

ED(RSA)-7-OB Form
OMB No. 1820-0608
Expiration Date:

UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

REHABILITATION SERVICES ADMINISTRATION

Washington D.C. 20202

FISCAL YEAR _____

ANNUAL REPORT

INDEPENDENT LIVING SERVICES FOR

OLDER INDIVIDUALS WHO ARE BLIND (OIB) Program

GRANTEE

GRANT NO.

**Title VII Chapter 2, of the Rehabilitation Act, as amended by Title IV
of the Workforce Innovation and Opportunity Act (WIOA)
Sections 751(b) and 752(h)(2)(A) of the Rehabilitation Act, as amended
by the Workforce Innovation and Opportunity Act (WIOA)**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a currently valid OMB control number. The valid OMB control number for this collection is 1820-0608. Public reporting burden for this collection of information is estimated to average five hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain a benefit under Section 752(h)(2) of the Rehabilitation Act of 1973, as amended by Title IV of the Workforce Innovation and Opportunity Act (WIOA) and the implementing regulations at 34 C.F.R. § 367.31(c). If you have comments or concerns regarding the status of your individual submission of this form, please contact the program office, Roseann Ashby, U.S. Department of Education, 400 Maryland Ave, S.W., PCP Room 5151, Washington, D.C. 20202-5176.

TABLE OF CONTENTS

PART I: FUNDING SOURCES AND EXPENDITURES IN SUPPORT OF THE OIB PROGRAM	3
PART II: PROGRAM STAFFING.....	5
PART III: DATA ON INDIVIDUALS SERVED.....	6
PART IV: TYPES OF SERVICES PROVIDED AND FUNDS EXPENDED.....	9
PART V: PROGRAM PERFORMANCE MEASURES AND OUTCOME DATA.....	9
PART VI: TRAINING AND TECHNICAL ASSISTANCE NEEDS.....	14
Part VII: NARRATIVE.....	14
PART VIII: SIGNATURE.....	15

PART I: FUNDING SOURCES AND EXPENDITURES IN SUPPORT OF THE OIB PROGRAM

A. Funding Sources and Amounts in Support of the OIB Program for the Reported Federal Fiscal Year (FFY)

1. Title VII-Chapter 2 Federal grant award for reported FFY \$ _____
2. Title VII-Chapter 2 carryover from previous FFY \$ _____
3. Total Title VII-Chapter 2 Funds (A1 + A2) \$ _____
4. Title VII-Chapter 1, Part B Funds \$ _____
5. Other Federal funds available for expenditure in the reported FFY \$ _____
6. Total Federal funds (A3 + A4 + A5) \$ _____
7. State funds (excluding in-kind contributions) \$ _____
8. In-kind contributions \$ _____
9. Other non-Federal funds \$ _____
10. Total non-Federal funds (A7 + A9) \$ _____
11. Total of all funds available for expenditure in the reported FFY (A6 + A7 + A9) \$ _____

B. OIB Program Expenditures in Reported FFY

1. Funds expended for administrative costs in the reported FFY
 - a. Administrative expenditures from (1) Title VII-Chapter 2 Federal grant award funds and (2) non-Federal sources used in meeting the match requirement \$ _____
 - b. Administrative expenditures from all other allowable sources as identified in Part I - A above \$ _____
 - c. Total administrative expenditures (1a + 1b) \$ _____
2. Funds expended for direct services during the reported FFY

- a. Direct service expenditures from (1) Title
VII-Chapter 2 Federal grant award
and (2) funds from non-Federal sources
used in meeting the match requirement \$ _____
- b. Direct service expenditures from all other
allowable sources as identified in Part I - A
above \$ _____
- c. Total direct service expenditures
(2a + 2b) \$ _____
3. Total funds expended for the program during
the reported FFY (B1c + B2c) \$ _____

PART II: PROGRAM STAFFING

A. Full-time Equivalent (FTE) Program Staff

FTE (full time equivalent) is the number of hours per week considered full time for the positions reported below. Please report the number of hours per week that define FTE for:

State Agency Staff _____; Contract/Subgrant Staff _____
(e.g., 40 hours, 35 hours, etc.).

Type of staff	Administrative & Support (a)	Direct Service(b)	Total (c)
1. FTE State agency	(a)	(b)	(c)
2. FTE through contract/subgrant	(a)	(b)	(c)
3. Total FTE (A1 + A2)	(a)	(b)	(c)

B. Employees with Disabilities

Employees with Disabilities (agency and contract/subgrant staff)	Number of Employees
1. Employees with disabilities other than blindness or severe visual impairments	
2. Employees with blindness or severe visual impairments who are age 55 and older	
3. Employees with blindness or severe visual impairments who are under age 55	
4. Total employees with disabilities (B1 + B2 + B3)	

PART III: DATA ON INDIVIDUALS SERVED

Provide data in each of the categories below on the number of individuals for whom one or more services were provided (program participants) during the reported FFY.

A. Individuals Served

1. Number of individuals who began receiving services in the previous FFY and continued to receive services in the reported FFY _____
2. Number of individuals who began receiving services in the reported FFY _____
3. Total individuals served during the reported FFY (A1 + A2) _____

B. Age at Application

1. 55-64 _____
2. 65-74 _____
3. 75-84 _____
4. 85 & over _____
5. Total - B1 + B2 + B3 + B4 _____

C. Sex

1. Female _____
2. Male _____
3. Unknown _____
4. TOTAL - C1 + C2 + C3 _____

D. Race

1. American Indian or Alaska Native _____
2. Asian _____

3. Black or African American _____
4. Native Hawaiian or Other Pacific Islander _____
5. White _____
6. Individual did not self-identify race _____
7. Two or more races _____
8. Total -D1 + D2 + D3 + D4 + D5 + D6 + D7. Do not include the sum of E1. _____

E. Ethnicity

1. Hispanic or Latino _____

F. Degree of Visual Impairment

1. Totally blind (light perception only or no light perception) _____
2. Legally blind (excluding totally blind) _____
3. Severe visual impairment _____
4. Total - F1 + F2 + F3 _____

G. Major Cause of Visual Impairment

1. Macular degeneration _____
2. Diabetic retinopathy _____
3. Glaucoma _____
4. Cataracts _____
5. Other cause of visual impairment _____
6. Total - G1 + G2 + G3 + G4 + G5 _____

H. Other Age-Related Impairments

1. Hearing impairment _____
2. Mobility impairment _____
3. Communication impairment _____

- 4. Cognitive or intellectual impairment _____
- 5. Mental health impairments _____
- 6. Other impairment _____

I. Type of Residence

- 1. Private residence (house or apartment) _____
- 2. Senior independent living facility _____
- 3. Assisted living facility _____
- 4. Nursing home/long-term care facility _____
- 5. Homeless _____
- 6. Total - I1 + I2 + I3 + I4 + I5 _____

J. Source of Referral

- 1. Eye care provider (ophthalmologist, optometrist) _____
- 2. Physician/medical provider _____
- 3. State VR agency _____
- 4. Government/public or private social service agency not listed elsewhere _____
- 5. Veterans Administration _____
- 6. Senior program _____
- 7. Assisted living facility _____
- 8. Nursing home/long-term care facility _____
- 9. Independent living center _____
- 10. Family member or friend _____
- 11. Self-referral _____
- 12. Other sources _____
- 13. Total - J1 through J12 _____

PART IV: TYPES OF SERVICES PROVIDED AND FUNDS EXPENDED

Provide data related to the number of older individuals who are blind receiving each type of service and funds expended for each type of service.

A. Clinical/Functional Vision Assessments and Services

1. Total expenditures from all sources of program funding \$ _____
2. Total unduplicated count of persons served - Vision screening/vision examination/low vision evaluation _____
3. Total unduplicated count of persons served - Surgical or therapeutic treatments to prevent, correct, or modify disabling eye conditions _____

B. Assistive Technology Devices and Services

1. Total expenditures from all sources of program funding \$ _____
2. Total unduplicated count of persons served - Provision of assistive technology devices and/or services _____

C. Independent Living and Adjustment Training Services

1. Total expenditures from all sources of program funding \$ _____
2. Total unduplicated count of persons receiving independent living and adjustment training services _____
3. Number of persons receiving the following services:
 - a. Orientation and mobility training _____
 - b. Communication skills training _____
 - c. Daily living skills training _____
 - d. Advocacy training _____
 - e. Adjustment counseling and/or peer support services (individual or group) _____
 - f. Information and referral services _____

g. Other independent living services _____

D. Supportive Services

1. Total expenditures from all sources of program funding \$ _____

2. Total unduplicated count of persons served - Supportive services (reader services, transportation, personal attendant services, support service providers, interpreters, etc.) _____

E. Community Awareness Activities and Information and Referral

1. Total expenditure from all sources of program funding _____

F. TOTAL DIRECT EXPENDITURES - Sum of A1 + B1 + C1 + D1 + E1, total must agree with the direct service expenditures reported in Part 1, B2c _____

PART V: PROGRAM PERFORMANCE MEASURES AND OUTCOME DATA

Program Measures

Objective: To restore, improve, or maintain the independence of older individuals whose functional capabilities have been lost or diminished as a result of vision loss or blindness.

A. Assistive Technology Devices and Services

Measure A: The percentage of individuals receiving assistive technology devices and services who demonstrated improvement in one or more functional capabilities during the reported FFY consistent with the objectives for receiving such devices and services.

B. Independent Living and Adjustment Training Services

Measure B: The percentage of individuals receiving one or more independent living and adjustment training services who demonstrated improvement in functional capabilities during the reported FFY.

C. Independence in the Home and Community

Measure C1: The percentage of individuals completing a plan of services who reported feeling that they are more confident in their ability to maintain their current living situation.

Measure C2: The percentage of individuals completing a plan of services who reported an increased ability to engage in their customary daily life activities in the home and community.

D. Efficiency Measure (To be calculated by RSA MIS from data reported in PARTS I and III)

Objective: To provide cost effective supports and services to increase the independence of older individuals who are blind so that they may remain in the community and to prevent or delay the need for an increasing level of care, particularly for those individuals who are at risk of entering institutions.

Measure: The average annual cost per individual served through the program during the reported FFY.

Provide the following data for each of the performance measures below. This will assist RSA in reporting results and outcomes related to the program.

PROGRAM PERFORMANCE DATA	Number of Persons	Percent of Persons
A. Assistive Technology Devices and Services		
A1. Enter the unduplicated number of individuals receiving assistive technology devices and services for whom change in functional capabilities was assessed during the reported FFY (Denominator).		
A2. Enter the number of individuals receiving assistive technology devices and services who demonstrated improvement in one or more functional capabilities during the reported FFY (Numerator). Note: An individual who maintained but did not improve their capabilities may be reported here if the individual's goal was to prevent further decline in their capabilities.		
A3. The percentage of individuals receiving assistive technology devices and services who demonstrated improvement in one or more functional capabilities during the reported FFY consistent with the objectives for receiving such devices and services (A2 divided by A1). The percentage is calculated by RSA MIS.	N/A	computed
B. Independent Living and Adjustment Training Services		
B1. Enter the unduplicated number of individuals receiving independent living and adjustment training services for whom change in functional capabilities was assessed during the reported FFY (Denominator).		
B2. Enter the unduplicated number of individuals receiving independent living and adjustment training services who demonstrated improvement in one or more functional capabilities (Numerator). Note: An individual who maintained but did not improve their capabilities may be reported here if the individual's goal was to prevent further decline in their capabilities.		

PROGRAM PERFORMANCE DATA	Number of Persons	Percent of Persons
B3. The percentage of individuals receiving one or more independent living and adjustment training services who demonstrated improvement in functional capabilities during the reported FFY (B2 divided by B1). The percentage is calculated by RSA MIS.	N/A	computed
C. Independence in the Home and Community		
C1. Enter the total number of individuals completing a plan of services during the reported FFY (Denominator).		
C2. Enter the number of individuals completing a plan of services during the reported FFY that reported an increased ability to engage in their customary daily life activities in the home and community (Numerator). Note: An individual who maintained but did not improve their ability to engage in customary daily life activities may be reported here if the individual's goal was to prevent further decline in their capabilities.		
C3. The percentage of individuals completing a plan of services who reported an increased ability to engage in their customary daily life activities in the home and community (C2 divided by C1). The percentage is calculated by RSA MIS.	N/A	computed
C4. Enter the number of individuals completing a plan of services who reported feeling that they are more confident in their ability to maintain their current living situation as a result of services they received (Numerator).		
C5. The percentage of individuals completing a plan of services who reported feeling that they are more confident in their ability to maintain their current living situation (C4 divided by C1). The percentage is calculated by RSA MIS.	N/A	computed
D. Efficiency Measure (To be calculated by RSA from data reported in PARTS I and III)		
D1. Total funds expended for direct program services during the reported FFY (as reported in PART I B2).	computed	
D2. Number of individuals receiving services during the reported FFY (as reported in PART III A3).	computed	
D3. The average annual cost per individual served through the program during the reported FFY.	N/A	computed

PART VI: TRAINING AND TECHNICAL ASSISTANCE NEEDS

Enter a brief description of your training and technical assistance needs, based on challenges you have experienced in implementing the program, and how such training and technical assistance might assist in the implementation and improvement of the performance of the OIB program in your State.

Part VII: NARRATIVE

- A. Briefly describe the agency's method of implementation for the OIB program (i.e., service delivery provided in-house, through sub-grantees/contractors, or a combination) incorporating outreach efforts to reach underserved and/or unserved populations. Include any updates from the prior year's report. List all sub-grantees/contractors.
- B. Briefly summarize results from your recent evaluations or satisfaction surveys conducted for your program.
- C. Briefly describe the impact of the OIB program, citing examples from individual cases (without identifying information) in which services contributed significantly to increasing independence and quality of life for the individual(s).
- D. Briefly describe the community awareness/outreach efforts and information and referral activities conducted with Title VII-Chapter 2 funds and other funds and the outcome of those activities.
- E. Briefly describe capacity-building activities, including collaboration with other agencies and organizations (other than with sub-grantees) and the outcome of these activities on expanding or improving the program.

PART VIII: SIGNATURE

Sign and print the name, title and telephone number of the IL-OIB Program Director below.

I certify that the data herein reported are statistically accurate to the best of my knowledge.

Name (Printed)

Title

Telephone Number

Email

Date

Name (Signature)

Note: The report must be signed by a certifying official (the Program Director or a designated official) who is authorized to legally bind the non-Federal entity. By signing the report electronically, the grantee's certifying official certifies the following statement: "By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise." (2 C.F.R. § 200.415 and U.S. Code, Title 18, Section 1001).