

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

Web Based Reporting System

Please log in using your agency's assigned username and password

Username

Password

[Create New Report](#)[Edit Report](#)[View Completed Report](#)[Preferences](#)

Welcome to the Social Security Web Report System, (PABSS)

To begin a new report, please select the Create New Report link. To continue on a report that has been started, select the Edit Report link. To view or print submitted reports, select the View Completed Report link. To generate reports, select the Report Generator link.

Privacy Act Statement

SSA is required to collect this information under section 1150 of the Social Security Act (the Act). We use the information to manage the Protection and Advocacy for Beneficiaries of Social Security programs, with particular emphasis on contract administration, budgeting, and training.

[See Revised Privacy Act Statement Attached](#)

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.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

Paperwork Reduction Act Statement

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 60 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

[Top](#)

Main Menu

OMB Number: 0960-0768

Expiration Date: 2/28/2014

[Help](#) [Logout](#)

[Create New Report](#)

[Edit Report](#)

[View Completed Report](#)

[Preferences](#)

Preferences

Mouse Acceleration

Off

[Top](#)

PABSS Web Reporting System

OMB Number: 0960-0768

Expiration Date: 2/28/2014

[Main Menu](#) [Help](#) [Logout](#)

[Create New Report](#)

[Edit Report](#)

[View Completed Report](#)

[Preferences](#)

Create New Report

Name

Report Period

FY 2012 Annual Report

Grant Award
Number

Report Prepared By

[Top](#)

PABSS Web Reporting System

OMB Number: 0960-0768

Expiration Date: 2/28/2014

[Main Menu](#) [Help](#) [Logout](#)

[Create New Report](#)

[Edit Report](#)

[View Completed Report](#)

[Preferences](#)

[Part I - Quantitative Statistics](#) ▶

[Part II - Narrative Reporting](#) ▶

Part I - Quantitative Statistics

Section A: Information and Referral

1. 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

[Top](#)

PABSS Web Reporting System

OMB Number: 0960-0768

Expiration Date: 2/28/2014

[Main Menu](#) [Help](#) [Logout](#)

[Create New Report](#)

[Edit Report](#)

[View Completed Report](#)

[Preferences](#)

[Part I - Quantitative Statistics](#) ▶

[Part II - Narrative Reporting](#) ▶

Part I - Quantitative Statistics

Section A: Information and Referral

2. 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

[Top](#)

PABSS Web Reporting System

OMB Number: 0960-0768

Expiration Date: 2/28/2014

[Main Menu](#) [Help](#) [Logout](#)

[Create New Report](#)

[Edit Report](#)

[View Completed Report](#)

[Preferences](#)

[Part I - Quantitative Statistics](#) ▶

[Part II - Narrative Reporting](#) ▶

Part I - Quantitative Statistics

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

1. 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

[Top](#)

PABSS Web Reporting System

OMB Number: 0960-0768

Expiration Date: 2/28/2014

[Main Menu](#) [Help](#) [Logout](#)

[Create New Report](#)

[Edit Report](#)

[View Completed Report](#)

[Preferences](#)

[Part I - Quantitative Statistics](#) ▶

[Part II - Narrative Reporting](#) ▶

Part I - Quantitative Statistics

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

2. 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?

[Top](#)

PABSS Web Reporting System

OMB Number: 0960-0768

Expiration Date: 2/28/2014

[Main Menu](#) [Help](#) [Logout](#)

[Create New Report](#)

[Edit Report](#)

[View Completed Report](#)

[Preferences](#)

[Part I - Quantitative Statistics](#) ▶

[Part II - Narrative Reporting](#) ▶

Part I - Quantitative Statistics

Section C: Individual Demographics

1. Please provide counts of individuals served by Gender:

a. Male

b. Female

[Top](#)

[Create New Report](#) | [Edit Report](#) | [View Completed Report](#) | [Preferences](#)

[Part I - Quantitative Statistics](#) ▶ | [Part II - Narrative Reporting](#) ▶

Part I - Quantitative Statistics

Section C: Individual Demographics

2. Please provide counts of individuals served by Ethnicity:

- a. Alaskan Native
- b. American Indian
- c. Arab American (Middle Eastern)
- d. Asian
- e. Black (Not Hispanic/Latino Origin)
- f. Hispanic/Latino
- g. Multi Racial / Multi Cultural
- h. Pacific Islander
- i. White (Not Hispanic/Latino Origin)
- j. Unknown

Other (IF SELECTED MUST SPECIFY)

Explanations

There are no data records to display.

PABSS Web Reporting System

OMB Number: 0960-0768

Expiration Date: 2/28/2014

[Main Menu](#) [Help](#) [Logout](#)

[Create New Report](#)

[Edit Report](#)

[View Completed Report](#)

[Preferences](#)

[Part I - Quantitative Statistics](#) ▶

[Part II - Narrative Reporting](#) ▶

Part I - Quantitative Statistics

Section C: Individual Demographics

3. Please provide counts of individuals receipted by Age Bracket:

a. 14 to 18

b. 19 to 21

c. 22 to 40

d. 41 to 59

e. 60 to 64

[Top](#)

PABSS Web Reporting System

OMB Number: 0960-0768

Expiration Date: 2/28/2014

[Main Menu](#) [Help](#) [Logout](#)

[Create New Report](#) | [Edit Report](#) | [View Completed Report](#) | [Preferences](#)

[Part I - Quantitative Statistics](#) ▶ | [Part II - Narrative Reporting](#) ▶

Part I - Quantitative Statistics

Section C: Individual Demographics

4. Please provide counts of individuals receipted by Beneficiary Status.

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

[Top](#)

[Create New Report](#) | [Edit Report](#) | [View Completed Report](#) | [Preferences](#)[Part I - Quantitative Statistics](#) ▶ | [Part II - Narrative Reporting](#) ▶

Part I - Quantitative Statistics

Section C: Individual Demographics

5. Please provide counts of individuals receipted by Primary Disability:

- a. Absence of extremities
- b. Autism
- c. Auto-immune (lupus, thyroid, ALS, etc.)
- d. Blindness (both eyes)
- e. Cancer
- f. Cerebral palsy
- g. Deaf-blind
- h. Deafness
- i. Diabetes
- j. Digestive disorders (chronic pancreatitis, esophageal stricture, fistulae, chronic liver, etc.)
- k. Epilepsy
- l. Genitourinary conditions (kidney, prostate, etc.)
- m. Hard of Hearing (not deaf)
- n. Heart and other circulatory problems including cardiovascular
- o. HIV/AIDS
- p. Mental illness (diagnosis according to DSM-IV)
- q. Mental retardation
- r. Multiple sclerosis
- s. Muscular dystrophy
- t. Muscular / Skeletal impairment (arthritis, fibromyalgia, osteogenesis imperfecta, osteomyelitis, etc.)
- u. Neurological disorders (brain tumors, convulsive disorders, Parkinson, etc.)
- v. Other emotional/behavioral (Provide detail)

Explanations

There are no data records to display.

w. Other intellectual such as ADD/ADHD (Provide detail)

Explanations

There are no data records to display.

x. Physical / orthopedic including spinal cord injuries, paraplegia, quadriplegia, back problems, etc.

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)

Explanations

There are no data records to display.

PABSS Web Reporting System

OMB Number: 0960-0768

Expiration Date: 2/28/2014

[Main Menu](#) [Help](#) [Logout](#)[Create New Report](#) | [Edit Report](#) | [View Completed Report](#) | [Preferences](#)[Part I - Quantitative Statistics](#) ▶ | [Part II - Narrative Reporting](#) ▶

Part I - Quantitative Statistics

Section D: Major Source of Concern

Please Provide counts of all PABSS issue are service request receipts by major source of individual's concern for the current report period:

1. State Vocational Rehab Agency (public VR program)
2. Employment Networks (SSA contractor)
3. Agencies other than 1. or 2. above
4. Employment discrimination – hire, fire, promotion
5. Employment wages and benefits
6. Housing
7. Healthcare (not 5 above)
8. Insufficient/improper benefits planning
9. Transition services (Student beneficiary between 14-18 (or under age 22) engaging/needing a transition plan)
10. Post Secondary accommodation
11. Transportation
12. Social Security benefits cessation based on SGA (including CDR's) – not Overpayment
13. Benefits Questions/Work Incentives – Not 12 or 14
14. Work Related Overpayment
15. Other (IF SELECTED MUST SPECIFY)

Explanations

There are no data records to display.

[Top](#)

Create New Report	Edit Report	View Completed Report	Preferences
-----------------------------------	-----------------------------	---------------------------------------	-----------------------------

Part I - Quantitative Statistics ▶	Part II - Narrative Reporting ▶
----------------------------------------------------	-------------------------------------------------

Part I - Quantitative Statistics**Section E: Closed Issue Area Service Requests****1. What was the problem/sub-problem area?**

- a. [AT] Assistive Technology
- b. [Education] Transition school to work
- c. [Employment] Discrimination in employment benefits
- d. [Employment] Discrimination in hiring
- e. [Employment] Unlawful termination / firing
- f. [Employment] Other employment discrimination
- g. [Employment] Reasonable accommodation – not d, e, or f from above
- h. [Employment] Service provider issues – not c-g above
- i. [Employment] Wage and hour issues
- j. [Financial Entitlements] SSI: Overpayments based on work issues
- k. [Financial Entitlements] SSDI: Overpayments based on work issues
- l. [Financial Entitlements] (other) – Specify

Explanations

There are no data records to display.

- m. [Healthcare] Medicaid only issues
- n. [Healthcare] Medicare/Medicaid issues
- o. [Healthcare] Medicare only issues
- p. [Healthcare] Private Insurance Issues
- q. [Housing] Accommodations in housing
- r. [Housing] Subsidized housing/Section 8
- s. [Housing] Rental termination – not q .
- t. [Housing] Other – Specify

Explanations

There are no data records to display.

u. [Childcare]

v. [Rehab Services] Related to State VR

w. [Rehab Services] Related to Employment Network (EN)

x. [Rehab Services] Related to Agencies other than State VR or Employment Network (EN)

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

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)

Explanations

There are no data records to display.

[Create New Report](#) | [Edit Report](#) | [View Completed Report](#) | [Preferences](#)[Part I - Quantitative Statistics](#) ▶ | [Part II - Narrative Reporting](#) ▶**Part I - Quantitative Statistics****Section E: Closed Issue Area Service Requests****2. 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)

Explanations

There are no data records to display.

PABSS Web Reporting System

OMB Number: 0960-0768

Expiration Date: 2/28/2014

[Main Menu](#) [Help](#) [Logout](#)

[Create New Report](#) | [Edit Report](#) | [View Completed Report](#) | [Preferences](#)

[Part I - Quantitative Statistics](#) ▶ | [Part II - Narrative Reporting](#) ▶

Part I - Quantitative Statistics

Section E: Closed Issue Area Service Requests

3. 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

[Top](#)

[Create New Report](#) | [Edit Report](#) | [View Completed Report](#) | [Preferences](#)[Part I - Quantitative Statistics ▶](#) | [Part II - Narrative Reporting ▶](#)**Part I - Quantitative Statistics****Section E: Closed Issue Area Service Requests****4. As a result of P&A intervention, the following major outcome was achieved:**

- a. Individual gained / maintained access to services including those of VR, EN or other agency
- b. Individual obtained employment
- c. Individual regained employment
- d. Individual maintained employment
- e. Individual advanced in employment
- f. Individual's employment opportunities increased
- g. Individual obtained an increase in salary and/or benefits
- h. Validity of discrimination complaint was upheld
- i. Overpayment situation addressed (it doesn't matter if it was waived or the efforts weren't successful)
- j. Individual acquired knowledge concerning his/her rights
- k. Outcome information is not available
- l. Other outcome (IF SELECTED MUST SPECIFY)

Explanations

There are no data records to display.

PABSS Web Reporting System

OMB Number: 0960-0768

Expiration Date: 2/28/2014

[Main Menu](#) [Help](#) [Logout](#)[Create New Report](#)[Edit Report](#)[View Completed Report](#)[Preferences](#)[Part I - Quantitative Statistics](#) ▶[Part II - Narrative Reporting](#) ▶

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

[Top](#)

[Create New Report](#)

[Edit Report](#)

[View Completed Report](#)

[Preferences](#)

[Part I - Quantitative Statistics](#) ▶

[Part II - Narrative Reporting](#) ▶

Part II - Narrative Reporting

Section B: Detail of Actions Taken on the Project

1. 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

[Top](#)

PABSS Web Reporting System

OMB Number: 0960-0768

Expiration Date: 2/28/2014

[Main Menu](#) [Help](#) [Logout](#)

[Create New Report](#) | [Edit Report](#) | [View Completed Report](#) | [Preferences](#)

[Part I - Quantitative Statistics](#) ▶ | [Part II - Narrative Reporting](#) ▶

Part II - Narrative Reporting

Section B: Detail of Actions Taken on the Project

2. Outreach Statistics:

Total Number of Outreach/Presentations

Total Number of Persons Reached by Outreach/ Presentation Events

[Top](#)

[Create New Report](#) | [Edit Report](#) | [View Completed Report](#) | [Preferences](#)

[Part I - Quantitative Statistics](#) ▶ | [Part II - Narrative Reporting](#) ▶

Part II - Narrative Reporting

Section B: Detail of Actions Taken on the Project

3. 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)

Explanations

There are no data records to display.

PABSS Web Reporting System

OMB Number: 0960-0768

Expiration Date: 2/28/2014

[Main Menu](#) [Help](#) [Logout](#)

[Create New Report](#)

[Edit Report](#)

[View Completed Report](#)

[Preferences](#)

[Part I - Quantitative Statistics](#) ▶

[Part II - Narrative Reporting](#) ▶

Part II - Narrative Reporting

Section B: Detail of Actions Taken on the Project

4. 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

[Top](#)

PABSS Web Reporting System

OMB Number: 0960-0768

Expiration Date: 2/28/2014

[Main Menu](#) [Help](#) [Logout](#)

[Create New Report](#)

[Edit Report](#)

[View Completed Report](#)

[Preferences](#)

[Part I - Quantitative Statistics](#) ▶

[Part II - Narrative Reporting](#) ▶

Part II - Narrative Reporting

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

[Top](#)

PABSS Web Reporting System

OMB Number: 0960-0768

Expiration Date: 2/28/2014

[Main Menu](#) [Help](#) [Logout](#)

[Create New Report](#)

[Edit Report](#)

[View Completed Report](#)

[Preferences](#)

[Part I - Quantitative Statistics](#) ▶

[Part II - Narrative Reporting](#) ▶

Part II - Narrative Reporting

Section D: Planned Future Activities

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

Planned activities

[Top](#)

[Create New Report](#)

[Edit Report](#)

[View Completed Report](#)

[Preferences](#)

[Part I - Quantitative Statistics](#) ▶

[Part II - Narrative Reporting](#) ▶

Part II - Narrative Reporting

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

[Top](#)

PABSS Web Reporting System

OMB Number: 0960-0768

Expiration Date: 2/28/2014

[Main Menu](#) [Help](#) [Logout](#)

[Create New Report](#)

[Edit Report](#)

[View Completed Report](#)

[Preferences](#)

Validate Report

Validation Successful! Select the Submit Report button to submit your report for review

[Top](#)

PABSS Web Reporting System

OMB Number: 0960-0768

Expiration Date: 2/28/2014

[Main Menu](#) [Help](#) [Logout](#)

[Create New Report](#)

[Edit Report](#)

[View Completed Report](#)

[Preferences](#)

Edit Sample FY 2012 Report

Name

Reporting Period FY 2012 Annual Report

Grant Award
Number

Report Prepared By

[Top](#)

PABSS Web Reporting System

OMB Number: 0960-0768

Expiration Date: 2/28/2014

[Main Menu](#) [Help](#) [Logout](#)

[Create New Report](#)

[Edit Report](#)

[View Completed Report](#)

[Preferences](#)

Submission Successful

Thank you for submitting your report for review. It can be printed by selecting the print report button below.

[Top](#)

PABSS Web Reporting System

OMB Number: 0960-0768

Expiration Date: 2/28/2014

[Main Menu](#) [Help](#) [Logout](#)

[Create New Report](#)

[Edit Report](#)

[View Completed Report](#)

[Preferences](#)

View Completed Reports

Period Type

Semi-Annual

Reports

Sample FY 2012 Report

[Top](#)

PROTECTION and ADVOCACY for BENEFICIARIES of SOCIAL SECURITY (PABSS)

SEMI-ANNUAL PROGRAM PERFORMANCE REPORT

REPORTING PERIOD: From 10/1/2011 To 9/30/2012

GRANT AWARD NUMBER: 123456789

STATE: DC

AGENCY NAME: NDRN

**AGENCY ADDRESS: 900 2ND ST NE
STE 211
Washington, DC 20002**

REPORT PREPARED BY: Matt Hayden

TELEPHONE NUMBER: 2024089514

FAX NUMBER: 2024089520

E-MAIL ADDRESS: matt.hayden@ndrn.org

DATE SUBMITTED: 6/24/2013

Part I - Quantitative Statistics**Section A: Information and Referral**

1. 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	10
---------------------------	----

2. 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	12
-----------------------------------	----

Section B: Individuals and Issue Area Service Requests/Workload Statistics**1. Individuals**

a. How many individuals had open PABSS issue area service requests at the start of the report period?	5
b. How many new PABSS individuals were added during the report period?	5
Total Individuals Served	10
c. Total number of individuals with all issue area service requests that were closed during the report period under the PABSS program	5
Total Individuals Still Being Served	5

2. Services

a. Total PABSS issue area service requests open at the start of the report period.	5
b. Number of new PABSS issue area service requests added during the report period?	5
Total Services	10
c. Total number of issue area service requests closed during the report period?	5
Total Services Still Open	5

Section C: Individual Demographics

1. Please provide counts of individuals served by Gender:

a. Male	2
b. Female	3
Total individuals receipted	5

2. Please provide counts of individuals served by Ethnicity:

a. Alaskan Native	0
b. American Indian	0
c. Arab American (Middle Eastern)	0
d. Asian	1
e. Black (Not Hispanic/Latino Origin)	1
f. Hispanic/Latino	1
g. Multi Racial / Multi Cultural	0
h. Pacific Islander	0
i. White (Not Hispanic/Latino Origin)	1
j. Unknown	0
Other (IF SELECTED MUST SPECIFY)	1
Other Example	1
Total individuals received	5

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

a. 14 to 18	1
b. 19 to 21	1
c. 22 to 40	1
d. 41 to 59	1
e. 60 to 64	1
Total individuals received	5

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

a. SSI eligible	1
b. SSDI eligible	2
c. Dually eligible	2
Total individuals received	5

5. Please provide counts of individuals received by Primary Disability:

a. Absence of extremities	0
b. Autism	0
c. Auto-immune (lupus, thyroid, ALS, etc.)	0
d. Blindness (both eyes)	1
e. Cancer	0
f. Cerebral palsy	0
g. Deaf-blind	0

h. Deafness	1
i. Diabetes	0
j. Digestive disorders (chronic pancreatitis, esophageal stricture, fistulae, chronic liver, etc.)	0
k. Epilepsy	1
l. Genitourinary conditions (kidney, prostate, etc.)	0
m. Hard of Hearing (not deaf)	0
n. Heart and other circulatory problems including cardiovascular	0
o. HIV/AIDS	0
p. Mental illness (diagnosis according to DSM-IV)	1
q. Mental retardation	0
r. Multiple sclerosis	0
s. Muscular dystrophy	0
t. Muscular / Skeletal impairment (arthritis, fibromyalgia, osteogenesis imperfecta, osteomyelitis, etc.)	0
u. Neurological disorders (brain tumors, convulsive disorders, Parkinson, etc.)	0
v. Other emotional/behavioral (Provide detail)	1
Sample Other Disability	1
w. Other intellectual such as ADD/ADHD (Provide detail)	0
x. Physical / orthopedic including spinal cord injuries, paraplegia, quadriplegia, back problems, etc.	0
y. Respiratory disorders (emphysema, asthma, pulmonary hypertension, cystic fibrosis, etc.)	0
z. Specific learning disabilities (SLD)	0
aa. Speech impairment	0
bb. Spina bifida	0
cc. Substance abuse (alcohol or drugs)	0
dd. Tourette syndrome	0
ee. Traumatic brain injury (TBI)	0
ff. Visual Impairment (not blind)	0
gg. Disability not known/Other than Above (Specify)	0
Total individuals receipted	5

Section D: Major Source of Concern

Please Provide counts of all PABSS issue are service request receipts by major source of individual's concern for the current report period:

1. State Vocational Rehab Agency (public VR program)	0
-------------------------------------------------------------	----------

2. Employment Networks (SSA contractor)	0
3. Agencies other than 1. or 2. above	0
4. Employment discrimination – hire, fire, promotion	0
5. Employment wages and benefits	0
6. Housing	0
7. Healthcare (not 5 above)	1
8. Insufficient/improper benefits planning	1
9. Transition services (Student beneficiary between 14-18 (or under age 22) engaging/needing a transition plan)	1
10. Post Secondary accommodation	0
11. Transportation	1
12. Social Security benefits cessation based on SGA (including CDR's) – not Overpayment	0
13. Benefits Questions/Work Incentives – Not 12 or 14	0
14. Work Related Overpayment	0
15. Other (IF SELECTED MUST SPECIFY)	1
Sample Other Problem Area	1
Total issues/service requests of individuals receipted.	5

Section E: Closed Issue Area Service Requests

1. What was the problem/sub-problem area?

a. [AT] Assistive Technology	0
b. [Education] Transition school to work	0
c. [Employment] Discrimination in employment benefits	1
d. [Employment] Discrimination in hiring	0
e. [Employment] Unlawful termination / firing	0
f. [Employment] Other employment discrimination	0
g. [Employment] Reasonable accommodation – not d, e, or f from above	0
h. [Employment] Service provider issues – not c-g above	0
i. [Employment] Wage and hour issues	0
j. [Financial Entitlements] SSI: Overpayments based on work issues	0
k. [Financial Entitlements] SSDI: Overpayments based on work issues	0
l. [Financial Entitlements] (other) – Specify	0
m. [Healthcare] Medicaid only issues	1
n. [Healthcare] Medicare/Medicaid issues	0
o. [Healthcare] Medicare only issues	0
p. [Healthcare] Private Insurance Issues	0
q. [Housing] Accommodations in housing	1

r. [Housing] Subsidized housing/Section 8	0
s. [Housing] Rental termination – not q .	0
t. [Housing] Other – Specify	0
u. [Childcare]	0
v. [Rehab Services] Related to State VR	0
w. [Rehab Services] Related to Employment Network (EN)	0
x. [Rehab Services] Related to Agencies other than State VR or Employment Network (EN)	0
y. [Post-Secondary Ed] Accessibility	0
z. [Post-Secondary Ed] Funding issues	1
aa. [Post-Secondary Ed] Grievance Against College – Not y or z above	0
bb. [Post-Secondary Ed] Other – Specify	0
cc. [Services] Personal assistance – not Employment	0
dd. [Transportation]	0
ee. [Benefits Planning] referral / access to BPAO services	0
ff. [Other] (IF SELECTED MUST SPECIFY)	1
Sample Other Problem	1
Total closed issue area service requests.	5

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

a. Issue Resolved in Individual's Favor	5
b. Issue Partially Resolved in Individual's Favor	0
c. Issue Lacked Legal Merit	0
d. Individual decided not to pursue resolution or Individual Withdrew Complaint (Not e-g below)	0
e. Other Representation Obtained (Individual found other representation)	0
f. Individual Not Responsive to Agency / Individual refused to cooperate with P&A	0
g. Services Not Needed Due to lost contact, Death, Relocation, etc.	0
h. Advocacy efforts/appeals were unsuccessful (Issue not resolved in Individual's Favor)	0
i. Other (IF SELECTED MUST SPECIFY)	0
Total closed issue area service requests.	5

3. What was the highest intervention strategy used?

a. Short Term/Technical assistance	1
b. Informal Resolution	0
c. Investigation/Monitoring	1
d. Negotiation	1

e. Mediation / Alternative Dispute Resolution	1
f. Administrative Remedies	0
g. Legal remedy / Litigation	1
h. Class Action Suits	0
i. Systemic / Policy activities	0
Total closed issue area service requests.	5

4. As a result of P&A intervention, the following major outcome was achieved:

a. Individual gained / maintained access to services including those of VR, EN or other agency	1
b. Individual obtained employment	1
c. Individual regained employment	1
d. Individual maintained employment	1
e. Individual advanced in employment	1
f. Individual's employment opportunities increased	0
g. Individual obtained an increase in salary and/or benefits	0
h. Validity of discrimination complaint was upheld	0
i. Overpayment situation addressed (it doesn't matter if it was waived or the efforts weren't successful)	0
j. Individual acquired knowledge concerning his/her rights	0
k. Outcome information is not available	0
l. Other outcome (IF SELECTED MUST SPECIFY)	0
Total outcomes of closed issue area service requests.	5

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.

Sample Narrative Response

Section B: Detail of Actions Taken on the Project

1. 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]

Sample Narrative Response

2. Outreach Statistics:

Total Number of Outreach/Presentations	2
Total Number of Persons Reached by Outreach/ Presentation Events	30

3. Other Information Dissemination Activities: (Number of Instances)

1. Radio/TV appearances by PABSS staff	5
2. Newspaper/Magazine/Journal articles prepared by staff	2
3. PSAs/videos/films aired by the Agency	1
4. Reports disseminated	5
5. Publications/Booklets/Brochures disseminated	2
6. Number of Website hits	25000
7. Other media activities (IF SELECTED MUST SPECIFY)	0

4. 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.]

Sample Narrative Response

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.]

Sample Narrative Response

Section D: Planned Future Activities

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

Sample Narrative Response

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.]

Sample Narrative Response

SSA will insert the following revised Privacy Act Statement into the screens upon OMB's approval:

Collection and Use of Personal Information

Section 1150 of the Social Security Act, as amended, allows us to collect the requested information. We will use the information you provide to ensure beneficiaries receive appropriate services. Providing us this information is voluntary. However, not providing this information may result in some loss of the beneficiary's service. Additional information about this and other Social Security programs is available on our Internet website, www.socialsecurity.gov, or at your local Social Security office.