private bodies and other leadership coalitions: | 0 | 0 | 0 | 0 | 0 |
| QA10: Number of entities participating in partnership or coalition created or sustained as result of Council efforts: | 0 | 0 | 0 | 0 | 0 |

| QA | Description | Target for year 1 | Target for year 2 | Target for year 3 | Target for year 4 | Target for year 5 |
|------------------------|--------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| QA11: Other | | 0 | 0 | 0 | 0 | 0 |
| QA12: Other | | 0 | 0 | 0 | 0 | 0 |
| QA13: Other | | 0 | 0 | 0 | 0 | 0 |
| QA14: Other | | 0 | 0 | 0 | 0 | 0 |
| QA15: Other | | 0 | 0 | 0 | 0 | 0 |
| QA16: Other | | 0 | 0 | 0 | 0 | 0 |
| QA17: Other | | 0 | 0 | 0 | 0 | 0 |
| QA18: Other | | 0 | 0 | 0 | 0 | 0 |
| QA19: Other | | 0 | 0 | 0 | 0 | 0 |
| QA20: Other | | 0 | 0 | 0 | 0 | 0 |

Formal/Informal Community Supports (CS):Individuals have access to other services available or offered in a community, including formal and informal community supports that affect their quality of life.

Goal #: _____

Goal description:

Strategies used in achieving goal:

- Outreach
- Training
- Technical Assistance
- Supporting and Education Communities
- Interagency Collaboration and Coordination
- Coordination with Related Councils, Committees and Programs
- Barrier Elimination, Systems design, and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

[Return to Sections](#)

[Save This Section](#)

[Go To Next](#)

Grantee: [Alaska](#)

Plan Reporting Period: [10/01/2009 - 09/30/2010](#)

| |
|--|
| Formal/Informal Community Supports (CS): Individuals have access to other services available or offered in a community, including formal and informal community supports that affect their quality of life. |
| Goal ID #: _____ |
| 2.(a) Objective CS #: _____ |
| Objective CS Description: |
| (b) Expected Year of Accomplishment: <input checked="" type="radio"/> Year One <input type="radio"/> Year Two <input type="radio"/> Year Three <input type="radio"/> Year Four <input type="radio"/> Year Five |
| 3) Resources to be Allocated for this Objective (if known): Check if not known: <input type="checkbox"/> Resources (if known): _____ |
| 4. Intermediaries/Collaborators Planned for this Objective (if known): |
| <input type="checkbox"/> (a) State Protection and Advocacy Agencies |
| <input type="checkbox"/> (b) National Network of University Centers for Excellence in Developmental Disabilities Education, Research and Services |
| (c) |
| (d) |
| (e) |
| (f) |
| (g) |
| (h) |

(i)

SCDD State Plan

[Return to Sections](#)

[Save This Section](#)

[Go To Next](#)

Grantee: [Alaska](#)

Plan Reporting Period: [10/01/2009 - 09/30/2010](#)

Section 4 – Part CS (Community Support) Performance Targets

| CS | Target for year 1 | Target for year 2 | Target for year 3 | Target for year 4 | Target for year 5 |
|---|-------------------|-------------------|-------------------|-------------------|-------------------|
| CS01: Individual receive formal/informal community supports: | 0 | 0 | 0 | 0 | 0 |
| CS02: Dollars leveraged for formal/informal community supports: | \$0 | \$0 | \$0 | \$0 | \$0 |
| CS03: Programs/policies created/improved formal/informal community supports: | 0 | 0 | 0 | 0 | 0 |
| CS04: People facilitated formal/informal community supports: | 0 | 0 | 0 | 0 | 0 |
| CS05: People trained in formal/informal community supports: | 0 | 0 | 0 | 0 | 0 |

| CS | Description | Target for year 1 | Target for year 2 | Target for year 3 | Target for year 4 | Target for year 5 |
|------------------------|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| CS9: Other | | 0 | 0 | 0 | 0 | 0 |
| CS10: Other | | 0 | 0 | 0 | 0 | 0 |
| CS11: Other | | 0 | 0 | 0 | 0 | 0 |
| CS12: Other | | 0 | 0 | 0 | 0 | 0 |
| CS13: Other | | 0 | 0 | 0 | 0 | 0 |
| CS14: Other | | 0 | 0 | 0 | 0 | 0 |
| CS15: Other | | 0 | 0 | 0 | 0 | 0 |
| CS16: Other | | 0 | 0 | 0 | 0 | 0 |
| CS17: Other | | 0 | 0 | 0 | 0 | 0 |
| CS18: Other | | 0 | 0 | 0 | 0 | 0 |

Cross Cutting (CR): The following represent those Council activities that impact all Areas of Emphasis.

Goal #: _____

Goal description:

Strategies used in achieving goal:

- Outreach
- Training
- Technical Assistance
- Supporting and Education Communities
- Interagency Collaboration and Coordination
- Coordination with Related Councils, Committees and Programs
- Barrier Elimination, Systems design, and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

[Return to Sections](#)

[Save This Section](#)

[Go To Next](#)

Grantee: [Alaska](#)

Plan Reporting Period: [10/01/2009 - 09/30/2010](#)

| |
|--|
| Cross Cutting (CR): The following represent those Council activities that impact all Areas of Emphasis. |
| Goal ID #: _____ |
| 2.(a) Objective CR #: _____ |
| Objective CR Description: |
| (b) Expected Year of Accomplishment: <input checked="" type="radio"/> Year One <input type="radio"/> Year Two <input type="radio"/> Year Three <input type="radio"/> Year Four <input type="radio"/> Year Five |
| 3) Resources to be Allocated for this Objective (if known): Check if not known: <input type="checkbox"/> Resources (if known): _____ |
| 4. Intermediaries/Collaborators Planned for this Objective (if known): |
| <input type="checkbox"/> (a) State Protection and Advocacy Agencies |
| <input type="checkbox"/> (b) National Network of University Centers for Excellence in Developmental Disabilities Education, Research and Services |
| (c) |
| (d) |
| (e) |
| (f) |
| (g) |
| (h) |

(i)

SCDD State Plan

[Return to Sections](#)

[Save This Section](#)

[Go To Next](#)

Grantee: [Alaska](#)

Plan Reporting Period: [10/01/2009 - 09/30/2010](#)

Section 4 – Part CR (Cross Cutting) Performance Targets

| CR | Target for year 1 | Target for year 2 | Target for year 3 | Target for year 4 | Target for year 5 |
|---|-------------------|-------------------|-------------------|-------------------|-------------------|
| CR01: Public policymakers educated by Council about issues related to Council initiatives: | 0 | 0 | 0 | 0 | 0 |
| CR02: # discrete products created by Council and disseminated to policymakers and/or the general public: | 0 | 0 | 0 | 0 | 0 |
| CR03: Members of the general public estimated to have been reached by Council public education, awareness: | 0 | 0 | 0 | 0 | 0 |

SCDD State Plan

[Return to Sections](#)

[Save This Section](#)

[Go To Next](#)

Grantee: [Alaska](#)

Plan Reporting Period: [10/01/2009 - 09/30/2010](#)

A. Written and signed assurances have been submitted to the ADD Office, Administration for Children and Families, United States Department of Health and Human Services, regarding compliance with all requirements specified in Section 122 (C) (5)(A) - (N) in the Developmental Disabilities Assurance and Bill of Rights Act.

Signed Assurances have been submitted to DHHS?: Yes No

Date when Assurances were or will be mailed: ___/___/_____

B. Approving Officials for Assurances

1. For the Council (chairperson)

2. For DSA, not Council

SCDD State Plan

[Return to Sections](#)

[Save This Section](#)

[Go To Next](#)

Grantee: [Alaska](#)

Plan Reporting Period: [10/01/2009 - 09/30/2010](#)

| | | | |
|---|------------------|--------------------|--------------|
| Fiscal Year: _____ | | | |
| B. Cost Categories- Areas of Emphasis, General and DSA Functions | Part B \$ | Other(s) \$ | TOTAL |
| 1. Employment | \$0 | \$0 | \$0 |
| 2. Housing | \$0 | \$0 | \$0 |
| 3. Health | \$0 | \$0 | \$0 |
| 4. Education and Early Intervention | \$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 the DSA | \$0 | \$0 | \$0 |
| 12. TOTAL | \$0 | \$0 | \$0 |

Section 7:

Summarize the Council's process for public notice and public review and include a summary of the Council's response to public input and comments. Also summarize public involvement in the development of the plan.

Section 8:

Summarize the Council's plan for monitoring, reviewing and evaluating this state plan at least annually. Explain how the review and evaluation information is utilized to update the State Plan.

