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**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)**

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

1. **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

1. Administrative expenditures from (1) Title

VII-Chapter 2 Federal grant award funds

and (2) non-Federal sources used in meeting

the match requirement $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Administrative expenditures from all other

allowable sources as identified in Part I - A

above $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Total administrative expenditures (1a + 1b) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Funds expended for direct services

during the reported FFY

1. 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 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Direct service expenditures from all other

allowable sources as identified in Part I - A

above $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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. ~~Gender~~Sex**

1. ~~Individual self-identifies as f~~Female \_\_\_\_\_\_\_\_\_\_\_\_\_

2. ~~Individual self-identifies as m~~Male \_\_\_\_\_\_\_\_\_\_\_\_\_

3. Unknown~~Individuals who did not self-identify gender~~ \_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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:

1. Orientation and mobility training \_\_\_\_\_\_\_\_\_\_
2. Communication skills training \_\_\_\_\_\_\_\_\_\_
3. Daily living skills training \_\_\_\_\_\_\_\_\_\_
4. Advocacy training \_\_\_\_\_\_\_\_\_\_
5. Adjustment counseling and/or peer support

services (individual or group) \_\_\_\_\_\_\_\_\_\_

1. Information and referral services \_\_\_\_\_\_\_\_\_\_
2. 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 receivingassistive 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 unduplicatednumber 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 receivingassistive 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. |  |  | |
| 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).