

**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

Log In

[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.

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.*

[Create New Report](#)

[Edit Report](#)

[View Completed Report](#)

[Preferences](#)

Preferences

Mouse Acceleration

On

Save

Cancel

[Top](#)

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

Create New Report

Name

Report Period

Grant Award
Number

Report Prepared By

[Top](#)

[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

[Previous Question](#)

[Save](#)

[Cancel](#)

[Next Question](#)

[Add Attachments](#)

[Validate Report](#)

[Top](#)

[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

[Previous Question](#)

[Save](#)

[Cancel](#)

[Next Question](#)

[Add Attachments](#)

[Validate Report](#)

[Top](#)

[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

[Previous Question](#)

[Save](#)

[Cancel](#)

[Next Question](#)

[Add Attachments](#)

[Validate Report](#)

[Top](#)

[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?

[Previous Question](#)

[Save](#)

[Cancel](#)

[Next Question](#)

[Add Attachments](#)

[Validate Report](#)

[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

1. Please provide counts of individuals served by Gender:

a. Male

b. Female

[Previous Question](#)

[Save](#)

[Cancel](#)

[Next Question](#)

[Add Attachments](#)

[Validate Report](#)

[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.

[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

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

a. 14 to 18

b. 19 to 21

c. 22 to 40

d. 41 to 59

e. 60 to 64

[Previous Question](#)

[Save](#)

[Cancel](#)

[Next Question](#)

[Add Attachments](#)

[Validate Report](#)

[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

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

a. SSI eligible

b. SSDI eligible

c. Dually eligible

[Previous Question](#)

[Save](#)

[Cancel](#)

[Next Question](#)

[Add Attachments](#)

[Validate Report](#)

[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)

Add Explanation

Explanations

There are no data records to display.

Previous Question

Save

Cancel

Next Question

Add Attachments

Validate Report

[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

Add Explanation

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

Add Explanation

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

Add Explanation

Explanations

There are no data records to display.

cc. [Services] Personal assistance – not Employment

dd. [Transportation]

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

ff. [Other] (IF SELECTED MUST SPECIFY)

Add Explanation

Explanations

There are no data records to display.

Previous Question

Save

Cancel

Next Question

Add Attachments

Validate Report

[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

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)

[Add Explanation](#)

Explanations

There are no data records to display.

[Previous Question](#)

[Save](#)

[Cancel](#)

[Next Question](#)

[Add Attachments](#)

[Validate Report](#)

[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

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

[Previous Question](#)

[Save](#)

[Cancel](#)

[Next Question](#)

[Add Attachments](#)

[Validate Report](#)

[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) [Add Explanation](#)

Explanations

There are no data records to display.

[Previous Question](#)

[Save](#)

[Cancel](#)

[Next Question](#)

[Add Attachments](#)

[Validate Report](#)

[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

[Previous Question](#)

[Save](#)

[Cancel](#)

[Next Question](#)

[Add Attachments](#)

[Validate Report](#)

[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

[Previous Question](#)

[Save](#)

[Cancel](#)

[Next Question](#)

[Add Attachments](#)

[Validate Report](#)

[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

2. Outreach Statistics:

Total Number of Outreach/Presentations

Total Number of Persons Reached by Outreach/ Presentation Events

[Previous Question](#)

[Save](#)

[Cancel](#)

[Next Question](#)

[Add Attachments](#)

[Validate Report](#)

[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)

[Add Explanation](#)

Explanations

There are no data records to display.

[Previous Question](#)

[Save](#)

[Cancel](#)

[Next Question](#)

[Add Attachments](#)

[Validate Report](#)

[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

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

[Previous Question](#)

[Save](#)

[Cancel](#)

[Next Question](#)

[Add Attachments](#)

[Validate Report](#)

[Top](#)

[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

[Previous Question](#)

[Save](#)

[Cancel](#)

[Next Question](#)

[Add Attachments](#)

[Validate Report](#)

[Top](#)

[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

[Previous Question](#)

[Save](#)

[Cancel](#)

[Next Question](#)

[Add Attachments](#)

[Validate Report](#)

[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

[Previous Question](#)

[Save](#)

[Cancel](#)

[Next Question](#)

[Add Attachments](#)

[Validate Report](#)

[Top](#)

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

Validate Report

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

[Add Attachments](#)[Print Report](#)[Submit Report](#)[Top](#)

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

Edit Existing Report

Existing Report

[Open Report](#)[Attachments](#)[Cancel](#)[Top](#)

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

Edit Sample FY16 PPR

Name

Reporting Period **FY 2016 Annual Report**

Grant Award Number

Report Prepared By

[Top](#)

[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.

[Print Report](#)[Top](#)

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

View Completed Reports

Period Type

Semi-Annual

Reports

Sample FY16 PPR

[View Report](#)[View Attachments](#)[Top](#)

PROTECTION and ADVOCACY for BENEFICIARIES of SOCIAL SECURITY (PABSS)

ANNUAL PROGRAM PERFORMANCE REPORT

REPORTING PERIOD: From 10/1/2015 To 9/30/2016

GRANT AWARD NUMBER: 123456789

STATE: DC

AGENCY NAME: NDRN

**AGENCY ADDRESS: 820 1ST ST NE
STE 740
Washington, DC 20002**

REPORT PREPARED BY: Sample User

TELEPHONE NUMBER: 2024089514

FAX NUMBER: 2024089520

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

DATE SUBMITTED: 7/12/2016

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	1
---------------------------	---

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	1
-----------------------------------	---

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?	1
b. How many new PABSS individuals were added during the report period?	1
Total Individuals Served	2
c. Total number of individuals with all issue area service requests that were closed during the report period under the PABSS program	1
Total Individuals Still Being Served	1

2. Services

a. Total PABSS issue area service requests open at the start of the report period.	1
b. Number of new PABSS issue area service requests added during the report period?	1
Total Services	2
c. Total number of issue area service requests closed during the report period?	1
Total Services Still Open	1

Section C: Individual Demographics

1. Please provide counts of individuals served by Gender:

a. Male	1
b. Female	0
Total individuals receipted	1

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	0
e. Black (Not Hispanic/Latino Origin)	0
f. Hispanic/Latino	0
g. Multi Racial / Multi Cultural	0
h. Pacific Islander	0
i. White (Not Hispanic/Latino Origin)	0
j. Unknown	0
Other (IF SELECTED MUST SPECIFY)	1
Sample selection of Other	1
Total individuals received	1

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

a. 14 to 18	1
b. 19 to 21	0
c. 22 to 40	0
d. 41 to 59	0
e. 60 to 64	0
Total individuals received	1

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

a. SSI eligible	1
b. SSDI eligible	0
c. Dually eligible	0
Total individuals received	1

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)	0
e. Cancer	0
f. Cerebral palsy	0
g. Deaf-blind	0

h. Deafness	0
i. Diabetes	0
j. Digestive disorders (chronic pancreatitis, esophageal stricture, fistulae, chronic liver, etc.)	0
k. Epilepsy	0
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)	0
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)	0
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)	1
Sample selection of Other	1
Total individuals receipted	1

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)	0
8. Insufficient/improper benefits planning	0
9. Transition services (Student beneficiary between 14-18 (or under age 22) engaging/needing a transition plan)	0
10. Post Secondary accommodation	0
11. Transportation	0
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 selection of Other	1
Total issues/service requests of individuals receipted.	1

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	0
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	0
n. [Healthcare] Medicare/Medicaid issues	0
o. [Healthcare] Medicare only issues	0
p. [Healthcare] Private Insurance Issues	0
q. [Housing] Accommodations in housing	0

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	0
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 selection of Other	1
Total closed issue area service requests.	1

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

a. Issue Resolved in Individual's Favor	0
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)	1
Sample selection of Other	1
Total closed issue area service requests.	1

3. What was the highest intervention strategy used?

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

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

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	0
b. Individual obtained employment	0
c. Individual regained employment	0
d. Individual maintained employment	0
e. Individual advanced in employment	0
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)	1
Sample selection of Other	1
Total outcomes of closed issue area service requests.	1

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 Text 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 Text Response

2. Outreach Statistics:

Total Number of Outreach/Presentations	1
Total Number of Persons Reached by Outreach/ Presentation Events	1

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

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

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 Text 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 Text Response

Section D: Planned Future Activities

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

Sample Text 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 Text Response