

**ANNUAL CLIENT ASSISTANCE PROGRAM (CAP) REPORT****Fiscal Year****DESIGNATED AGENCY IDENTIFICATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail Address (if applicable): \_\_\_\_\_  
Website Address (if applicable): \_\_\_\_\_  
Phone: \_\_\_\_\_  
Toll-free Phone: \_\_\_\_\_  
TTY: \_\_\_\_\_  
Fax: \_\_\_\_\_

**OPERATING AGENCY (IF DIFFERENT FROM DESIGNATED AGENCY)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail Address (if applicable): \_\_\_\_\_  
Website Address (if applicable): \_\_\_\_\_  
Phone: \_\_\_\_\_  
Toll-free Phone: \_\_\_\_\_  
TTY: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Name of CAP Director/Coordinator: \_\_\_\_\_  
Person to contact regarding report: \_\_\_\_\_  
Contact Person's phone: \_\_\_\_\_

**PART I. NON-CASE SERVICES****A. Information and Referral Services (I&R):**

(Multiple responses are not permitted.)

1. Information regarding the vocational rehabilitation (VR) program \_\_\_\_\_
2. Information regarding independent living programs \_\_\_\_\_
3. Information regarding American Indian VR Service projects \_\_\_\_\_
4. Information regarding Title I of the ADA \_\_\_\_\_
5. Other information provided \_\_\_\_\_
6. Information regarding CAP \_\_\_\_\_
7. Total I&R services provided (Lines A1through A6) \_\_\_\_\_

## B. Training Activities

1. Number of training sessions presented to community groups and public agencies. \_\_\_\_\_
2. Number of individuals who attended these training sessions \_\_\_\_\_
3. Describe training presented by the staff. Include the following information:
  - (a) topics covered \_\_\_\_\_
  - (b) the purpose of the training \_\_\_\_\_
  - (c) a description of the attendees \_\_\_\_\_

## C. Agency Outreach

Describe the agency's outreach efforts to previously un-served or underserved individuals including minority communities

## D. Information Disseminated To The Public By Your Agency

For each method of dissemination, enter the total number of each method used by your agency during the reporting period to distribute information to the public. For publications/booklets/brochures (item 4), enter the total number of documents produced. Agencies should not include website hits. See instructions for details

1. Agency Staff Interviewed or Featured on Radio and TV \_\_\_\_\_
2. Articles about CAP Featured in Newspaper/Magazine/Journals \_\_\_\_\_
3. PSAs/Videos Aired about the CAP Agency \_\_\_\_\_
4. Publications/Booklets/Brochures Disseminated by the Agency \_\_\_\_\_
5. Number of Times CAP Exhibited at Conferences, Community Fairs, etc. \_\_\_\_\_
6. Other (specify below) \_\_\_\_\_

## E. Information Disseminated About Your Agency By External Media Coverage

Describe the various sources and information disseminated about your agency by an external source.

## PART II. INDIVIDUAL CASE SERVICES

### A. Individuals Served

An individual is counted only once during a fiscal year. Multiple counts are not permitted for Lines A1-A3.)

1. Individuals who are still being served as of October 1 (carryover from prior year)
2. Additional individuals who were served during the year \_\_\_\_\_
3. Total individuals served (Lines A1+A2) \_\_\_\_\_
4. Individuals (from Line A3) who had multiple case files opened/closed this year (In unusual situations, an individual may have more than one case file opened/closed during a fiscal year. This number is not added to the total in Line A3 above.) \_\_\_\_\_

5. Individual still being served as of September 30 (Carryover to next year. This total may not exceed Line A3.)

**B. Problem areas (Multiple responses permitted.)**

1. Individual requests information \_\_\_\_\_
2. Communication problems between individual and VR counselor \_\_\_\_\_
3. Conflict about VR services to be provided \_\_\_\_\_
4. Related to VR application/eligibility process \_\_\_\_\_
5. Related to assignment to order of selection priority category \_\_\_\_\_
6. Related to IPE development/implementation \_\_\_\_\_
  - i. Selection of vendors for provision of VR services
  - ii. Selection of training services, including postsecondary education
  - iii. Selection of employment outcome
  - iv. Transition services
7. Related to independent living services \_\_\_\_\_
8. Other Rehabilitation Act-related problems \_\_\_\_\_
9. Non-Rehabilitation Act related \_\_\_\_\_
  - i. TANF
  - ii. SSI/SSDI
  - iii. Housing
  - iv. Other:
10. Related to Title I of the ADA \_\_\_\_\_

**C. Intervention Strategies for closed cases**

(Choose one primary service the CAP provided for each closed case file. There may be more case files than actual individuals served.)

1. Short Term Technical Assistance \_\_\_\_\_
2. Investigation/Monitoring \_\_\_\_\_
3. Negotiation \_\_\_\_\_
4. Mediation and other methods of Alternative Dispute Resolution \_\_\_\_\_
5. Administrative / Informal Review \_\_\_\_\_
6. Formal appeal / Fair Hearing \_\_\_\_\_
7. Legal remedy / Litigation \_\_\_\_\_
8. Total \_\_\_\_\_

#### **D. Reasons for closing individuals' case files**

(Choose one primary reason for closing each case file. There may be more case files than the total number of individuals served.)

1. All issues resolved in individual's favor \_\_\_\_\_
2. Some issues resolved in individual's favor \_\_\_\_\_  
(when there are multiple issues)
3. CAP determines VR agency position/decision was \_\_\_\_\_  
appropriate for the individual
4. Individual's case lacks legal merit; \_\_\_\_\_  
(inappropriate for CAP intervention)
5. Individual chose alternative representation \_\_\_\_\_
6. Individual withdrew complaint \_\_\_\_\_
7. Issue not resolved in clients favor \_\_\_\_\_
8. CAP services not needed due to individual's death, relocation, etc. \_\_\_\_\_
9. Individual not responsive/cooperative with CAP \_\_\_\_\_
10. CAP unable to take case due to lack of resources \_\_\_\_\_
11. Conflict of interest \_\_\_\_\_
12. Other (Please explain below) \_\_\_\_\_

#### **E. Results achieved for individuals**

(Choose one primary outcome for each closed case file. There may be more case files than the total number of individuals served.)

1. Controlling law/policy explained to individual \_\_\_\_\_
2. Application for services completed \_\_\_\_\_
3. Eligibility determination expedited \_\_\_\_\_
4. Individual participated in evaluation \_\_\_\_\_
5. IPE developed/implemented/Services Provided \_\_\_\_\_
6. Communication re-established between individual and other party \_\_\_\_\_
7. Individual assigned to new counselor/office \_\_\_\_\_
8. Alternative resources identified for individual \_\_\_\_\_
9. ADA/504/EEO/OCR complaint made \_\_\_\_\_
10. Other (specify below) \_\_\_\_\_

### **PART III.PROGRAM DATA**

#### **A. Age (Multiple responses not permitted.)**

1. Up to 18 \_\_\_\_\_
2. 19 - 24 \_\_\_\_\_
3. 25 - 40 \_\_\_\_\_
4. 41 - 64 \_\_\_\_\_
5. 65 and over \_\_\_\_\_
6. Total (Sum of Lines A1 through A5. Total must equal Part II, Line A3.)\_\_\_\_\_

**B. Sex (Multiple responses not permitted.)**

1. Females \_\_\_\_\_
2. Males \_\_\_\_\_
3. Unknown \_\_\_\_\_
4. Total (Lines B1+B2+B3. Total must equal Part II, Line A3.) \_\_\_\_\_

**C. Race/ethnicity of Individuals Served**

1. Hispanic/Latino of any race \_\_\_\_\_  
**For individuals who are non-Hispanic/Latino only**
2. American Indian or Alaskan Native \_\_\_\_\_
3. Asian \_\_\_\_\_
4. Black or African American \_\_\_\_\_
5. Native Hawaiian or Other Pacific Islander \_\_\_\_\_
6. White \_\_\_\_\_
7. Two or more races \_\_\_\_\_
8. Race/ethnicity unknown \_\_\_\_\_

**D. Primary disabling condition of individuals served (Multiple responses not permitted.)**

1. Acquired Brain Injury \_\_\_\_\_
2. ADD/ADHD \_\_\_\_\_
3. AIDS/HIV \_\_\_\_\_
4. Amputations or Absence of Extremities \_\_\_\_\_
5. Arthritis or Rheumatism \_\_\_\_\_
6. Anxiety Disorder \_\_\_\_\_
7. Autism Spectrum Disorder \_\_\_\_\_
8. Autoimmune or Immune Deficiencies (excluding AIDS/HIV) \_\_\_\_\_
9. Blindness (Both Eyes) \_\_\_\_\_
10. Other Visual Impairments (Not Blind) \_\_\_\_\_
11. Cancer \_\_\_\_\_
12. Cerebral Palsy \_\_\_\_\_
13. Deafness \_\_\_\_\_
14. Hard of Hearing/ Hearing Impaired (Not Deaf) \_\_\_\_\_
15. Deaf-Blind \_\_\_\_\_
16. Diabetes \_\_\_\_\_
17. Digestive Disorders \_\_\_\_\_
18. Epilepsy \_\_\_\_\_
19. Heart & Other Circulatory Conditions \_\_\_\_\_
20. Intellectual Disability \_\_\_\_\_
21. Mental Illness \_\_\_\_\_
22. Multiple Sclerosis \_\_\_\_\_
23. Muscular Dystrophy \_\_\_\_\_
24. Muscular/Skeletal Impairment \_\_\_\_\_
25. Neurological Disorders/Impairment \_\_\_\_\_

26. Orthopedic Impairments \_\_\_\_\_
27. Personality Disorders \_\_\_\_\_
28. Respiratory Disorders/Impairment \_\_\_\_\_
29. Skin Conditions \_\_\_\_\_
30. Specific Learning Disabilities (SLD) \_\_\_\_\_
31. Speech Impairments \_\_\_\_\_
32. Spina Bifida \_\_\_\_\_
33. Substance Abuse (Alcohol or Drugs) \_\_\_\_\_
34. Other Disability \_\_\_\_\_
35. Total (Sum of Lines D1through D34. Total must equal Part II, Line A3.)\_\_\_\_\_

**E. Types of Individuals Served (Multiple responses permitted)**

1. Applicant of VR \_\_\_\_\_
2. Individual eligible for VR services currently on a wait list \_\_\_\_\_
3. Individual eligible for VR services not currently on a wait list \_\_\_\_\_
4. Applicant or individual eligible for Independent living \_\_\_\_\_
5. Transition student/High school student \_\_\_\_\_
6. All other applicants or individuals eligible for other programs or projects funded under the Rehabilitation Act. \_\_\_\_\_

**PART IV. SYSTEMIC ACTIVITIES AND LITIGATION**

**A. Non-Litigation Systemic Activities**

1. Number of non-litigation systemic activities not involving individual representation that resulted in the change of one or more policy or practice of an agency. \_\_\_\_\_
2. Describe the systemic activities conducted by CAP during the fiscal year and its impact on other agency's policies or practices.

**B. Litigation**

1. Total number of CAP cases requiring litigation involving individual representation resulting in, or with the potential for, systemic change.
  - a. Number of cases requiring litigation involving individual representation filed during fiscal year. \_\_\_\_\_
  - b. Number of on-going cases pending at start of fiscal year (carryover from prior fiscal year). \_\_\_\_\_
  - c. Number of cases resolved through litigation during fiscal year. \_\_\_\_\_
2. Describe the agency's on-going and completed systemic litigation activities involving individual representation.

## PART V. AGENCY INFORMATION

### A. Designated Agency

1. Agency Type (check only one option for Lines 1.a through 1.e)
  - a. Internal to the State VR agency \_\_\_\_\_
  - b. External-other State agency \_\_\_\_\_
  - c. External-Protection and Advocacy agency \_\_\_\_\_
  - d. External-other nonprofit agency \_\_\_\_\_
  - e. External-all other private agencies \_\_\_\_\_
2. Name of designate agency \_\_\_\_\_
3. Is the designated agency contracting CAP services? Yes/No
4. If yes, name of contracting agency: \_\_\_\_\_

### B. Staff Employed

Provide a description of all CAP positions (see instructions)

## PART VI. CASE EXAMPLES

Provide some examples of some interesting cases during the past fiscal year

Reports are to be submitted to RSA within 90 days after the end of the fiscal year covered by this report. Please be reminded that you can enter data directly into RSA's website via the Internet. Information on transmittal of the form is found on pages 19 and 20 of the reporting instructions.

Signature and title  
of designated agency official \_\_\_\_\_  
Date \_\_\_\_\_

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1820-0528. The time required to complete this information collection is estimated to average 6.25 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-2703. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: OSERS/RSA, U.S. Department of Education, 550 12<sup>th</sup> Street, S.W., Washington, DC 20202-2703.

# **Annual Client Assistance Program (CAP) Report (Form RSA-227) Instructions**

## **1. Instruction for the RSA-227 Form**

**Purpose:** Rehabilitation Services Administration (RSA) uses this form to meet specific data collection requirements of Section 112 of the Rehabilitation Act of 1973, as amended (Rehabilitation Act), and its implementing federal regulations at 34 CFR Part 370. The CAPs must report annually using form RSA-227, which is due on or before December 30 each year.

### **Definitional Guidelines for completing this form:**

- a. **Information/referral service:** The Rehabilitation Act of 1973, as amended (Rehabilitation Act), and its implementing regulations authorize CAP to provide information and referral services to any individual with disabilities in the State or to Rehabilitation Act clients or client applicants who have not been defined as "individuals served" (see definition below) or to such individuals' representatives. Information/referral services include responses to individuals at meetings, one-time telephone discussions, and follow-up mailings of letters, brochures and/or pamphlets per an individual's request. These individuals do not have case files (see definition below). These services generally take less than one hour of service time. CAP usually does not have personal identifying information about the individuals who ask for and receive these services, except for perhaps the name, address and phone number.
- b. **Individuals served:** An individual is considered an "individual served" or a "client" of CAP if he/she meets three criteria:
  - 1) the individual is eligible for CAP services according to Section 112(a) of the Act;
  - 2) CAP has opened a case file/service record by including at least the name, address, age, race, disability, signed release of information form (if appropriate), concern or complaint, and action taken in the service record; and
  - 3) CAP provided at least one "significant service," such as:
    - a) at least one hour of case service time;
    - b) a supervised referral that allows follow-up to assure that the referral was appropriate and completed;
    - c) the completion of a second telephone call to the client when the time between telephone calls was used to obtain additional information about appropriate programs; or
    - d) the provision of any allowable service beyond information and referral (as defined above).



- c. **Case file/service record:** This is the compilation of personal identifying information about the individual, documents, letters, complaints/issues raised, advocate's notes, etc., used in working with an "**individual served**" (as defined above). It may contain many issues at any one time. In fact, most individuals served will present several issues to CAP during the course of the CAP/client relationship. The case file/service record is opened at the time CAP determines that it will provide at least one "significant service" (as defined above) for the individual. New issues may arise while still working with the individual. These new issues, if appropriate for CAP intervention, should be added to the existing case file/service record.

## **2. Designated/Operating Agency Identification**

**Contact Information for Designated and Operating Agency:** Enter the name, address, fax and telephone numbers (including area codes), and e-mail address of the agency designated to administer the CAP. Be sure to include the same information for the operating CAP agency, if different from the designated agency. Also include the name of the CAP Director/Coordinator.

**Person to contact about this form:** Print/type the name and telephone number of the person RSA can contact regarding this form.

## **3. PART I. Non-Case Services**

### **A. Information/referral Services:**

Include in this category the number of times that CAP provided information about:

- 1) services available under the Rehabilitation Act and Title I of the Americans with Disabilities Act (ADA) of 1990;
- 2) the rights and responsibilities of persons applying for or receiving services under the Rehabilitation Act;
- 3) the routine activities of programs, projects and community rehabilitation programs funded under the Rehabilitation Act; and
- 4) services available from CAP.

Information/referral services also include responses to individuals at meetings, one-time telephone discussions, and follow-up mailings of letters, brochures or pamphlets. With regard to follow-up mailings, be sure to count only the number of individuals who actually requested the information, not the number of letters, brochures or pamphlets sent. Do not include the number of brochures, pamphlets or newsletters that are routinely distributed en masse or the number of individuals who attend workshops or presentations given by CAP. Summarize these activities in the narrative section of this report.

Estimated counts are not acceptable for this section. All CAPs should maintain logs to respond accurately to this item. Such routine requests should not require maintenance of client confidential information, extensive research by CAP staff, or extended contact with the individual. Do not include in this section any information/referral services provided to individuals that meet the definition of "individuals served." Services provided to those

individuals are recorded in a later section of this report.

**Line A1:** Enter the number of requests CAP responded to regarding information about the vocational rehabilitation (VR) program, such as the address of the State VR agency or the scope of VR services.

**Line A2:** Enter the number of requests CAP responded to regarding information about independent living programs established under Title VII of the Rehabilitation Act.

**Line A3:** Enter the number of requests CAP responded to regarding information about the American Indian VR Service projects authorized under Section 121 of the Rehabilitation Act.

**Line A4:** Enter the number of requests CAP responded to regarding information about rights under Title I of the ADA.

**Line A5:** Enter the number of requests CAP responded to regarding information on other issues (e.g., Medicaid/Medicare, Social Security, assistive technology, etc.).

**Line A6:** Enter the number of requests responded to regarding information about CAP.

**Line A7:** Add lines A1 through A6 and enter the total number here. This should reflect the total number of information/referral services provided by CAP during the fiscal year.

**B. Training Activities:**

A training session can take many forms, including in-person sessions and distance learning sessions (i.e., teleconference training or web-based training). It could include a very short presentation of 30 minutes or less, or might involve a full-day or multi-day conference. In answering questions B1 and B2, please count each discrete session as one training session.

- **First Example:** The CAP presents a daylong program on self advocacy. Three different funding sources are covered, but this is all one coordinated session. Under B1, this counts as one training session; under B2, the participants are also counted once.
- **Second Example:** The CAP delivers a two-day conference. Following a full-morning plenary session for all 150-conference attendees, the remainder of the conference is divided into four concurrent tracks or breakout sessions, allowing for 20 additional sessions over the remainder of the conference. Despite the much larger scope of this second event, the full conference should count as one training session under B1 and 150 should be entered once under B2. NOTE: The CAP can explain the larger scope of this second event as a narrative example under B3.

**Line B1:** Enter the number of training sessions presented by staff.

**Line B2:** Enter number of individuals who attended training sessions (e.g., orientation sessions, self-advocacy training, etc.) conducted by CAP staff.

**Line B3:** Describe the training events presented by the staff. Include; (a) topics covered, (b) the purpose of the training, and (c) a description of the attendees.

**C. Agency outreach**

Identify the strategies used to conduct outreach to and to serve individuals previously unserved or underserved and/or individuals who are members of minority groups. Describe the impact of your outreach efforts, especially in terms of how your outreach efforts have benefited individuals who traditionally have been unserved or underserved.

**D. Information disseminated to the public by your agency:**

For each method of dissemination, enter the total number of each method used by your agency during the reporting period to distribute information to the public. For publications/booklets/brochures (item 4), enter the total number of documents produced and disseminated.

**Line D1.** Enter number of radio and TV appearances by agency staff.

**Line D2.** Enter number of articles about CAP featured in newspaper/magazine/journals.

**Line D3.** Enter number of PSAs / videos aired by the agency.

**Line D4.** Enter number of publications/booklets/brochures disseminated by the agency.

**Line D5.** Enter the number of times CAP staff exhibited at a conference, community fair or similar public event.

**Line D6.** Enter any other types of information dissemination not mention above that the agency has been involved in. Please note: Website hits are not to be considered under this category.

**E. Information disseminated about your agency by external media coverage:**

The activities of a CAP program or the services available through the CAP program often are reported by the radio, TV, or print media, for example, with or without the encouragement of the CAP. Where it is available, enter narrative information regarding any external media that provided coverage of the agency's activities during the fiscal year. This narrative information should be included under the category that is most appropriate. If there is no information to report, type in 'N/A' or 'not applicable'.

**4. PART II. Individual Case Services**

**A. Individuals Served:**

As stated in the definitional guidelines section above, an "individual served" is someone who is eligible for CAP services under the Act; who has a case file/service record with

CAP; and who receives one or more significant services from CAP. All concerns noted in the case file/service record should have required some type of intervention (even if it is only brief) with a program, project or community rehabilitation program funded under the Act from CAP staff in the resolution of the problem.

An "individual served" is counted only once during a fiscal year, regardless of how many case files/service records were opened/closed for that individual during the year.

Estimated counts are not acceptable. All CAPs should maintain logs to respond accurately to this item. Do not include in this section any information/referral services provided to individuals who do not meet the definition of "individuals served."

Information/referral services provided to those individuals are recorded in an earlier section of this report.

**Line 1:** Enter the number of individuals who had open case files/service records on hand at the beginning of the fiscal year, which were carried over from the prior fiscal year.

**Line 2:** Enter the number of individuals who had new case files/service records opened during this fiscal year.

**Line 3:** Add lines A1+A2 and enter the total number here. This is the total number of individuals served this fiscal year. Remember, no individual may be counted more than once in a fiscal year.

**Line 4:** Of the number of individuals accounted for on Line A3, enter here the number of those individuals who had more than one case file/service record opened/closed during the fiscal year. Please refer to the definitional guidelines above in answering this item.

**Example A:** Individual requests CAP assistance at the beginning of the fiscal year. She raises several issues concerning her VR program. CAP opens a case file/service record for her immediately. Three months later, CAP has resolved all of the issues and there are no more foreseeable problems. CAP closes the case file/service record. Near the end of the fiscal year, the individual returns to CAP with new problems. The issues she raises now may or may not be related to the issues CAP assisted her with earlier in the year. CAP opens a new case file/service record. This individual would be counted on Line A4 as having had multiple case files/service records this year. If this were the only individual who met this criteria, CAP should put a "1" on Line A4.

**Example B:** Individual requests CAP assistance sometime during the fiscal year. The individual has raised several issues regarding her VR program. CAP opens a case file/service record for this individual. While CAP is working on resolving these initial issues and the case file/service record is still open, the individual raises new issues that are appropriate for CAP intervention. These new issues should be added to those being worked on in the existing case file/service record. A new case file should not be opened for this individual to address these new issues. This individual would not be counted on Line A4. If none of the "individuals served" seems to match the criteria for having multiple cases during

the same year, CAP should put a "0" on Line A4.

**Line 5:** Enter here the number of individuals who still had open case files/service records with CAP as of September 30. These are the individuals who need CAP intervention to continue into the next fiscal year (carryover) in order to resolve the problems/issues raised this fiscal year. This number may not exceed the total of individuals served listed on Line A3. This number will equal the "number of individuals with open case files/service records on hand as of October 1" (Line A1) on next fiscal year's annual report.

**B. Problem Areas:**

Enter the number of individuals served by CAP according to the problem area identified by the individual. An individual may have issues that fall into more than one problem area, therefore, multiple responses are permitted. However, a problem area cannot be attributed to a particular individual served more than once during a fiscal year. The amount on any line may not exceed the total on Line A3.

**Line B1:** Enter the number of individuals served by CAP who requested information about any of the services, programs, and projects authorized under the Rehabilitation Act or about rights under Title I of the ADA.

**Line B2:** Enter the number of individuals served by CAP who need help in resolving communication problems with their VR counselors. For example, the individual may ask CAP to:

- a) clarify the individual's rights and obligations under the Rehabilitation Act;
- b) clarify the policy/procedures of programs under the Rehabilitation Act; or
- c) help re-establish contact with the VR agency following an inadvertent breakdown in the communication process. An inadvertent breakdown in the communication process can occur when the staff member cannot locate the individual because he or she has moved or when the individual is not assigned to a new staff member after the former staff member has left the agency.

Do not include on this line communication problems that are due to a conflict between the individual and the agency staff member. These should be included on Line B3.

**Line B3:** Enter the number of individuals served by CAP who had a conflict with their VR counselor or any staff member of one of the programs authorized under the Rehabilitation Act. In a sense, client-staff conflict problems/concerns might be regarded as the underlying cause of most other problem areas for individuals. Client/counselor conflicts can occur when the client:

- a) disagrees with the decision/action of the staff member;
- b) desires a change of a counselor or staff member; or
- c) has a personality conflict with the staff member.

Also include on this line the number of individuals served who request CAP assistance in resolving problems that involve the quantity, quality, and/or expediency of the services received under the Rehabilitation Act. However, if the basic cause of such delays or denials is a problem of the individual's eligibility, this problem should be recorded on

Line B4. Individuals served who had conflicts related to employment goals or informed choice should be included on Line B6.

**Line B4:** Enter the number of individuals served by CAP who have concerns involving such issues as the application process, ineligibility determinations, delays in eligibility determinations, or reapplication procedures.

**Line B5:** Enter the number of individuals served by CAP who had concerns involving their assignment to a priority category under the VR agency's order of selection.

**Line B6:** Enter the number of individuals served by CAP who had concerns related to development or implementation of their IPEs. Include on Lines (i) through (iv) those individuals who had problems related to selection of vendors, training services and postsecondary education, employment goals, and the provision of transition services.

**Line B7:** Enter the number of individuals served by CAP who have problems or concerns with the independent living programs funded under the Rehabilitation Act.

**Line B8:** Enter the number of individuals served who have problems or concerns with a program or project funded under the Rehabilitation Act but that cannot be included appropriately in one of the preceding categories.

**Line B9:** Enter the number of individuals served by CAP who had problems or concerns with issues that are not related to their rehabilitation programs, such as TANF, SSI/SSDI, or housing. An individual served may be recorded here **only if** the individual served also is recorded as having one of the other problem areas above. The issues related to this problem area are beyond the immediate domain of services provided under the Rehabilitation Act. However, sometimes these issues affect the individual's relationship with the rehabilitation program or project.

**Line B10:** Enter the number of individuals served who had problems or concerns related to their rights under Title I of the ADA. Do not include on this line the number of individuals served who merely asked for information about their rights under Title I of the ADA. Those individuals served should be accounted for on line.

**C. Intervention Strategies for Closed Cases:**

Following is a listing of the categories of services CAP can provide an individual served. It is expected that CAP often will provide more than one type of service during the course of the CAP/client relationship. However, choose **one** primary CAP service provided to the individual before the case file/service record was closed. Choose the CAP service provided that best reflects the assistance and representation CAP provided to the individual while the case file/service record was open. Generally, this will mean that CAP should mark the highest level of service CAP provided on behalf of the individual while the case file/service record was open.

As stated in earlier sections of these instructions, the number of case files/service records may, in some situations, be greater than the total number of individuals served (Line A3).

In order to account for those unusual situations, referred to in Line A4, when an individual had multiple case files/service records closed during the fiscal year. However, no line may exceed the total on Line A3.

Estimated counts are not acceptable. CAPs should maintain records to respond to this item accurately.

**Example 1:** An individual may have benefited from CAP's negotiation assistance and been represented at an informal review and a fair hearing. CAP provided the individual all of these services during the course of one case file/service record. This individual should be counted in the category for formal appeal procedures.

**Example 2:** An individual may have had two case files/service records opened/closed during the same fiscal year. During the course of working with the individual in the first case file/service record, CAP provided information and negotiation assistance. During the course of working with the individual in the second case file/service record, CAP provided information and negotiation assistance and represented the individual at an informal review proceeding. CAP should account for this individual in the negotiation (first case file) and the informal review proceeding (second case file) categories.

A description of advocacy services provided to more than one individual (systemic advocacy) should be provided in the narrative section of this report. See the instructions for completing the narrative section.

**Line C1:** Enter the number case files/service records closed in which the highest-level CAP service provided to the individual served was short term technical assistance beyond what is defined as information/referral (I&R) services in Part I, Section A. Short term technical assistance services can include a telephone conversation, letter, or face-to-face contact that provided information to individuals served about rights and benefits available under the Act and how to obtain such benefits that would assist the individual in self-advocacy, as well as rights provided under Title I of the ADA, or resulted in a referral to another source for services.

**Line C2:** Enter the number of case files/service records closed in which the highest level of CAP services provided to the individual served fits into the following categories: reviewed the problem or concern expressed; consulted with the individual on various courses of action; researched possible solutions; developed strategies; and provided advice. Also, include here the number of closed case files/service records for individuals served that reflects CAP's coaching and assistance with self-advocacy. The problems identified by these individuals could fall under the Act or Title I of the ADA.

**Line C3:** Enter the number of case files/service records closed in which the highest level of CAP services provided to the individual served was that CAP engaged in negotiation in order to effect a settlement or compromise with a representative of a program, project or facility funded under the Act or with an employer to reconcile differences.

**Line C4:** Enter the number of case files/service records closed in which the highest level of CAP services provided to the individual served was that CAP engaged in alternative dispute resolution (ADR) procedures to resolve the dispute between the individual and the rehabilitation program or project funded under the Act or between the individual and an employer. ADR can include mediation that involves a mediator, intermediary, or conciliator to settle disputes between parties. Mediation may involve the use of a professional mediator, other independent third party mutually agreed to by the parties in the dispute, or a CAP employee who: 1) is not involved with representing or assigned to represent the individual; and 2) has not previously represented or been involved with representing the individual.

**Line C5:** Enter the number of case files/service records closed in which the highest level of CAP services provided to the individual served was that CAP assisted the individual in requesting, preparing for, or participating in an informal review with the rehabilitation program or project funded under the Act. This assistance is more than merely advising the individual of the administrative review process; that kind of activity should be recorded on Line C1 above.

**Line C6:** Enter the number of case files/service records closed in which the highest level of CAP services provided to the individual served was that CAP assisted the individual in requesting, preparing for, or participating in formal review proceedings conducted by impartial hearing officers and State Directors/Fair Hearing Boards. Do not include any legal services provided on this line.

**Line C7:** Enter the number of case files/service records closed in which the highest level of CAP services provided to the individual served was that CAP assisted the individual in pursuing legal recourse in the judicial system to resolve the individual's problem or concern.

**Line C8:** Enter the total number here

**D. Reasons for closing individuals' case files/service records:**

Following is a list of the various reasons CAP might give for closing the case file/service record of an "individual served". Please choose **one** primary (most appropriate) reason for closing each case file/service record (defined above). **Do not** itemize a reason for resolving each issue. This item asks you to choose one overall reason for closing the entire case file/service record after CAP has done all it can for the individual in terms of resolving the issues/problems raised. The number of case files/service records may, in some situations, be greater than the total number of individuals served (Line A3) in order to account for those unusual situations, referred to in Line B4, when an individual had multiple case files/service records closed during the fiscal year. Estimated counts are not acceptable. CAPs should maintain records to respond accurately to this item.

**Line D1:** Enter the number of case files closed because all of the issues requiring CAP intervention were resolved in favor of the individual.



**Line D2:** Enter the number of case files closed which demonstrate that at least some of the issues were resolved in the individual's favor. This reason for closure is appropriate only if the individual has raised multiple issues requiring CAP intervention during the time the case file/service record was opened.

**Line D3:** Enter the number of case files closed because CAP determined that the VR agency's decision or action is appropriate under the Act and regulations and that there is nothing CAP can do at this time.

**Line D4:** Enter the number of case files closed because CAP determined, after exploring the facts and law, that the individual's complaint lacked legal merit or that the individual's complaint was outside the scope of CAP's authority.

**Line D5:** Enter the number of case files closed because the individual decided not to pursue CAP representation, but instead obtained representation elsewhere.

**Line D6:** Enter the number of case files closed because the individual decided not to pursue resolution of the problem at this time. In these situations, the individual request the complaint be withdrawn or refused further CAP services.

**Line D7:** Enter the number of case files closed because the individual had exhausted all available/appropriate appeal procedures and did not prevail. The appeal procedures relevant to this item include formal administrative hearings and legal remedies. For example, CAP may choose to close a case for this reason if the individual served did not prevail at the formal administrative hearing and the case lacks merit for judicial review. CAP may also choose to close a case for this reason if the individual served did not prevail at the formal administrative hearing and judicial review is not allowed under the State's Administrative Procedures Act (APA). If a case file is closed at the informal administrative review stage when the individual did not prevail, one of the reasons given on Lines D2-6, 8-10 would be a more appropriate reason for closing the case file/service record.

**Line D8:** Enter the number of case files closed because the individual has died, or moved out of state, or for some reason is unavailable for continued representation by CAP.

**Line D9:** Enter the number of case files closed because the individual is non-responsive or uncooperative, CAP is unable to continue effective representation. Some of the reasons might have been that the individual refused to:

- a) give CAP access to necessary information in the individual's VR case file or past history;
- b) follow or accept CAP advice; or
- c) follow through with the individual's obligations.

**Line D10:** Enter the number of case files closed because CAP was unable to represent the individual due to lack of CAP resources or staff. Provide additional information below.

**Line D11:** Enter the number of cases closed because of a conflict of interest. Provide further details below.

**Line D12:** Enter the number of case files closed for a reason not listed above. RSA has attempted to list all of the possible reasons CAP could cite for closing a case file/service record. However, we realize there may be some unusual circumstances not encompassed in this listing. This response should be reserved for rare instances. Be sure to attach a separate explanation of the circumstances for the case closure if you use this response.

**E. Results achieved for individuals:**

"Results Achieved for Individuals" should be recorded for each case file/service record closed during the year. These are the outcomes that resulted from CAP intervention on behalf of the individual served. Although services rendered on behalf of an individual might have resulted in several outcomes, choose **one** primary or most appropriate outcome for each case file closed during the year (not for each issue addressed). Choose the outcome that reflects most of the services rendered by CAP on behalf of the individual while the case file/service record was opened. As stated in section D above, the number of case files/service records may, in some situations, be greater than the total number of individuals served (Part II, Line A3) in order to account for those unusual situations, referred to in Part II, Line A4, when an individual had multiple case files/service records closed during the fiscal year. Estimated counts are not acceptable. CAPs should maintain records to respond accurately to this item.

Enter the number of case files/service records closed in which the following results were achieved during the fiscal year:

**Line E1:** Enter the number of case files closed where the primary outcome was that CAP explained the controlling law and/or policy to the individual. For example, this outcome could be appropriate for those case files closed because CAP determined that the VR agency's decision/position was appropriate for the individual, or for those cases closed because the individual's complaint lacked legal merit or was beyond the scope of CAP's authority. This outcome also could be appropriate for those times when the primary CAP service provided was advice about the individual's rights under the ADA.

**Line E2:** Enter the number of case files closed where the primary outcome was that the individual completed/submitted his application for VR services.

**Line E3:** Enter the number of case files closed where the primary outcome was that the eligibility determination process was expedited for the individual.

**Line E4:** Enter the number of case files closed where the primary outcome was that the individual was allowed to participate in the evaluation process.

**Line E5:** Enter the number of case files closed where the primary outcome was the development or implementation of the IPE for the individual. This would include resolution or implementation of services identified under an IPE or the individual's

employment goal.

**Line E6:** Enter the number of case files closed where the primary outcome was that communication was re-established between the individual and the other party. The other party could be, among others, a VR agency, other community rehabilitation program, or an employer (for an issue under Title I of the ADA). This item could include those times when the re-establishment of communication enabled the individual to exercise his/her right to make informed choices.

**Line E7:** Enter the number of case files closed where the primary outcome was that the individual was assigned to a new counselor, office, or program at the individual's request. This outcome would be most appropriate for a case when the transfer itself basically resolved most of the individual's issues/problems.

**Line E8:** Enter the number of case files closed where the primary outcome was that CAP identified alternative resources for the individual in order to resolve some or all of the issues raised.

**Line E9:** Enter the number of case files closed where the primary outcome was that the individual filed an ADA/504/EEO/OCR complaint.

**Line E10:** Enter the number of case files closed where the primary outcome was something other than listed above. RSA has attempted to list all of the possible outcomes CAP could cite as having achieved. However, we realize there may be others not encompassed in this listing. This response should be reserved for rare instances. Be sure to provide an explanation of the outcomes achieved if you use this response.

## **5. PART III. Program Data**

The following items are based on statistical information about the "individuals served" (defined earlier in this report). Each individual may be counted only once during a fiscal year. Estimated counts are not acceptable for these items. All CAPs should maintain records to answer these items accurately.

### **A. Age:**

Enter the number of individuals served in each of the age categories listed. Record the individual's age as of the beginning of the fiscal year. No individual can be counted more than once. The total recorded on Part III, Line A6 must equal the total recorded on Part II, Line A3.

### **B. Sex:**

Enter the number of individuals served according to their sex. Do not count an individual more than once. The total recorded on Part III, Line B4 must equal the total recorded on Part II, Line A3.

### **C. Race and Ethnicity of Individuals Served:**

Enter the number of individuals served according to their stated racial or ethnic origin.

All Hispanic self identifiers are reported as “Hispanic” whether the individual chooses or does not choose a race. Non-Hispanics are identified as their single race or as “two or more races.” If they do not identify themselves as “Hispanic” and do not identify a race, the non-identifier is recorded as “race/ethnicity unknown.” Only individuals who are non-Hispanic/Latino should enter a race in lines C2 through C9.

**Line C1:** Enter the number of individuals served who consider themselves to be Latino or Hispanic, regardless of the individual’s race.

**Line C2:** Enter the number of individuals served who consider themselves to be an American Indian or Alaskan Native.

**Line C3:** Enter the number of individuals served who consider themselves to be Asian. These individuals have origins in the Far East, Southeast Asia, or the Indian subcontinent.

**Line C4:** Enter the number of individuals served who consider themselves to be Black or African American. These individuals may be African-American, African, Jamaican, etc.

**Line C5:** Enter the number of individuals served who consider themselves to be a Native Hawaiian or other Pacific Islander.

**Line C6:** Enter the number of individuals served who consider themselves to be White or Caucasian.

**Line C7:** Enter the number of individuals served who consider themselves to be Middle Eastern or North African. These individuals include, but are not limited to, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Israeli, Algerian, Iraqi, Kurdish, Tunisian, Chaldean, Assyrian, etc.

**Line C8:** Enter the number of individuals served who consider themselves to be of two or more races.

**Line C9:** Enter the number of individuals served whose race or ethnicity is unknown. This line should rarely be used.

**D. Primary Disabling Condition of Individuals served:**

**Guidelines:** Report information about the primary disability of the individuals served by the agency under CAP. The primary disability, for purposes of this report, is the individual's disability that is directly related to the issues or complaints raised by the primary complaint of the individual served. *Do not* count an individual more than once during a fiscal year.

**Example 1:** An individual is deaf and also has an orthopedic impairment that requires the use of a wheelchair. The individual came to the agency because the local VR is

inaccessible for wheelchair-users. The agency should report this individual under orthopedic impairment (D.25) because the issue raised focuses on building accessibility problems. The fact that the individual also is deaf (D.11) is not relevant to this particular complaint.

**Example 2:** If an individual with the same disabilities described above came to the agency complaining that the county hospital refused to provide an interpreter to explain the diagnostic testing she was to undergo, the agency should report this individual under deafness (D.11) because the issue dealt with interpreter services. The fact that the individual also has an orthopedic impairment is not relevant to this particular complaint.

**D.1:** Enter the number of individuals served who was diagnosed with an acquired brain injury.

**D.2:** Enter the number of individuals served who have Attention Deficit Disorder with or without hyperactivity.

**D.3:** Enter the number of individuals served who are infected with the human immunodeficiency virus (HIV), regardless of whether the individual is symptomatic or asymptomatic.

**D.4:** Enter the number of individuals served who are lacking an extremity or multiple extremities.

**D.5:** Enter the number of individuals served who are afflicted with arthritis or rheumatism.

**D.6:** Enter the number of individuals served who have been diagnosed with a specified or nonspecific anxiety disorder.

**D.7:** Enter the number of individuals served who have autism or autism spectrum disorder.

**D.8:** Enter the number of individuals served who are afflicted with an autoimmune disorder or immune deficiency (e.g. Crohn's Disease).

**D.9:** Enter the numbers of individuals served who, with best correction (i.e., with eyeglasses), are legally blind in both eyes.

**D.10:** Enter the number of individuals served with visual impairments other than blindness in both eyes (E6).

**D.11:** Enter the number of individuals served who have cancer.

**D.12:** Enter the number of individuals served who have cerebral palsy.

**D.13:** Enter the number of individuals served who are deaf.

**D.14:** Enter the number of individuals served who are hard-of-hearing or hearing impaired but are not deaf (E.10).

**D.15:** Enter the number of individuals served who are deaf-blind. These individuals meet the criteria for both deafness (E.10) and blindness (E.6).

**D.16:** Enter the number of individuals served who have diabetes.

**D.17:** Enter the number of individuals served who have digestive disorders (e.g. Irritable Bowel Syndrome).

**D.18:** Enter the number of individuals served who have epilepsy.

**D.19:** Enter the number of individuals served who have a cardiac or other circulatory system impairment or condition.

**D.20:** Enter the number of individuals served who have an intellectual disability.

**D.21:** Enter the number of individuals served who have a mental illness that is not specifically covered by another category.

**D.22:** Enter the number of individuals served who have multiple sclerosis.

**D.23:** Enter the number of individuals served who have muscular dystrophy.

**D.24:** Enter the number of individuals served with any form of muscular or skeletal impairment not specifically covered by another category.

**D.25:** Enter the number of individuals served with any form of neurological disorder or impairment not specifically covered by another category. This total should include individuals affected by strokes and Acquired Brain Injury (ABI).

**D.26:** Enter the number of individuals served who have an orthopedic impairment. These individuals may be paralyzed, or may have some other functional impairment involving the limbs, digits, trunk, back or spine.

**D.27:** Enter the number of individuals served who have a diagnosed personality disorder.

**D.28:** Enter the number of individuals served who have a respiratory system disorder or impairment.

**D.29:** Enter the number of individuals served who have a skin condition.

**D.30:** Enter the number of individuals served with a specific learning disability (not

including mental retardation (E.19)).

**D.31:** Enter the number of individuals served with speech impairments, such as cleft palate and harelip with speech imperfections, laryngectomies, stuttering, etc.

**D.32:** Enter the number of individuals served with spina bifida.

**D.33:** Enter the number of individuals served who have substance abuse conditions (i.e., current or former alcohol and/or drug addictions).

**D.34:** Enter the number of individuals served who have other impairments or disabling diseases or conditions that are not covered by the above categories.

**D.35:** Total (Line D.1 through Line D34; must equal total from Part II, Line A3)

## **E. Types of Individuals Served**

**Guidelines:** Enter the number of individuals served according to their relationships with the various programs or projects providing them with services under the Rehabilitation Act. For purposes of CAP, "services under the Rehabilitation Act" does not include activities carried out under the Protection and Advocacy of Individual Rights (PAIR) program. An individual may be counted more than once during a fiscal year.

**Line E.1:** Enter the number of individuals served who have applied for or who have attempted to apply for services from the State VR agency and one of the following situations has occurred:

- a) the application was not processed;
- b) no final determination of eligibility has been made; or
- c) the individual has been determined ineligible to receive services.

**Line E.2:** Enter the number of individuals served by CAP who have been determined eligible for VR services, but have been placed on a waiting list under the VR agency's order of selection.

**Line E.3:** Enter the number of individuals served by CAP who have been determined eligible for VR services, but currently are not on a waiting list due to the implementation of an order of selection. Include here individuals whose IPEs have been developed or implemented. In addition, be sure to include here individuals with severe disabilities who have identified a vocational goal of supported employment and are receiving services under Title I and/or VI of the Rehabilitation Act.

**Line E.4:** Enter the number of individuals served by CAP who have either applied for, or are receiving, Independent Living services under Title VII of the Rehabilitation Act.

**Line E.5:** Enter the number of individuals served by CAP who are currently enrolled in secondary school, or participating in equivalent educational programs (e.g., students of home school programs).

**Line E.6:** Enter the number of individuals served by CAP who have either applied for, or are receiving, services from other programs funded under the Rehabilitation Act (e.g., community rehabilitation programs, American Indian VR Service projects and Interpreter Services).

## **6. PART IV. Systemic Activities and Litigation**

### **A. Non-litigation Systemic Activities:**

**Line 1:** Provide the number of non-litigation systemic activities that resulted in the change of one or more policy or practice of an agency. This activity must be completed in the current fiscal year, but may have been initiated in a prior fiscal year.

**Line 2:** Describe each non-litigation systemic activity completed during the fiscal year. Include information describing (a) the activity undertaken, (b) the policy or practice that changed as a result of your agency's non-litigation systemic activity, and (c) the manner in which this change benefited individuals with disabilities.

### **B. Systemic Litigation Activities:**

**Line 1:** Provide the total number of CAP cases requiring litigation with the potential for systemic change during the fiscal year.

**Line 1.a:** Provide the number of cases that required litigation filed during the current fiscal year.

**Line 1.b:** Provide the number of cases requiring litigation that were pending at start of fiscal year (carryover from prior year).

**Line 1.c:** Provide the number of cases closed during reporting fiscal year requiring litigation.

**Line 2:** Describe the agency's on-going and completed systemic non-class action litigation activities requiring individual representation. Using a case example that demonstrates the potential impact of the agency's non-class action activities, explain (a) the issue that prompted the litigation, (b) how individuals with disabilities were being negatively affected, and (c) the potential benefit to individuals with disabilities. If possible, (d) estimate the number of individuals potentially affected by changes resulting from the litigation and (e) the method used to determine this estimate.

## **7. PART V. Agency Information**

### **A. Designated Agency:**



**Line 1:** Identify the type of agency designated as the CAP. Choose only one option.

**Line 2:** Identify the name of the designated agency for CAP.

**Line 3:** Identify whether the designated agency for CAP is contracting the operation of CAP services (yes or no).

**Line 4:** If “yes” was selected in Line A.3, identify the agency operating the CAP. If no, enter “N/A” in field.

**B. Number of person-years:**

Identify the number of person-years staffing CAP this reporting fiscal year. "Person-years" refer to the actual time that positions (both professional and clerical) were filled during the period covered by this annual report. If a position was filled throughout the year, it counts as one person-year. Positions filled for any fraction of the fiscal year should be expressed in "full-time equivalents." Person-years should be reported for all CAP personnel whose salaries are paid totally or partially by Section 112 funds. Be sure to include an explanation of the number of full-time, part-time, and vacant positions. Enter the full-time equivalent for all part-time positions.

**8. PART VI. Case Examples**

**A. Interesting cases:**

Describe a few of the more interesting or unique cases that CAP worked on during the fiscal year. Summarize the facts of the case and the activities that CAP undertook or is undertaking to resolve the issues raised by the individual served. Explain whether the case raised systemic or policy-making issues and CAP's plan to address those issues.

**9. PART VII. End of Form:**

**Transmittal:** The RSA-227 reports should be sent within 90 days of the end of the fiscal year covered.

**A. Electronic reporting:**

Agencies should submit the RSA-227 report through RSA's website: [rsa.ed.gov](http://rsa.ed.gov). A user name and password and information on entering the report through RSA's website can be obtained by clicking the link "Info for new users" at the URL listed above.

For alternative methods to submit the RSA-227 report, please contact April Trice at the following e-mail address [April.Trice@ed.gov](mailto:April.Trice@ed.gov) or at 202-245-6074.