

Annual Protection & Advocacy for Assistive Technology (PAAT) Program Performance Report

Information to the Reader about PAAT Form and Web System

All information reported in this annual report should address activities conducted during the Federal fiscal year (October 1-September 30). This time frame is referred to in this document as the “reporting period” and is also indicated in the upper right header on each page of the form. (The web system will generate the Federal Award Number, state name, and the reporting period on the top of each page of the form.)

This form, Annual Protection and Advocacy for Assistive Technology (PAAT) Program Performance Report, will be accepted through an electronic, web-based ACL Program Performance Reporting System. All 57 PAAT programs will submit the form using this method. All grantees will report using the Internet. Since the system will allow grantees to enter or update data throughout a reporting period, the web system will provide a means for grantees to indicate when they are submitting their completed (final) report. ACL staff will then download the annual report.

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. Public reporting burden for this collection of information is estimated to average 16 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit pursuant to Section 5 of the Assistive Technology Act of 1998, as amended (At ACT).

ANNUAL PROTECTION & ADVOCACY FOR ASSISTIVE TECHNOLOGY (PAAT)
PROGRAM PERFORMANCE REPORT

Fiscal Year

AGENCY INFORMATION

Agency Name: _____

Main Office - Address: _____

Satellite Office(s) (if applicable)- Address: _____

Contract Office(s) (if applicable) - Address: _____

Agency Telephone Number: _____

Agency Toll Free Telephone Number: _____

Agency TTY Number: _____

Agency Toll-Free TTY Number: _____

Agency Fax Number: _____

Agency E-Mail Address: _____

Agency Web Address: _____

Executive Director Name: _____

Executive Director Email: _____

Staff Preparing Report Name: _____

Staff Preparing Report Email: _____

Staff Preparing Report Office Location: _____

PART I. NON-CASE SERVICES:

A. Information and Referral Services (I&R)

1. Total Number of Individuals Receiving I&R Services during the Fiscal Year
2. Total Number of Requests for I&R Services during the Fiscal Year

B. Training Activities

1. Number of Training Sessions Presented by Staff
2. Number of Individuals Who Attended These Training Sessions
3. Describe two training events presented by PAAT staff. Include the following information: (a) topics covered, (b) the purpose of the training, and (c) a description of the attendees.

Training Event #1

- a.
- b.
- c.

Training Event #2

- a.

- b.
- c.

4. Describe the agency's outreach efforts to previously unserved or underserved individuals including minority communities.

C. 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 5), enter the total number of documents produced. See instruction manual for details.

- 1. Radio and TV Appearances by Agency staff
- 2. Newspaper/Magazine/Journal articles Prepared by Agency Staff
- 3. PSAs/videos Aired by the Agency
- 4. Website Hits
- 5. Publications/Booklets/Brochures Disseminated by the Agency
- 6. Other (specify)

D. Information Disseminated about Your Agency by External Media Coverage

Describe information about your agency produced and disseminated by external media or other agencies/entities for each of the relevant categories below. Enter "N/A" for each field not applicable for your agency.

- 1. Radio/TV coverage
- 2. Newspapers/Magazines/Journals
- 3. PSAs/Videos
- 4. Publications/Booklets/Brochures

PART II. CASE-SERVICES

A. Individuals Served

Report information on the individuals served during the fiscal year and the number of closed cases. Refer to the instruction manual for details on completing items 4 and 4a.

1. Individuals Served Receiving Advocacy at Start of Fiscal Year (carryover from prior)
2. Additional Individuals Served During Fiscal Year (new for fiscal year)
3. Total Number of Individuals Served During Fiscal Year (1 +2)
4. Total Number of Cases Closed During the Fiscal Year
- 4b. Total Number of Individuals with All Their Cases Closed During the Fiscal Year
5. Total Individuals Still Being Served at the End of the Fiscal Year (3 minus 4b)

B. Problem Areas/Complaints

Identify the problem areas or complaints of each case served by your PAAT program during the fiscal year (include new cases and carry-over cases). More than one problem area/complaint may be identified in a single case.

1. Architectural Accessibility
2. Education
3. Employment Discrimination
4. SSI/SSDI Work Incentives
5. Healthcare (total generated by the system from a-d below)
 - a. Medicaid
 - b. Medicare
 - c. Private Medical Insurance
 - d. Other
6. Housing
7. Post-Secondary Education
8. Rehabilitation Services
9. Transportation
10. Voting (total generated by the system from a-c below)
 - a. Accessible Polling Place / Equipment
 - b. Registration
 - c. Other
11. Other - specify
12. Other – specify
13. TOTAL

C. Assistive Technology Devices/Services

Report (1) the total number of individuals who received one or more AT devices or services as a result of casework during the fiscal year. For item (2), report by type, the

total number of AT devices and services received by those individuals reported in item (1).

1. Number of individuals that received one or more AT devices or services as a result of casework (unduplicated count)
2. Type of AT device or AT service received as a result of casework
 - a. Devices for communication
 - b. Devices for mobility
 - c. Devices for hearing or seeing
 - d. Devices for reading or writing
 - e. Devices to assist with household activities
 - f. Devices to assist with participation in play or recreation
 - g. Devices to assist with personal care
 - h. Devices to aid in therapy or medical treatment
 - i. Devices to assist with the use of public/private transportation
 - j. Devices to assist with employment
 - k. Devices to aid with school/learning
 - l. AT services
 - m. Other – specify
 - n. Total number of devices and services received as a result of casework (a-l)

D. Primary Reason for Closing a Case File

Identify the primary reason for closing a case file. Select the best reason if more than one reason applies.

1. All Issues Resolved in Client's Favor
2. Some Issues Resolved in Client's Favor
3. Other Representation Obtained
4. Individual Withdrew Complaint
5. Services Not Needed Due to Death, Relocation, etc.
6. Individual Not Responsive to Agency
7. Case Lacked Legal Merit
8. Conflict of Interest
9. Lack of Resources
10. Not Within Priorities
11. Issue Not Resolved in Client's Favor
12. Other - specify
13. Total (number must match Part II A4a)

E. Intervention Strategies for Closed Cases

Report the highest intervention strategy used for each case closed during the fiscal year, considering the lowest form of intervention to be "Short Term Assistance", and the highest to be "Class Action Suits." See instruction manual for an example. Each closed case should be counted only once -do not include any open cases in this count. The total reported on line 9 should match the total in II.D.13 above (primary reason for closing a case during the fiscal year).

1. Short Term Assistance
2. Systemic/Policy Activities

3. Investigation/Monitoring
4. Negotiation
5. Mediation/Alternative Dispute Resolution
6. Administrative Hearing
7. Legal Remedy/Litigation
8. Class Action Suits
9. Total (this should match the total in Part II.A.4.a above)

PART III. STATISTICAL INFORMATION ON INDIVIDUALS SERVED

A. Age of Individuals Served: (as of October 1)

Report the age of the individuals served during the reporting period (unduplicated count). The total reported should match the total in II.A.3 above (total number of individuals served during fiscal year).

1. 0 to 4
2. 5 to 13
3. 14 to 18
4. 19 to 21
5. 22 to 40
6. 41 to 64
7. 65 and over
8. Age unknown
9. Total (this should match the total in II.A.3)

B. Gender of Individuals Served

Report the gender of the individuals served during the reporting period. The total reported should match the total in II.A.3 above (total number of individuals served during fiscal year).

1. Male
2. Female
3. Total (this should match the total in II.A.3)

C. Race/Ethnicity of Individuals Served

Report the racial/ethnic backgrounds of individuals served under the PAAT grant during the fiscal year. If an individual reported more than one race, report that individual in the "Two or more races" category rather than each of the categories they selected. See the instruction manual for more details on completing Section C.

1. Hispanic /Latino of any race
For individuals who are non-Hispanic/Latino only
2. American Indian or Alaska 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. Living Arrangements of Individuals Served

Identify the primary living arrangement of each individual served by the PAAT program during the fiscal year. For individuals who had more than one living arrangement while receiving services, please report the living arrangement when the case was opened (if theirs was a new case; report the arrangement at the beginning of the fiscal year if the case continued from the previous year). The total reported on line 15 should match the total in II.A.3 above (total number of individuals served during fiscal year).

1. Community Residential Home
2. Foster Care
3. Homeless/Shelter
4. Legal Detention/Jail/Prison
5. Nursing Facility
6. Parental/Guardian or Other Family Home
7. Independent
8. Private Institutional Setting
9. Public (State Operated) Institutional Setting
10. Public Housing
11. VA Hospital
12. Other – describe the living arrangement
13. Other – describe the living arrangement
14. Unknown/Not Provided
15. Total (this should match the total in II.A.3)

E. Primary Disability of Individuals Served

Identify the primary disability of each individual served by the PAAT program during the fiscal year. For individuals with multiple disabilities, please select the one disabling condition deemed to be most important in the context of their case. The total reported on line 34 should match the total in II.A.3 above (total number of individuals served during fiscal year).

1. ADD/ADHD
2. AIDS/HIV Positive
3. Absence of Extremities
4. Auto-immune (non-AIDS/HIV)
5. Autism
6. Blindness (Both Eyes)
7. Other Visual Impairments (Not Blind)
8. Cancer
9. Cerebral Palsy
10. Deafness
11. Hard of Hearing/ Hearing Impaired (Not Deaf)
12. Deaf-Blind
13. Diabetes
14. Digestive Disorders
15. Epilepsy

16. Genitourinary Conditions
17. Heart & Other Circulatory Conditions
18. Mental Illness
19. Mental Retardation
20. Multiple Sclerosis
21. Muscular Dystrophy
22. Muscular/Skeletal Impairment
23. Orthopedic Impairments
24. Neurological Disorders/Impairment
25. Respiratory Disorders/Impairment
26. Skin Conditions
27. Specific Learning Disabilities (SLD)
28. Speech Impairments
29. Spina bifida
30. Substance Abuse (Alcohol or Drugs)
31. Tourette Syndrome
32. Traumatic Brain Injury (TBI)
33. Other Disability - specify
34. Total (this should match the total in II.A.3)

F. Geographic Locations of Individuals Served

Report the geographic location of the individuals served by the PAAT program during the fiscal year. The total reported on line 5 should match the total in II.A.3 above (total number of individuals served during fiscal year).

1. Urban/Suburban (50K population)
2. Rural (<50K population)
3. Other – specify
4. Unknown
5. Total (this should match the total in II.A.3)

PART IV. SYSTEMIC ACTIVITIES AND LITIGATION

A. Non-Litigation Systemic Activities

1. Number of Policies/Practices Changed as a Result of Non-Litigation Systemic Activities

2. Describe the agency's systemic activity completed during the fiscal year.

Include information about (a) the policy or practice that was changed, as a result of your agency's non-litigation systemic activity, along with a description of the negative impact upon individuals with disabilities, and (b) the manner in which this change benefited individuals with disabilities. If possible, (c) estimate the number of individuals potentially affected by the policy/practice change and (d) the method used to determine this estimate. [If you cannot provide an estimate, enter 'N/A'.] Include (e) one case example of the agency's systemic activity related to this policy/practice change.

- a.
- b.
- c.
- d.
- e.

3. Number of On-going Non-Litigation Systemic Activities

4. Describe the agency's on-going systemic activities.

Include information about (a) how these activities may benefit individuals with disabilities. If possible, (b) estimate the number of individuals potentially affected by such activities and (c) the method used to determine this estimate. (d) Describe the potential policy/practice change that may result from this activity.

- a.
- b.
- c.
- d.

B. Litigation/Class Actions

Report information on the PAAT-related litigation for your agency.

1. Total Number of Non-Class Action Lawsuits, resulting in, or with the potential for, systemic change, pending during the fiscal year
 - a. Number of Non-Class Action Lawsuits Newly Filed During Fiscal Year
 - b. Number of Non-Class Action Lawsuits That were Pending at Start of Fiscal Year (carryover from prior fiscal year)
 - c. Number of Non-Class Action Lawsuits Closed During Fiscal Year

2. Describe the agency's on-going systemic non-class action litigation activities.

Using a case example that demonstrates the potential impact of the agency's non-class action activities, explain (a) the issue that prompted the litigation, (b) how individuals with disabilities were being negatively affected, and (c) the potential benefit to individuals with disabilities. If possible, (d) estimate the number of individuals potentially affected by changes resulting from the litigation and (e) the method used to determine this estimate.

- a.
- b.
- c.
- d.
- e.

[Entering a non-zero number in IV.B.1.c will require an answer to Question 3. Entering zero for this item will cause the system to skip to Question 4.]

3. Describe the agency's completed systemic non-class action litigation activities.

Using a case example that demonstrates the potential impact of the agency's completed non-class action activities, explain (a) the issue that prompted the litigation, (b) the manner in which individuals with disabilities were being negatively affected, and (c) the benefit to individuals with disabilities. If possible, (d) estimate the number of individuals affected by changes resulting from the litigation and (e) the method used to determine this estimate.

- a.
- b.
- c.
- d.
- e.

Report information on the PAAT-related class action lawsuits for your agency.

- 4. Total Number of Class Action Lawsuits Filed and/or Pending (during fiscal year)
 - a. Number of Class Action Lawsuits Newly Filed During Fiscal Year
 - b. Number of Class Action Lawsuits Pending at Start of Fiscal Year (carryover from prior fiscal year)
 - c. Number of Class Action Lawsuits Closed During Fiscal Year.
- 5. Describe the agency's on-going systemic class action litigation activities.

Using a case example that demonstrates the potential impact of the agency's class action activities, explain (a) the issue that prompted the litigation, (b) the negative impact upon individuals with disabilities and (c) the potential benefit to individuals with disabilities. If possible, (d) estimate the number of individuals potentially affected by changes resulting from the litigation and (e) the method used to determine this estimate.

- a.
- b.
- c.
- d.
- e.

- 6. Describe the agency's completed systemic class action activities.

Using a case example that demonstrates the impact of the agency's class action activities, explain (a) the issue that prompted the litigation, (b) the negative impact upon individuals with disabilities and (c) the benefit to individuals with disabilities. If possible, (d) estimate the number of individuals potentially affected by changes resulting from the litigation and (e) the method used to determine this estimate.

- a.
- b.
- c.
- d.
- e.

C. LITIGATION-RELATED MONITORING

Did the agency conduct any litigation-related monitoring under the PAAT program during the fiscal year?

Yes ___ No ___ [IF NO, web system will take user to Part V]

[IF YES]

Describe any monitoring conducted by the agency related to court orders or case settlements by (1) providing the major areas of monitoring and (2) the groups likely to be affected. (3) Address the major outcomes of the litigation-related monitoring during the fiscal year. Include (4) at least one case example that demonstrates the impact of the agency's litigation-related monitoring.

- 1.
- 2.
- 3.
- 4.

PART V. PRIORITIES

A. Priorities

For each of your PAAT program priorities for the fiscal year covered by this report, please provide the information below. You may enter data on as many priorities as you need. See the instruction manual for more details.

1. Describe the Priority
2. Describe the Need, Issue, or Barrier Addressed
3. Indicate the Outcome of the priority: check one
Met
Partially Met/Continuing
Not Met

(a) Describe any external or internal implementation problems for outcomes marked "not met" or "partially met."

4. Total Number of Cases Handled Related to the Priority (enter zero if needed)
5. Illustrative Cases/Activities (at least one specific case/activity description showing the success)

B. Priorities for the Current Fiscal Year

Report your program priorities for the current fiscal year (the fiscal year succeeding that covered by this report). You may enter data on as many priorities as you need. See the instruction manual for more details. The priorities you enter in this section will be pre-loaded into your annual performance report form for the coming fiscal year (section A above).

1. Describe the Priority
2. Describe the Need, Issue, or Barrier to be Addressed

C. AGENCY ACCOMPLISHMENTS

Describe the most significant accomplishments of the agency during the fiscal year.

PART VI. Agency Administration

A. Agency Funding

Enter the sources of funds your agency received and used to carry out PAAT program activities. Round to the nearest dollar, do not include cents. Do not include in-kind contributions in the "Other" categories. Refer to instruction manual for types of funds to report in "Other."

PAAT funding sources	Amount Received
1. Federal P&A (AT Act funds):	\$
2. Program income	\$
3. Other -specify	\$
4. Other – specify	\$
5. Other- specify	\$
6. Total:	\$ [web generated]

B. DESCRIPTION OF PAAT PROGRAM STAFF

1. Provide a brief description of the agency's staffing plan for carrying out PAAT activities.
2. PAAT Staff

Report on the number of persons and the number of full time equivalent (FTE) staff performing PAAT activities. As applicable, include (a) staff supported in full or in part by PAAT grant funds during the current reporting year, (b) subcontractor staff supported by PAAT funds and (c) P&A management staff to the extent that their duties included oversight of the PAAT program (and salaries were paid out of PAAT funds). Do not include P&A staff who did not work on PAAT cases during the fiscal year. Report actual, not budgeted, FTE totals. See the instruction manual for an example and further details on the type of staff to include in each position.

Type of Position	Number of persons	Number of FTEs
Professional		
Full-time		
Part-Time		
Administrative		
Full-time		
Part-time		
Totals		

C. CONSUMER INVOLVEMENT

1. Briefly describe any consumer-responsive activities not reported elsewhere in this report (e.g., PAAT Advisory Board, forums to obtain input into planning and priorities). If 'not applicable,' enter 'N/A.'
2. Consumer Involvement in P&A Agency Staff and Board

Person with a disability

Agency staff

Agency board

Family members of a person with a disability

Agency staff

Agency board

Total number of persons on agency staff

Total number of persons on agency board

D. GRIEVANCES FILED

Number of PAAT grievances filed against the agency during the fiscal year

E. COLLABORATIVE EFFORTS

1. Collaboration with Other P&A Programs and Activities

Briefly describe your work on AT issues funded by other P&A programs (do not include activities carried out with PAAT funds).

2. All Other Collaboration

Describe any coordination with programs that are not part of the agency (e.g. state Tech Act projects, state long-term care programs, etc.).