

ANNUAL CLIENT ASSISTANCE PROGRAM (CAP) REPORT

Fiscal Year

DESIGNATED AGENCY IDENTIFICATION

Name: _____
 Address: _____
 E-mail Address (if applicable): _____
 Website Address (if applicable): _____
 Phone: _____
 Toll-free Phone: _____
 TTY: _____
 Fax: _____

OPERATING AGENCY (IF DIFERENT FROM DESIGNATED AGENCY)

Name: _____
 Address: _____
 E-mail Address (if applicable): _____
 Website Address (if applicable): _____
 Phone: _____
 Toll-free Phone: _____
 TTY: _____
 Fax: _____
 Name of CAP Director/Coordinator: _____
 Person to contact regarding report: _____
 Contact Person's phone: _____

PART I. NON-CASE SERVICES

A. Information and Referral Services (I&R):

(Multiple responses are not permitted.)

- 1. Information regarding the vocational rehabilitation (VR) program _____
- 2. Information regarding independent living programs _____
- 3. Information regarding American Indian VR Service projects _____
- 4. _____ Information regarding Title I of the ADA _____
- 5. Other information provided _____
- 6. Information regarding CAP _____
- 7. Total I&R services provided (Lines A1through A6) _____

B. Training Activities

- 1. Number of training sessions presented to community groups and public agencies. _____
- 2. Number of individuals who attended these training sessions _____
- 3. Describe training presented by the staff. Include the following information:
 - (a) topics covered
 - (b) the purpose of the training
 - (c) a description of the attendees

C. Agency Outreach

Describe the agency's outreach efforts to previously un-served or underserved individuals including minority communities

D. Information Disseminated To The Public By Your Agency

For each method of dissemination, enter the total number of each method used by your agency during the reporting period to distribute information to the public. For publications/booklets/brochures (item 4), enter the total number of documents produced. Agencies should not include website hits. See instructions for details

- 1. Agency Staff Interviewed or Featured on Radio and TV _____
- 2. Articles about CAP Featured in Newspaper/Magazine/Journals _____
- 3. PSAs/Videos Aired about the CAP Agency _____
- 4. Publications/Booklets/Brochures Disseminated by the Agency _____
- 5. Number of Times CAP Exhibited at Conferences, Community Fairs, etc. _____
- 6. Other (specify below) _____

E. Information Disseminated About Your Agency By External Media Coverage

Describe the various sources and information disseminated about your agency by an external source.

PART II. INDIVIDUAL CASE SERVICES

A. Individuals served

An individual is counted only once during a fiscal year. Multiple counts are not permitted for Lines A1-A3.)

- 1. Individuals who are still being served as of October 1 (carryover from prior year) _____
- 2. Additional individuals who were served during the year _____
- 3. Total individuals served (Lines A1+A2) _____

- 4. Individuals (from Line A3) who had multiple case files opened/closed this year (In unusual situations, an individual may have more than one case file opened/closed during a fiscal year. This number is not added to the total in Line A3 above.) _____
- 5. Individual still being served as of September 30 (Carryover to next year. This total may not exceed Line A3.) _____

B. Problem areas (Multiple responses permitted.)

- 1. Individual requests information _____
- 2. Communication problems between individual and VR counselor _____
- 3. Conflict about VR services to be provided _____
- 4. Related to VR application/eligibility process _____
- 5. Related to assignment to order of selection priority category _____
- 6. Related to IPE development/implementation _____
 - i. Selection of vendors for provision of VR services
 - ii. Selection of training services, including postsecondary education
 - iii. Selection of employment outcome
 - iv. Transition services
- 7. Related to independent living services _____
- 8. Other Rehabilitation Act-related problems _____
- 9. Non-Rehabilitation Act related _____
 - i. TANF
 - ii. SSI/SSDI
 - iii. Housing
 - iv. Other:
- 10. Related to Title I of the ADA _____

C. Intervention Strategies for closed cases

(Choose one primary service the CAP provided for each closed case file. There may be more case files than actual individuals served.)

- 1. Short Term Technical Assistance _____
- 2. Investigation/Monitoring _____
- 3. Negotiation _____
- 4. Mediation and other methods of Alternative Dispute Resolution _____
- 5. Administrative / Informal Review _____
- 6. Formal appeal / Fair Hearing _____

- 7. Legal remedy / Litigation _____
- 8. Total _____

D. Reasons for closing individuals' case files

(Choose one primary reason for closing each case file. There may be more case files than the total number of individuals served.)

- 1. All issues resolved in individual's favor _____
- 2. Some issues resolved in individual's favor (when there are multiple issues) _____
- 3. CAP determines VR agency position/decision was appropriate for the individual _____
- 4. Individual's case lacks legal merit; (inappropriate for CAP intervention) _____
- 5. Individual chose alternative representation _____
- 6. Individual withdrew complaint _____
- 7. Issue not resolved in clients favor _____
- 8. CAP services not needed due to individual's death, relocation, etc. _____
- 9. Individual not responsive/cooperative with CAP _____
- 10. CAP unable to take case due to lack of resources _____
- 11. Conflict of interest _____
- 12. Other (Please explain below) _____

E. Results achieved for individuals

(Choose one primary outcome for each closed case file. There may be more case files than the total number of individuals served.)

- 1. Controlling law/policy explained to individual _____
- 2. Application for services completed _____
- 3. Eligibility determination expedited _____
- 4. Individual participated in evaluation _____
- 5. IPE developed/implemented/Services Provided _____
- 6. Communication re-established between individual and other party _____
- 7. Individual assigned to new counselor/office _____
- 8. Alternative resources identified for individual _____
- 9. ADA/504/EEO/OCR complaint made _____
- 10. Other (specify below) _____

PART III.PROGRAM DATA

A. Age (Multiple responses not permitted.)

- 1. Up to 18 _____
- 2. 19 - 24 _____

- 3. 25 - 40 _____
- 4. 41 - 64 _____
- 5. 65 and over _____
- 6. Total (Sum of Lines A1 through A5. Total must equal Part II, Line A3.) _____

B. Gender (Multiple responses not permitted.)

- 1. Females _____
- 2. Males _____
- 3. Total (Lines B1+B2. Total must equal Part II, Line A3.) _____

C. Race/ethnicity of Individuals Served

- 1. Hispanic/Latino of any race
For individuals who are non-Hispanic/Latino only _____
- 2. American Indian or Alaskan Native _____
- 3. Asian _____
- 4. Black or African American _____
- 5. Native Hawaiian or Other Pacific Islander _____
- 6. White _____
- 7. Two or more races _____
- 8. Race/ethnicity unknown _____

D. Primary disabling condition of individuals served (Multiple responses not permitted.)

- 1. Acquired Brain Injury _____
- 2. ADD/ADHD _____
- 3. AIDS/HIV _____
- 4. Amputations or Absence of Extremities _____
- 5. Arthritis or Rheumatism _____
- 6. Anxiety Disorder _____
- 7. Autism Spectrum Disorder _____
- 8. Autoimmune or Immune Deficiencies (excluding AIDS/HIV) _____
- 9. Blindness (Both Eyes) _____
- 10. Other Visual Impairments (Not Blind) _____
- 11. Cancer _____
- 12. Cerebral Palsy _____
- 13. Deafness _____
- 14. Hard of Hearing/ Hearing Impaired (Not Deaf) _____
- 15. Deaf-Blind _____
- 16. Diabetes _____
- 17. Digestive Disorders _____
- 18. Epilepsy _____
- 19. Heart & Other Circulatory Conditions _____
- 20. Intellectual Disability _____

- 21. Mental Illness _____
- 22. Multiple Sclerosis _____
- 23. Muscular Dystrophy _____
- 24. Muscular/Skeletal Impairment _____
- 25. Neurological Disorders/Impairment _____
- 26. Orthopedic Impairments _____
- 27. Personality Disorders _____
- 28. Respiratory Disorders/Impairment _____
- 29. Skin Conditions _____
- 30. Specific Learning Disabilities (SLD) _____
- 31. Speech Impairments _____
- 32. Spina Bifida _____
- 33. Substance Abuse (Alcohol or Drugs) _____
- 34. Other Disability _____
- 35. Total (Sum of Lines D1through D34. Total must equal Part II, Line A3.) _____

E. Types of Individuals Served (Multiple responses permitted)

- 1. Applicant of VR _____
- 2. Individual eligible for VR services currently on a wait list _____
- 3. Individual eligible for VR services not currently on a wait list _____
- 4. Applicant or individual eligible for Independent living _____
- 5. Transition student/High school student _____

- 6. All other applicants or individuals eligible for other programs or projects funded under the Rehabilitation Act. _____

PART IV. SYSTEMIC ACTIVITIES AND LITIGATION

A. Non-Litigation Systemic Activities

- 1. Number of non-litigation systemic activities not involving individual representation that resulted in the change of one or more policy or practice of an agency. _____
- 2. Describe the systemic activities conducted by CAP during the fiscal year and its impact on other agency's policies or practices. _____

B. Litigation

- 1. Total number of CAP cases requiring litigation involving individual representation resulting in, or with the potential for, systemic change.
 - a. Number of cases requiring litigation involving individual representation filed during fiscal year. _____

- b. Number of on-going cases pending at start of fiscal year (carryover from prior fiscal year). _____
- c. Number of cases resolved through litigation during fiscal year. _____

2. Describe the agency's on-going and completed systemic litigation activities involving individual representation.

PART V. AGENCY INFORMATION

A. Designated Agency

- A. Agency Type (check only one option for Lines 1.a through 1.e)
 - a. Internal to the State VR agency _____
 - b. External-other public agency _____
 - c. External-Protection and Advocacy agency _____
 - d. External-other nonprofit agency _____
 - e. External-all other private agencies _____
- B. Name of designate agency _____
- C. Is the designated agency contracting CAP services? Yes/No
- D. If yes, name of contracting agency: _____

B. Staff Employed

Provide a description of all CAP positions (see instructions)

PART VI. CASE EXAMPLES

Provide some examples of some interesting cases during the past fiscal year

Reports are to be submitted to RSA within 90 days after the end of the fiscal year covered by this report. Please be reminded that you can enter data directly into RSA's website via the Internet. Information on transmittal of the form is found on pages 19 and 20 of the reporting instructions.

Signature and title
of designated agency official _____
Date _____

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1820-0528. The time required to complete this information collection is estimated to average 6.25 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the

time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-2703. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: OSERS/RSA, U.S. Department of Education, 550 12th Street, S.W., Washington, DC 20202-2703.