

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

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## 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

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## 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

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## 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

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## 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?

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## Part I - Quantitative Statistics

### Section C: Individual Demographics

#### 1. Please provide counts of individuals served by Gender:

a. Male

b. Female

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## 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.

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## 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

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## 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

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## 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)  [Add Explanation](#)

#### Explanations

There are no data records to display.

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

[Add Explanation](#)

**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.

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## 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.

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## 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.

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## 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

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## 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.

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## 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

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## 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

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## 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

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## 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.

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## 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

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## 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

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## 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

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## 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

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**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
<b>Total Individuals Served</b>	<b>2</b>
c. Total number of individuals with all issue area service requests that were closed during the report period under the PABSS program	1
<b>Total Individuals Still Being Served</b>	<b>1</b>

**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
<b>Total Services</b>	<b>2</b>
c. Total number of issue area service requests closed during the report period?	1
<b>Total Services Still Open</b>	<b>1</b>

**Section C: Individual Demographics**

1. Please provide counts of individuals served by Gender:

a. Male	1
b. Female	0
<b>Total individuals receipted</b>	<b>1</b>

**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
<b>Total individuals received</b>	<b>1</b>

**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
<b>Total individuals received</b>	<b>1</b>

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

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

**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

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

#### **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:

<b>1. State Vocational Rehab Agency (public VR program)</b>	<b>0</b>
---	----------

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

### **Section E: Closed Issue Area Service Requests**

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

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

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
<b>Total closed issue area service requests.</b>	<b>1</b>

## 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
<b>Total closed issue area service requests.</b>	<b>1</b>

## 3. What was the highest intervention strategy used?

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

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

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

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

**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
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**2. Outreach Statistics:**

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

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

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