

**CARES Act 2020**  
**CIL CARES Act Program Performance**  
**for**

**Centers for Independent Living Pro**  
**(Title VII, Chapter 1, Part C of the Rehabilitation Act**

OMB Control 0985-0061 Expires January 31, 2022

|   |  |
|---|--|
| <b>Fiscal Year</b>                        |  |
| <b>Grant #:</b>                           |  |
| <b>Name of Center</b>                     |  |
| <b>Acronym for Center (if applicable)</b> |  |
| <b>State:</b>                             |  |

**SUBPART I - ADMINISTRATIVE DATA**

**Section A- Funding**

**Item 1 - CARES Act funds received and expended**

|  |     |
|--|-----|
| (A) CARES Act funds received                         |     |
| (B) CARES Act funds drawn during the previous period |     |
| (C) CARES Act funds drawn during the period          |     |
| (D) CARES Act funds remaining                        | \$0 |

**Section B - Number of Consumers Served During the Reporting Year with CARES Act fundin**

|   | <b># of CSRs</b> |
|---|------------------|
| (1) Enter the number of <u>active</u> CSRs carried over from September 30 of the preceding reporting year (only applicable in Year 2) | 0                |
| (2) Enter the number of CSRs started since the beginning of the reporting year  | 235              |
| (3) Add lines (A) and (2) to get the <b><i>total number of consumers served</i></b>   | 235              |

**Section C - Age**

Indicate the number of consumers in each category below.

|                       | <b># of Consumers</b> |
|-----------------------|-----------------------|
| (1) Under 5 years old |                       |
| (2) Ages 5 - 19       |                       |
| (3) Ages 20 - 24      |                       |
| (4) Ages 25 - 59      |                       |
| (5) Age 60 and Older  |                       |
| (6) Age unavailable   |                       |

**Section D – Sex**

Indicate the number of consumers in each category below.

|                              | # of Consumers |
|------------------------------|----------------|
| (1) Number of Females served |                |
| (2) Number of Males served   |                |

**Section E – Race and Ethnicity**

Indicate the number of consumers served in each category below. *Each consumer may be a Program Performance Report, even if the consumer reported more than one race and/or Hi*

Please refer to the Instructions before completing.

|   | # of Consumers |
|---|----------------|
| (1) American Indian or Alaska Native                    |                |
| (2) Asian   |                |
| (3) Black or African American                           |                |
| (4) Native Hawaiian or Other Pacific Islander           |                |
| (5) White   |                |
| (6) Hispanic/Latino of any race or Hispanic/Latino only |                |
| (7) Two or more races                                   |                |
| (8) Race and ethnicity unknown                          |                |

**Section F – Disability**

Indicate the number of consumers in each category below.

|                           | # of Consumers |
|---------------------------|----------------|
| (1) Cognitive             |                |
| (2) Mental/Emotional      |                |
| (3) Physical              |                |
| (4) Hearing               |                |
| (5) Vision                |                |
| (6) Multiple Disabilities |                |
| (7) Other                 |                |

**SubPart III – Individual Services and Achievements**

**Section A – Individual Services**

For the reporting year, indicate in the table below how many consumers requested and rece

| Services                    | Consumers Requesting Services |
|-----------------------------|-------------------------------|
| (A) Advocacy/Legal Services |                               |

|   |  |
|---|--|
| (B) Assistive Technology                              |  |
| (C) Counseling and Related Services                   |  |
| (D) Housing, Home Modifications, and Shelter Services |  |
| (E) IL Skills Training and Life Skills Training       |  |
| (F) Information and Referral Services                 |  |
| (G) Peer Counseling Services                          |  |
| (H) Personal Assistance Services                      |  |
| (i) Physical Restoration Services                     |  |
| (J) Preventive Services                               |  |
| (K) Rehabilitation Technology Services                |  |
| (L) Transportation Services                           |  |
| (M) Other Services (explain in narrative XXX below)   |  |

**Section B- Additional Information Concerning Individual Services or Achievements**

Please provide any additional description or explanation concerning individual services or achievements, success stories and/or major obstacles encountered.

**SUBPART IV**

**Section A**

**Item 4 - Equal Access**

**(B) Equal Access for Individuals with Disabilities** - Briefly describe how, during the reporting period, you promote the equal access to all services, programs, activities, resources, and facilities in your service area, for individuals with significant disabilities. Equal access, for the purposes of this indicator, means that the same level of access that is provided to individuals without disabilities is provided in the center's service area to individuals with significant disabilities.

|  |
|--|
|  |
|--|

**Section D**

**Item 1 - Community Activities Table**

In the table provided give a summary of the community activities involving the CIL board members needed.

| Issue Area | Activity Type |
|------------|---------------|
|            |               |
|            |               |
|            |               |

**Item 2 - Description of Community Activities**

For the community activities mentioned above, provide additional details such as the role of any partner organizations, and further descriptions of the specific activities, services and benefits.

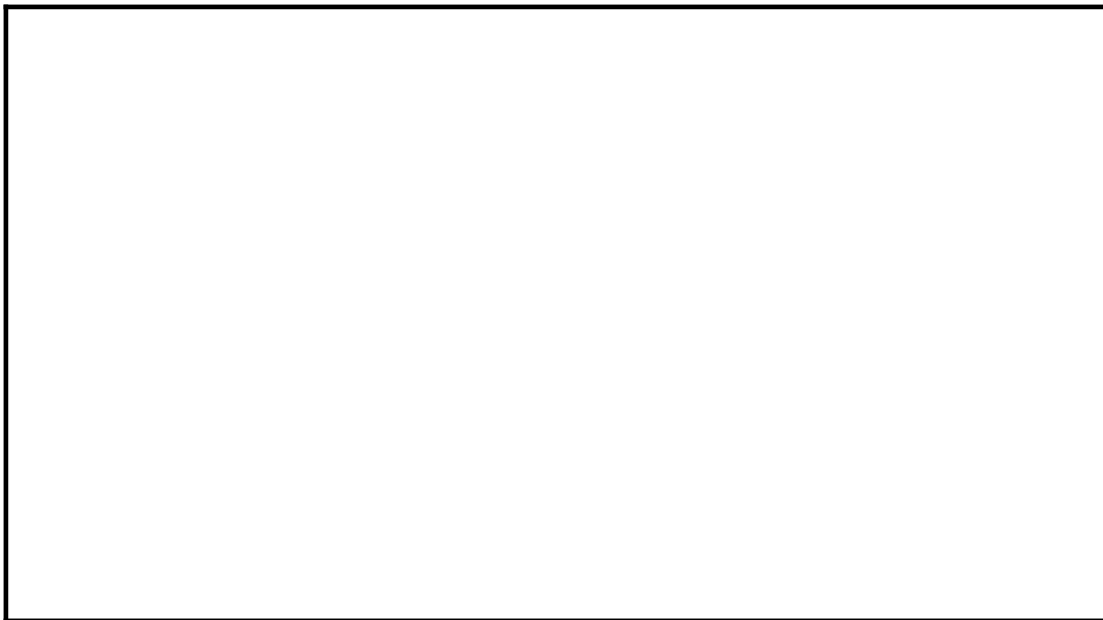
**SUBPART VII - ADDITIONAL INFORMATION**

**Section A - Other Accomplishments, Activities and Challenges**

Describe any additional significant accomplishments, activities and/or challenges not include practices, improved service delivery to consumers, etc.

**Section B - Additional Information**

Provide additional information, comments, explanations or suggestions not included elsewhere



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a valid OMB control number (OMB 0985-0061). Public reporting burden for this collection response, including time for gathering and maintaining the data needed and completing and reviewing the collection of information, is estimated to average 15 minutes per response. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing the burden, to Washington Headquarters Service, Paperwork Project (0172-0188), Washington, DC 20503.

**Report**

**gram  
of 1973, as amended)**

**ig**

ounted under **ONLY ONE** of the following categories in the  
ispanic/Latino ethnicity).

ived each of the following services.

|                                     |
|-------------------------------------|
| <b>Consumers Receiving Services</b> |
|                                     |



|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

achievements reported in subpart III, including outstanding

|  |
|--|
|  |
|--|

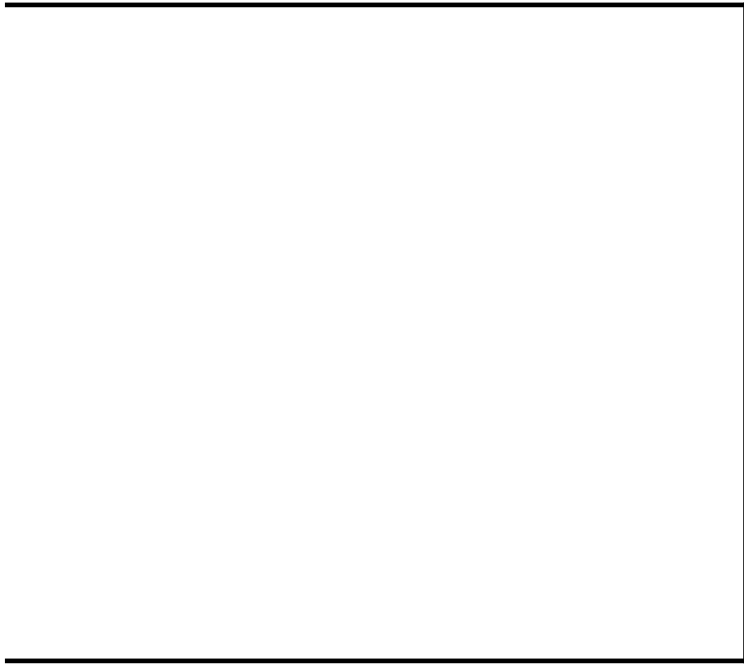
year, the CIL has advocated for and conducted activities that  
equity, whether public or private, and regardless of funding  
source, means that the same access provided to individuals  
with disabilities.

|  |
|--|
|  |
|--|

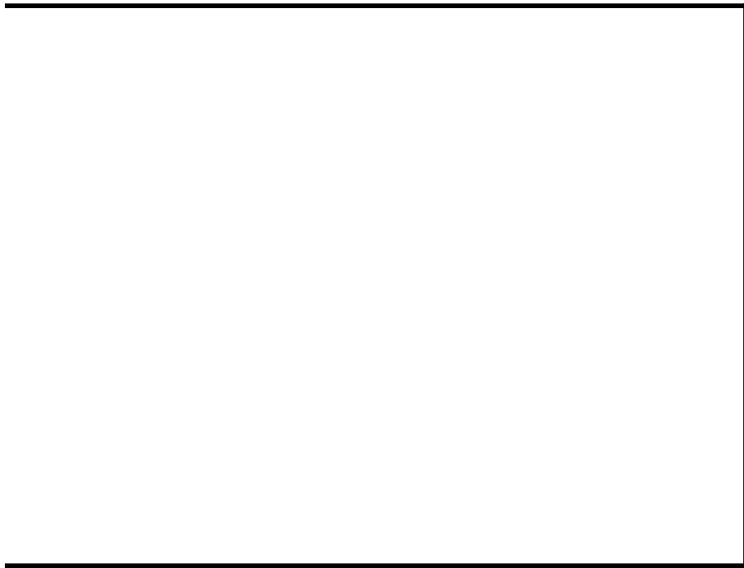
members or staff during the reporting year. Add more rows as

| Hours Spent | Objective(s) | Outcomes(s) |
|-------------|--------------|-------------|
|             |              |             |
|             |              |             |
|             |              |             |

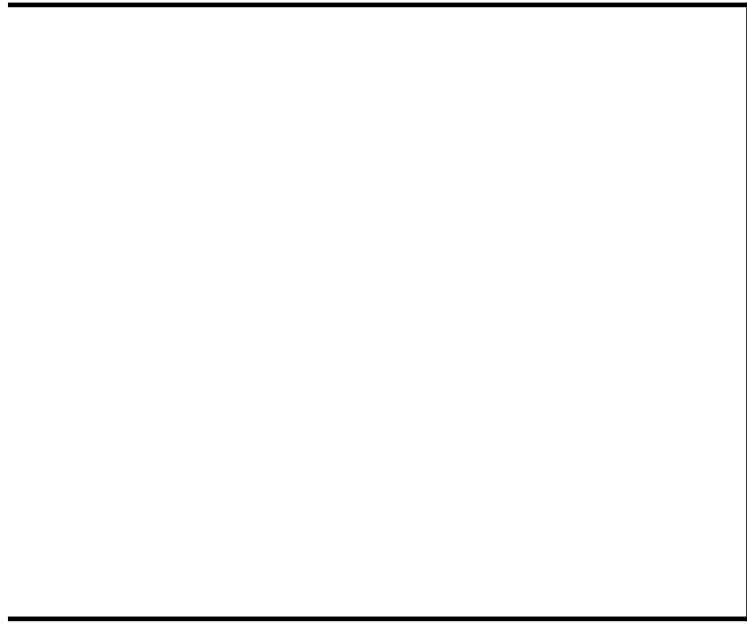
the CIL staff board members and/or consumers, names of  
benefits.



d elsewhere in the report, e.g. brief summaries of innovative



are in the report.



a collection of information unless such collection displays  
of information is estimated to average 46 hours per  
id reviewing the collection of information. The obligation