

Protection and Advocacy for Beneficiaries of Social Security (PABSS) Annual Performance Report

Reporting Period: From	To	PABSS Grant Award Number:
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State:

Agency Name:	Agency Address:
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PABSS Coordinator:

Report Prepared By:

Telephone Number:	Fax Number:
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Email Address:

Date Submitted:

Part 1 - Quantitative Statistics

Section A: Individuals and Service Requests

1. Information and Referral (I&R)

How many individuals received I&R under PABSS funding during the reporting period? _____

2. PABSS Service Requests

a. How many individuals had open PABSS service requests at the start of the reporting period? _____

b. Indicate the number of PABSS service requests added during the reporting period: _____

c. Total number of PABSS service requests closed during the reporting period: _____

3. Please provide counts of individuals served by Race

a. American Indian or Alaska Native: _____

b. Asian: _____

c. Black or African American: _____

d. Native Hawaiian or Other Pacific Islander: _____

e. White: _____

4. Please provide counts of individuals served by Ethnicity

- a. Hispanic or Latino: _____
- b. Not Hispanic or Latino: _____

5. Provide counts of individuals served during the reporting period who were:

Age 14 to 25 _____

6. Beneficiary Services (provide counts by type of benefit)

- a. Supplemental Security Income (SSI) eligible: _____
- b. Social Security Disability (SSDI) eligible: _____
- c. Eligible for both SSI and SSDI: _____

Section B: PABSS Service Request Source of Concern**1. Provide counts of PABSS service requests and the area of concern in the reporting period.**

- a. Education: _____
- b. Employment discrimination: _____
- c. Employment Services (Vocational Rehabilitation (VR),
Employment Networks (EN) and other employment supports): _____
- d. Employment Support (Assistive Technology, supportive employment, sheltered
work, reasonable accommodations): _____
- e. Employment – other issues: _____
- f. Entitlements, Health Insurance and Benefits Planning: _____
- g. Healthcare (includes personal health service issues): _____
- h. Housing: _____
- i. Support Services (other than employment): _____
- j. Transition Services: _____
- k. Transportation: _____

Total PABSS service requests during the reporting period: _____

Section C: Closed Service Requests**1. PABSS Case Resolution - show case resolution type in the reporting period.**

- a. Issue Resolved in Individual's Favor: _____
- b. Issue Partially Resolved in Individual's Favor: _____
- c. Issue not resolved in Individual's Favor: _____
- d. Issue Lacked legal merit, complaint withdrawn or not pursued by the individual: _____

2. PABSS Outcome for the individuals served (provide counts) during the reporting period.

- a. Individual gained or maintained access to Employment Services from an EN, VR agency or other employment support provider: _____
- b. Individual obtained, regained, or maintained employment: _____
- c. Individual obtained access to Support Services (indirectly related to employment): _____

3. What was the highest intervention strategy used?

- a. Short Term/Technical assistance: _____
 - b. Informal Resolution: _____
 - c. Investigation/Monitoring: _____
 - d. Negotiation, Mediation or Alternative Dispute Resolution: _____
 - e. Administrative Remedies: _____
 - f. Legal Remedy/Litigation: _____
 - g. Class Action Suits: _____
 - h. Systemic/Policy Activities: _____
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A. Description of Progress and Status Update - Provide a brief overview of overall project status, staff changes, staff training or other major developments with regard to the PABSS program for the reporting period. This can include a description of PABSS priorities and services and organizational updates.

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D. Challenges - Describe any challenges the PABSS program experienced during the reporting period. Describe efforts to resolve these challenges.

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