

## 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:** \_\_\_\_\_

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**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: \_\_\_\_\_

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**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): \_\_\_\_\_

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**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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