

UNITED STATES DEPARTMENT OF
EDUCATION OFFICE OF SPECIAL EDUCATION
AND REHABILITATIVE SERVICES
REHABILITATION SERVICES ADMINISTRATION
WASHINGTON, DC 20202-2800

POLICY DIRECTIVE
RSA-PD-16-01
DATE: November 30, 2015

ADDRESSEES: STATE VOCATIONAL REHABILITATION AGENCIES
STATE REHABILITATION COUNCILS AND
INDEPENDENT COMMISSIONS

SUBJECT: Announcement of OMB Approval for Form RSA-7-OB, Independent
Living Services for Older Individuals who are Blind Program
(ILOIB) Annual Report

POLICY

STATEMENT: The Office of Management and Budget (OMB) has approved an
extension with changes of Form RSA-7-OB, Independent Living Services
for Older Individual Who Are Blind (ILOIB), as an annual data collection
instrument, through August 31, 2017. The OMB number is 1820-0608.

RSA uses this form to meet the specific data collection requirements of
Chapter 2 of Title VII of the Rehabilitation Act, as amended by the
Workforce Innovation and Opportunity Act (WIOA) and implementing
regulations at 34 CFR Part 367. Each designated State agency (DSA) that
administers the ILOIB program is required to submit the RSA-7-OB report
annually to the RSA Commissioner on or before December 30.

The ILOIB program provides independent living services to persons age
55 or older that are blind or visually impaired. On July 22, 2014, Public
Law 113- 128, the Workforce Innovation and Opportunity Act (WIOA)
was enacted and included a new requirement contained in Section 751A
that the RSA Commissioner conduct a survey of designated State
agencies that receive grants under section 752 regarding training and
technical assistance needs in order to determine funding priorities for
such training and technical assistance. As a result, Form RSA-7-OB
includes a new section (Section VII Training and Technical Assistance)
to capture the training and technical assistance needs of grantees to assist
with the implementation and improvement of the performance of their
ILOIB programs.

Examples of such needs might include, but are not limited to, financial management, reporting requirements on the RSA-7-OB, program management, data analysis and program performance, law and applicable regulations, provision of services and service delivery, promising practices, resources and information, and outreach. The form and instructions for the RSA-7-OB have been modified to reflect this change.

States should submit the FY 2015 RSA-7-OB report no later than December 30, 2015. The online submission process is described in greater detail below.

Procedures for Submitting RSA-7-OB Report

The RSA website is open and available to receive FY 2015 RSA-7-OB Report submissions. To begin the submission process, the individual responsible for entering RSA-7-OB information is required to have a user ID to access the RSA website. If you have a user ID to <https://rsa.ed.gov>, log in and then click on the words “Continue to Data Entry.” Your RSA-7-OB should appear on your Reports To Do list. If it does not, look for the words “Report Not Listed?” and click on the words “Click here to try to add forms to your account (or to remove forms)” and follow the prompts. If you need assistance, contact Technical Support via the link within the Help menu or at the email address below. If you do not have a user ID, go to <https://rsa.ed.gov>, and click on the dropdown menu titled Help, and then select Info for New Users. If you have forgotten your user ID or password, go to <https://rsa.ed.gov>, and click on Log On. Refer to the link under “New User?” entitled Click Here If you Have Any Problems Logging In. Send an email to RSAMIS.Technical.Support@ed.gov if you require further assistance.

INQUIRIES: For questions regarding the content of the RSA-7-OB Report submissions, please contact Suzanne Mitchell at Suzanne.mitchell@ed.gov. For technical questions about the RSA MIS, please contact the technical support team at RSAMIS.Technical.Support@ed.gov.

Janet L. LaBreck
Commissioner

ATTACHMENT: ED (RSA)-7-OB Form ED (RSA)-7-OB Form Instructions cc:
National Council of State Agencies for the Blind

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

GRANTEE _____

GRANT NO. _____

**Title VII Chapter 2, of the Rehabilitation Act, as amended by the Workforce Innovation and Opportunity Act (WIOA)
Section 751A(b); 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 valid OMB control number. The OMB control number for this collection is 1820-0608. Public reporting burden for this collection of information is estimated to average 360 minutes/6 hours per response, including 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 benefit Sec. 752(h)(2)(A) of the Rehabilitation Act of 1973, as amended by the Workforce Innovation and Opportunity Act (WIOA); Sec. 410, Pub. L. 105-220, Workforce Investment Act of 1998. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1820-0608. Note: Please do not return the completed ED RSA 7-OB application to this address. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Suzanne Mitchell, U.S. Department of Education, 400 Maryland Ave, S.W., PCP Room 5163, Washington, D.C. 20202-2800.**

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PART I: FUNDING SOURCES FOR EXPENDITURES AND ENCUMBRANCES

Title VII-Chapter 2 federal grant award for reported fiscal year \$ _____
Other federal grant award for reported fiscal year \$ _____
Title VII-Chapter 2 carryover from previous year \$ _____
Other federal grant carryover from previous year \$ _____

A. Funding Sources for Expenditures and encumbrances in Reported FY

1. Title VII-Chapter 2 \$ _____
2. Total other federal (a)+(b)+(c)+(d)+(e) \$ _____
 a) Title VII-Chapter 1-Part B \$ _____
 b) SSA reimbursement \$ _____
 c) Title XX – Social Security Act \$ _____
 d) Older Americans Act \$ _____
 e) Other \$ _____
3. State (excluding in-kind) \$ _____
4. Third party \$ _____
5. In-kind \$ _____
6. TOTAL MATCHING FUNDS (A3+A4+A5) \$ _____
7. TOTAL ALL FUNDS EXPENDED (A1+A2+A6) \$ _____

B. Total expenditures and encumbrances allocated to administrative, Support staff, and general overhead costs \$ _____

C. Total expenditures and encumbrances for direct program services (Line A7 minus Line B) \$ _____

PART II: STAFFING

A. Full-time Equivalent (FTE) Program Staff

FTE (full time equivalent) is based upon a 40-hour workweek or 2080 hours per year.

Type of staff	Administrative & Support	Direct Service	TOTAL
1. FTE State Agency	a.	b.	c.
2. FTE Contractors	a.	b.	c.
3. TOTAL FTE (A1 + A2)	a.	b.	c.

B. Employed or advanced in employment

Type of staff	No. employed	FTE
1. Employees with Disabilities (including blind and visually impaired not 55 or older)	a.	b.
2. Employees with Blindness Age 55 and Older	a.	b.
3. Employees who are Racial/Ethnic Minorities	a.	b.
4. Employees who are Women	a.	b.
5. Employees Age 55 and Older (not blind and visually impaired)	a.	b.

C. Volunteers

FTE program volunteers (no. of volunteer hours ÷ 2080)

PART III: DATA ON INDIVIDUALS SERVED

Provide data in each of the categories below related to the number of individuals for whom one or more services were provided during the reported fiscal year.

A. Individuals Served

- 1. Number of individuals who began receiving services in the previous FY and continued to receive services in the reported FY _____
- 2. Number of individuals who began receiving services in the reported FY _____
- 3. TOTAL individuals served during the reported fiscal year (A1+A2) _____

B. Age

- 1. 55-59 _____
- 2. 60-64 _____
- 3. 65-69 _____
- 4. 70-74 _____
- 5. 75-79 _____
- 6. 80-84 _____
- 7. 85-89 _____
- 8. 90-94 _____
- 9. 95-99 _____
- 10. 100 & over _____
- 11. TOTAL (Add B1 through B10, must agree with A3) _____

C. Gender

- 1. Female _____
- 2. Male _____
- 3. TOTAL (Add C1 + C2, must agree with A3) _____

D. Race/Ethnicity

- 1. Hispanic/Latino of any race or Hispanic/Latino only _____
- 2. American Indian or Alaska Native, not Hispanic/Latino _____
- 3. Asian, not Hispanic/Latino _____
- 4. Black or African American, not Hispanic/Latino _____
- 5. Native Hawaiian or Other Pacific Islander, not Hispanic/Latino _____
- 6. White, not Hispanic/Latino _____
- 7. Two or more races, not Hispanic/Latino _____
- 8. Race and ethnicity unknown, not Hispanic/Latino
(only if consumer refuses to identify) _____
- 9. TOTAL (Add D1 through D8, must agree with A3) _____

E. Degree of Visual Impairment

- 1. Total Blind (LP only or NLP) _____
- 2. Legally Blind (excluding totally blind) _____
- 3. Severe Visual Impairment _____
- 4. TOTAL (Add E1 through E3, must agree with A3) _____

F. Major Cause of Visual Impairment

- 1. Macular Degeneration _____
- 2. Diabetic Retinopathy _____
- 3. Glaucoma _____
- 4. Cataracts _____
- 5. Other _____
- 6. TOTAL (Add F1 through F5, must agree with A3) _____

G. Other Age-Related Impairments

- 1. Hearing Impairment _____
- 2. Diabetes _____
- 3. Cardiovascular Disease and Strokes _____
- 4. Cancer _____
- 5. Bone, Muscle, Skin, Joint, and Movement Disorders _____
- 6. Alzheimer's Disease/Cognitive Impairment _____
- 7. Depression/Mood Disorder _____
- 8. Other Major Geriatric Concerns _____

H. Type of Residence

- 1. Private residence (house or apartment) _____
- 2. Senior Living/Retirement Community _____
- 3. Assisted Living Facility _____
- 4. Nursing Home/Long-term Care Facility _____
- 5. Homeless _____
- 6. TOTAL (Add H1 through H5, must agree with A3) _____

I. Source of Referral

- 1. Eye care provider (ophthalmologist, optometrist) _____
- 2. Physician/medical provider _____
- 3. State VR agency _____
- 4. Government or Social Service Agency _____
- 5. Veterans Administration _____
- 6. Senior Program _____
- 7. Assisted Living Facility _____
- 8. Nursing Home/Long-term Care Facility _____
- 9. Faith-based organization _____
- 10. Independent Living Center _____
- 11. Family member or friend _____
- 12. Self-referral _____
- 13. Other _____
- 14. TOTAL (Add I1 through I13, must agree with A3) _____

PART IV: TYPES OF SERVICES PROVIDED AND RESOURCES ALLOCATED

Provide data related to the number of older individuals who are blind receiving each type of service and resources committed to each type of service.

A. Clinical/functional vision assessments and services

- 1a. Total Cost from VII-2 funds \$ _____
- 1b. Total Cost from Other funds \$ _____
- 2. Persons Served – Vision screening/vision examination/low vision Evaluation _____
- 3. Persons Served – Surgical or therapeutic treatment to prevent, correct, or modify disabling eye conditions _____

B. Assistive technology devices, aids, services, and training

- 1a. Total Cost from VII-2 funds \$ _____
- 1b. Total Cost from Other funds \$ _____
- 2. Persons served – Provision of assistive technology devices and Aids _____
- 3. Persons served – Provision of assistive technology services and Training _____

C. Independent Living and Adjustment Training and Services

- 1a. Total Cost from VII-2 funds \$ _____
- 1b. Total Cost from Other funds \$ _____
- 2. Persons Served – Orientation and Mobility training _____
- 3. Persons Served – Communication skills _____
- 4. Persons Served – Daily living skills _____
- 5. Persons Served – Supportive services (reader services, transportation, personal attendant services, support service providers, interpreters, etc.) _____
- 6. Persons Served – Advocacy training and support networks _____
- 7. Persons Served – Counseling (peer, individual, and group) _____
- 8. Persons Served – Information, referral, and community integration _____
- 9. Persons Served – Other IL services _____

D. Community Awareness Activities/Information and Referral

- 1a. Total Cost from VII-2 funds \$ _____
- 1b. Total Cost from Other funds \$ _____
- 2. Persons Served: Information and Referral (optional) _____
- 3a. Number of Events/Activities: Community Awareness _____
- 3b. Persons Served: Community Awareness _____

PART V: COMPARISON OF PRIOR YEAR ACTIVITIES TO CURRENT REPORTED YEAR

	Prior FY	Reported FY	Change (+ / -)
A1. Program Cost (all sources)	a.	b.	c.
A2. Number of Individuals Served	a.	b.	c.
A3. Number of Minority Individuals Served	a.	b.	c.
A4. Number of Community Awareness Activities	a.	b.	c.
A5. Number of Collaborating agencies and Organizations (other than sub-grantees)	a.	b.	c.
A6. Number of Sub-grantees	a.	b.	c.

PART VI: PROGRAM OUTCOMES/PERFORMANCE MEASURES

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 OUTCOMES/PERFORMANCE MEASURES	Number of Persons	Percent of Persons
A1. Number of individuals receiving AT (assistive technology) services and training (must be same as Part IV B3).	computed	computed
A2. Number of individuals receiving AT (assistive technology) services and training who maintained or improved functional abilities that were previously lost or diminished as a result of vision loss (closed/inactive cases only).		computed
A3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.		computed
B1. Number of individuals who received orientation and mobility (O & M) services (must be same as Part IV C2).	computed	computed
B2. Of those receiving orientation and mobility (O & M) services, the number of individuals who experienced functional gains or maintained their ability to travel safely and independently in their residence and/or community environment as a result of services (closed/inactive cases only).		computed
B3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.		computed
C1. Number of individuals who received communication skills training (must be same as Part IV C3).	computed	computed
C2. Of those receiving communication skills training, the number of individuals who gained or maintained their functional abilities as a result of services they received (closed/inactive cases only).		computed
C3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.		computed
D1. Number of individuals who received daily living skills training (must be same as Part IV C4).	computed	computed
D1a. Number of individuals that experienced functional gains or successfully restored or maintained their functional ability to engage in their customary daily life activities as a result of services or training in personal management and daily living skills (closed/inactive cases only).		computed
D1b. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.		computed
E1. Number of individuals served who reported feeling that they are in greater control and are more confident in their ability to maintain their current living situation as a result of services they received (closed/inactive cases only).	computed	computed
E2. Number of individuals served who reported feeling that they have less control and confidence in their ability to maintain their current living situation as a result of services they received (closed/inactive cases only).		computed

PROGRAM OUTCOMES/PERFORMANCE MEASURES	Number of Persons	Percent of Persons
E3. Number of individuals served who reported no change in their feelings of control and confidence in their ability to maintain their current living situation as a result of services they received (closed/inactive cases only).		computed
E4. Number of individuals served who experienced changes in lifestyle for reasons unrelated to vision loss (closed/inactive cases only).		computed
E5. Number of individuals served who died before achieving functional gain or experiencing changes in lifestyle as a result of services they received (closed/inactive cases only).		computed

PART VII: TRAINING AND TECHNICAL ASSISTANCE NEEDS

Please enter a brief description of training and technical assistance needs that you may have to assist in the implementation and improvement of the performance of your Title VII-Chapter 2 program in your state.

PART VIII: NARRATIVE

- A. Briefly describe the agency's method of implementation for the Title VII-Chapter 2 program (i.e. in-house, through sub-grantees/contractors, or a combination) incorporating outreach efforts to reach underserved and/or unserved populations. Please list all sub-grantees/contractors.

- B. Briefly describe any activities designed to expand or improve services including collaborative activities or community awareness; and efforts to incorporate new methods and approaches developed by the program into the State Plan for Independent Living (SPIL) under Section 704.

- C. Briefly summarize results from any of the most recent evaluations or satisfaction surveys conducted for your program and attach a copy of applicable reports.

- D. Briefly describe the impact of the Title VII-Chapter 2 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).

- E. Finally, note any problematic areas or concerns related to implementing the Title VII-Chapter 2 program in your state.

PART IX: Certification:

Please complete the certification information indicating the name and title of the agency designated official and the date signed.

Name (Printed)

Title

Telephone Number

Date

Name (Signature)

INSTRUCTIONS

Introduction

The revised ED RSA-7-OB form incorporates revisions to the four established performance measures for the Independent Living Services for Older Individuals who are Blind (IL-OIB) program. Added in 2007, these measures aim to better reflect the program's impact on individual consumers and the community.

Added to capture information that may be required to meet GPRA guidelines, the performance measures can be found under Part VI: Program Outcomes/Performance Measures as follows:

Measure 1.1

Of individuals who received AT (assistive technology) services and training, the percentage who regained or improved functional abilities previously lost as a result of vision loss.

Measure 1.2

Of individuals who received orientation and mobility (O & M) services, the percentage who experienced functional gains or maintained their ability to travel safely and independently in their home and/or community environment.

Measure 1.3

Of individuals who received services or training in alternative non-visual or low vision techniques, the percentage that experienced functional gains or were able to successfully restore and maintain their functional ability to engage in their customary life activities within their home environment and community.

Measure 1.4

Of the total individuals served, the percentage that reported that they are in greater control and are more confident in their ability to maintain their current living situation as a result of services.

Revisions to these established program performance measures consists of the following additional five items:

E1. Enter the Number of individuals served who reported feeling that they are in greater control and are more confident in their ability to maintain their current living situation as a result of services they received (closed/inactive cases only).

E2. Enter the number of individuals served who reported feeling that they have less control and confidence in their ability to maintain their current living situation as a result of services they received (closed/inactive cases only).

E3. Enter the number of individuals served who reported no change in their feelings of control and confidence in their ability to maintain their current living situation as a result of services they received (closed/inactive cases only).

E4. Enter the number of individuals served who experienced changes in lifestyle for reasons unrelated to vision loss (closed/inactive cases only).

E5. Enter the number of individuals served who died before achieving functional gain or experiencing changes in lifestyle as a result of services they received (closed/inactive cases only).

Submittal Instructions

OIB grantees are expected to complete and submit the 7-OB Report online through RSA's website (<https://rsa.ed.gov>), unless RSA is notified of pertinent circumstances that may impede the online submission.

To register with RSA's MIS, please go to <https://rsa.ed.gov> and click on Info for new users. The link provides instructions for obtaining an agency-specific username and password. Further instructions for completing and submitting the 7-OB Report online will be provided upon completion of the registration process.

OIB grantees submitting the 7-OB Report online are not required to mail signed copies of the 7-OB Report to RSA, but they must certify in the MIS that the signed and dated 7-OB Report and lobbying certification forms are retained on file.

The Report submittal deadline is no later than December 30 of the reporting year.

Part I: Funding Sources for Expenditures and Encumbrances — Instructions

Please note: Total expenditures and encumbrances for direct program services in Part I (C) must equal the total funds spent on service in Part IV. Part I C must equal the sum of Part IV A1+B1+C1+D1.

- TITLE VII-CHAPTER 2 FEDERAL GRANT AWARD FOR REPORTED FISCAL YEAR - Enter the total amount of your Title VII-Chapter 2 Grant Award for the reported Federal Fiscal Year (FY).
- OTHER FEDERAL GRANT AWARD FOR REPORTED FISCAL YEAR - Enter the total amount of any other federal grant award you received for the reported fiscal year
- TITLE VII-CHAPTER 2 CARRYOVER FROM PREVIOUS YEAR - Enter any chapter 2 grant carryover amount from the previous FY that was expended or encumbered in the reported FY.
- OTHER FEDERAL GRANT CARRYOVER FROM PREVIOUS YEAR - Enter any other

federal grant carryover amount from the previous FY that was expended or encumbered in the reported FY from previous year

A. Funding Sources for Expenditures and encumbrances in reported FY

1. Enter the total amount of Title VII-Chapter 2 funds expended or encumbered during the reported FY. Include expenditures or encumbrances made from both carryover funds from the previous FY and from the reported FY grant funds.
2. Enter the total of any other federal funds expended or encumbered in the Title VII-Chapter 2 program during the reported FY. Designate the funding sources and amounts in (a) through (e).
3. Enter the total amount of state funds expended or encumbered in the Title VII - Chapter 2 program. Do not include in-kind contributions (e.g., documented value of services, materials, equipment, buildings or office space, or land).
4. Enter the total amount of third party contributions including local and community funding, non-profit or for-profit agency funding, etc. Do not include in-kind contributions (e.g., documented value of services, materials, equipment, buildings or office space, or land).
5. Enter the total amount of in-kind contributions from non-federal sources. Include value of property or services that benefit the Title VII-Chapter 2 program (e.g. the fairly evaluated documented value of services, materials, equipment, buildings or office space or land).
6. Enter the total matching funds (A3 + A4 + A5). Reminder: The required non-federal match for the Title VII-Chapter 2 program is not less than \$1 for each \$9 of federal funds provided in the Title VII-Chapter 2 grant. Funds derived from or provided by the federal government, or services assisted or subsidized to any significant extent by the federal government, may not be included in determining the amount of non- federal contributions.
7. Enter the total amount of all funds expended and encumbered (A1 + A2 + A6) during the reported fiscal year.

B. Total expenditures and encumbrances allocated to administrative, support staff, and general overhead costs

Enter the total amount of expenditures and encumbrances allocated to administrative, support staff, and general overhead costs. Do not include costs for direct services provided by agency staff or the costs of contract or sub-grantee staff that provide direct services under contracts or sub-grants. If an administrator spends a portion of his or her time providing administrative services and the remainder providing direct services, include only the expenditures for administrative services.

C. Total expenditures and encumbrances for direct program services

Enter the total amount of expenditures and encumbrances for direct program services by subtracting line B from line A7.

Part II: Staffing — Instructions

Base all FTE calculations upon a full-time 40-hour workweek or 2080 hours per year. Record all FTE assigned to the Title VII-Chapter 2 program irrespective of whether salary is paid with Title VII-Chapter 2 funds.

A. Full-time Equivalent (FTE) Program Staff

1. Under the “Administrative & Support” column (A1a), enter the full-time equivalent (FTE) of all administrative and support staff (e.g. management, program directors, supervisors, readers, drivers for staff, etc.) assigned to the Title VII-Chapter 2 program from the State agency. (For example, if 20% or 8 hours per week of a staff person’s time were spent on administrative and support functions related to this program, the FTE for that staff person would be .2). Under the “Direct Services” column (A1b), enter the FTE of all direct service staff (e.g. rehabilitation teacher, IL specialist, orientation and mobility specialist, social worker, drivers for individuals receiving services, etc.) assigned to the Title VII-Chapter 2 program from the State agency. If administrative or support staff of the State agency also provide direct services, report the FTE devoted to direct services in the “Direct Services” column (A1b). (For example, if 80% of a staff person’s time were spent in providing direct services, the FTE for that person would be .8). Finally, add across the “Administrative & Support” FTE (A1a) and “Direct Service” FTE (A1b) to enter the total State agency FTE in the TOTAL (A1c) column.
2. Under the “Administrative & Support” column (A2a), enter the full-time equivalent (FTE) of all administrative and support staff (e.g. management, program directors, supervisors, readers, drivers for staff, etc.) assigned to the Title VII-Chapter 2 program from contractors or sub-grantees. Under the “Direct Services” column (A2b), enter the FTE of all direct service staff (e.g. rehabilitation teacher, IL specialist, orientation and mobility specialist, social worker, driver for individuals receiving services, etc.) assigned to the Title VII-Chapter 2 program from contractors and sub-grantees. If administrative staff of the contractors or sub-grantees

also provides direct services, report the FTE devoted to direct services in the “Direct Services” column (A2b).

Finally, add across the “Administrative & Support” FTE (A2a) and “Direct Service” FTE (A2b) to enter the total contractor or sub-grantee FTE in the TOTAL (A2c) column.

3. Add each column for A1 and A2 and record totals on line A3.

B. Employed or advanced in employment

1. Enter the total number of employees (agency and contractor/sub-grantee staff) with disabilities (include blind and visually impaired not 55 or older) in B1a. Enter the FTE of employees with disabilities in B1b. (To calculate B1b, add the total number of hours worked by all employees with disabilities including blind and visually impaired not age 55 or older and divide by 2080 to arrive at the FTE).
2. Enter the total number of employees (agency and contractor/sub-grantee staff) who are blind or visually impaired and age 55 and older in B2a. Enter the FTE of employees who are blind or visually impaired and age 55 or older in B2b. (To calculate B2b, add the total number of hours worked by employees who are blind or visually impaired and age 55 and older and divide by 2080 to arrive at the FTE).
3. Enter the total number of employees (agency and contractor/sub-grantee staff) who are members of racial/ethnic minorities in B3a. Enter the FTE of employees who are members of racial/ethnic minorities in B3b. (To calculate B3b, add the total number of hours worked by employees who are members of racial/ethnic minorities and divide by 2080 to arrive at the FTE).
4. Enter the total number of employees (agency and contractor/sub-grantee staff) who are women in B4a. Enter the FTE of employees who are women in B4b. (To calculate B4b, add the total number of hours worked by women and divide by 2080 to arrive at the FTE).
5. Enter the total number of employees (agency and contractor/sub-grantee staff) who are ages 55 and older, but not blind or visually impaired, in B5a. Enter the FTE of employees who are ages 55 and older, but not blind or visually impaired, in B5b. (To calculate B5b, add the total number of hours worked by employees who are ages 55 and older, but not blind or visually impaired, and divide by 2080 to arrive at the FTE).

C. Volunteers

1. Enter the FTE of program volunteers in C1. (To calculate C1, add the total number of hours worked by all program volunteers and divide by 2080 to arrive at the FTE).

Part III: Data on Individuals Served — Instructions

Provide data in all categories on program participants who received one or more services during the fiscal year being reported.

A. Individuals Served

1. Enter the number of program participants carried over from the previous federal fiscal year who received services in this reported FY (e.g. someone received services in September (or any other month) of the previous FY and continued to receive additional services in the reported FY).
2. Enter the number of program participants who began receiving services during the reported fiscal year irrespective of whether they have completed all services.
3. Enter the total number served during the reported fiscal year ($A1 + A2$).

B. Age

B1-10. Enter the total number of program participants served in each respective age category.

B11. Enter the sum of B1 through B10. This must agree with A3.

C. Gender

1. Enter the total number of females receiving services.
2. Enter the total number of males receiving services.
3. Enter the sum of C1 and C2. This must agree with A3.

D. Race/Ethnicity

Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

1. Enter the number of individuals served who are Hispanic/Latino of any race or Hispanic/Latino only. Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. Enter the number of individuals served who are American Indian or Alaska Native. American Indian or Alaska Native means a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
3. Enter the number of individuals served who are Asian. Asian means a person has origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
4. Enter the number of individuals served who are Black or African American. Black or African American means a person having origins in any of the black racial groups of Africa. Terms such as "Haitian" may be used.
5. Enter the number of individuals served who are Native Hawaiian or Other Pacific Islander. Native Hawaiian or Other Pacific Islander means a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
6. Enter the number of individuals served who are White or Caucasian. White means a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
7. Enter the number of individuals served who report two or more races but who are not Hispanic/Latino of any race.
8. Enter "race and ethnicity unknown" only if the consumer refuses to identify race and ethnicity.
9. Enter the total of D1 through D8. This number must agree with A3.

E. Degree of Visual Impairment

1. Enter the number of individuals served who are totally blind (e.g. have light perception only or no light perception).
2. Enter the number of individuals served who are legally blind (excluding those recorded in E1).
3. Enter the number of individuals served who have severe visual impairment.
4. Add E1 + E2 + E3 and enter the total. This number must agree with A3.

F. Major Cause of Visual Impairment

(Please note that the primary site for the definitions of diseases is:
<https://prevention.nih.gov/strategic-plan>).

1. Enter only one major cause of visual impairment for each individual served.
2. Enter the number of individuals served who have macular degeneration as the major cause of visual impairment. Age-related macular degeneration (AMD) is a progressive disease of the retina wherein the light-sensing cells in the central area of vision (the macula) stop working and eventually die. The cause of the disease is thought to be a combination of genetic and environmental factors, and it is most common in people who are age 60 and over. AMD is the leading cause of legal blindness in senior citizens.
3. Enter the number of individuals served who have diabetic retinopathy as the major cause of visual impairment. Diabetic retinopathy is the leading cause of new cases of legal blindness among working-age Americans and is caused by damage to the small blood vessels in the retina. It is believed that poorly controlled blood sugar levels are related to its progression. Most persons with diabetes have non-insulin-dependent diabetes mellitus (NIDDM) or what is commonly called "adult-onset" or Type II diabetes, and control their blood sugar with oral medications or diet alone. Others have insulin-dependent diabetes mellitus (IDDM), also called "younger or juvenile-onset" or Type I diabetes, and must use insulin injections daily to regulate their blood sugar levels.
4. Enter the number of individuals served who have glaucoma as the major cause of visual impairment. Glaucoma is a group of eye diseases causing optic nerve damage that involves mechanical compression or decreased blood flow. It is permanent and is a leading cause of blindness in the world, especially in older people.
5. Enter the number of individuals served who have cataracts as the major cause of visual impairment. A cataract is a clouding of the natural lens of the eye resulting in blurred vision, sensitivity to light and glare, distortion, and dimming of colors. Cataracts are usually a natural aging process in the eye (although they may be congenital) and may be caused or accelerated by other diseases such as glaucoma and diabetes.
6. Enter the number of individuals served who have any other major cause of visual impairment.
7. Enter the sum of F1 through F5. This number must agree with A3.

G. Other Age-Related Impairments

Enter the total number of individuals served in each category. Individuals may report one or more non- visual impairments/conditions. The National Institute on Aging (NIA) Strategic Plan identifies age-related diseases, disorders, and disability including the following categories.

1. **Hearing Impairment:** Presbycusis is the gradual hearing loss that occurs with aging. An estimated one- third of Americans over 60 and one-half of those over 85 have some degree of hearing loss. Hearing impairment occurs when there is a problem with or damage to one or more parts of the ear, and may be a conductive hearing loss (outer or middle ear) or a sensorineural hearing loss (inner ear) or a combination. The degree of hearing impairment can vary widely from person to person. Some people have partial hearing loss, meaning that the ear can pick up some sounds; others have complete hearing loss, meaning that the ear cannot hear at all. One or both ears may be affected, and the impairment may be worse in one ear than in the other.
2. **Diabetes:** Diabetes is a disease in which the body does not produce or properly use insulin, a hormone that is needed to convert sugar, starches and other food into energy needed for daily life. Type 2 Diabetes, which results from insulin resistance and abnormal insulin action, is most prevalent in the older population. Diabetes complications, such as heart disease and loss of sight, increase dramatically when blood sugar is poorly controlled and often develop before diabetes is diagnosed.
3. **Cardiovascular Disease and Strokes:** Diseases of the heart and blood vessels are the leading cause of hospitalization and death in older Americans. Congestive heart failure is the most common diagnosis in hospitalized patients aged 65 and older.
4. **Cancer:** The second leading cause of death among the elderly is cancer, with individuals age 65 and over accounting for 70 percent of cancer mortality in the United States. Breast, prostate, and colon cancers are common in older people.
5. **Bone, Muscle, Skin, Joint, and Movement Disorders:** Osteoporosis (loss of mass and quality of bones), osteoarthritis (inflammation and deterioration of joints), and Sarcopenia (age-related loss of skeletal muscle mass and strength) contribute to frailty and injury in millions of older people. Also contributing to loss of mobility and independence are changes in the central nervous system that control movement. Cells may die or become dysfunctional with age, as in Parkinson's disease. Therefore, older people may have difficulty with gross motor behavior, such as moving around in the environment, or with fine motor skills, such as writing.

6. Alzheimer's Disease/Cognitive Impairment: Alzheimer's disease is the most common type of dementia (a brain disorder that significantly affects an individual's ability to carry out daily life activities) in older people. It and other cognitive impairments impact parts of the brain that control thought, memory, and language.
7. Depression is widespread, often undiagnosed, and often under-treated in the elderly. It is believed to affect more than 6.5 million of the 35 million Americans who are 65 or older. Depression is closely associated with dependency and disability. Symptoms may include: loss of interest in normally pleasurable activities, persistent, vague or unexplained somatic complaints, memory complaints, change in weight, sleeping disorder, irritability or demanding behavior, lack of attention to personal care, difficulty with concentration, social withdrawal, change in appetite, confusion, delusions or hallucinations, feeling of worthlessness or hopelessness, and thought about suicide.
8. Other Major Geriatric Concerns: Several conditions can compromise independence and quality of life in older persons including weakness and falls, urinary incontinence, benign prostatic hyperplasia, and co morbidity (co-morbidity describes the effect of all other diseases an individual might have on the primary disease).

H. Type of Residence

1. Enter the number of individuals served who live in private residence (house or apartment unrelated to senior living).
2. Enter the number of Individuals served who live in senior living/retirement community (e.g. housing designed for those aged 55 and older).
3. Enter the number of individuals served who live in assisted living facility (e.g. housing that provides personal care and services which meet needs beyond basic provision of food, shelter and laundry).
4. Enter the number of individuals served who live in nursing homes/long-term care facility (e.g. any facility that provides care to one or more persons who require nursing care and related medical services of such complexity to require professional nursing care under the direction of a physician on a 24 hour a day basis).
5. Enter the number of individuals served who are homeless.
6. Enter the sum of H1, H2, H3, H4 and H5. This number must agree with A3.

I. Source of Referral

1. Enter the number of individuals served referred by an ophthalmologist or optometrist.
2. Enter the number of individuals served referred by a medical provider other than an ophthalmologist or optometrist.
3. Enter the number of individuals served referred by a state vocational rehabilitation agency.
4. Enter the number of individuals served referred by a government or social services agency defined as a public or private agency which provides assistance to consumers related to eligibility and securing entitlements and benefits, counseling, elder law services, assistance with housing, etc.
5. Enter the number of individuals served referred by the Veterans Administration
6. Enter the number of individuals served referred by a senior program defined as a community-based educational, recreational, or socialization program operated by a senior center, nutrition site, or senior club.
7. Enter the number of individuals served referred by an assisted living facility defined as housing that provides personal care and services which meet needs beyond basic provision of food, shelter and laundry.
8. Enter the number of individuals served referred by a nursing home/long-term care facility defined as any facility that provides care to one or more persons who require nursing care and related medical services of such complexity to require professional nursing care under the direction of a physician on a 24 hour a day basis.
9. Enter the number of individuals served referred by a faith-based (religious affiliated) organization.
10. Enter the number of individuals served referred by an independent living center (ILC) defined as a consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency that is designed and operated within a local community by individuals with disabilities, and provides an array of independent living services.
11. Enter the number of individuals referred by a family member or friend.
12. Enter the number of individuals who were self-referred.
13. Enter the number of individuals referred from all other sources aside from those listed above.

14. Enter the sum of I1, I2, I3, I4, I5, I6, I7, I8, I9, I10, I11, I12, and I13. This number must agree with A3.

Part IV: Types of Services Provided and Resources Allocated — Instructions

Please note: Total expenditures and encumbrances for direct program services in Part I C must equal the total funds spent on services in Part IV. Part I C must equal the sum of Part IV A1+B1+C1+D1.

In addition, salary or costs associated with direct service staff or contractors providing direct services should be included in the cost of services provided in A, B, C, and D.

A. Clinical / Functional Vision Assessments and Services

1. Enter the total cost from Title VII-Chapter 2 federal grant funds (A1a) and the total cost from all other sources of program funding (A1b) for clinical and/or functional vision assessments and services, whether purchased or provided directly.
2. Enter the total number of program participants who received clinical vision screening or vision examinations from qualified or certified professionals such as ophthalmologists or optometrists, and who received functional vision assessments or low vision evaluations to identify strategies for enhancing visual performance both without and with optical and low vision devices and equipment. Assessment areas may include functional visual acuity and fields, efficiency of vision in the performance of everyday tasks, and evaluation for low vision aids or equipment. These assessments are typically provided by skilled professionals or those who are certified or have a master's degree in low vision rehabilitation. Do not include evaluations for orientation and mobility. These should be included in C3.
3. Enter the total number of program participants who received surgical or therapeutic treatment to prevent, correct, or modify disabling eye conditions; and, hospitalizations related to such services. Include prescription optics in this service category. Nonprescription optics should be reported in B2.

B. Assistive Technology Devices, Aids, Services and Training

1. Enter the total cost from Title VII-Chapter 2 federal grant funds (B1a) and the total cost from all other sources of program funding (B1b) for the provision of assistive technology devices, aids, services and training.

2. Enter the total number of program participants who received one or more assistive technology devices and aids. As defined in Section 3(4) of the Assistive Technology Act of 2004 (Pub. L. 108-364), “assistive technology device means any item, piece of equipment, or product system whether acquired commercially, modified, or customized that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.” Assistive technology devices may include such items as canes, slates, insulin gauges, CCTVs, computers, adaptive software, magnifiers, adaptive cooking items, adaptive recreational items, handwriting guides, Braille, large button telephones, etc.
3. Enter the total number of program participants who received one or more assistive technology services and training. As defined in Section 3(5) of the Assistive Technology Act of 2004 (PL 108-364), “assistive technology service means any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device.” Services may include the evaluation of assistive technology needs of an individual, services related to acquisition of technology, costs of loan programs, maintenance and repair of assistive technology, training or technical assistance for the individual or professionals related to the use of assistive technology, programs to expand the availability of assistive technology, low vision therapy services related to the use of optical aids and devices, and other services related to the selection, acquisition, or use of an assistive technology device.

C. Independent Living and Adjustment Training and Services

1. Enter the total cost from Title VII-Chapter 2 federal grant funds (C1a) and the total cost from all other sources of program funding (C1b) for the provision of services and adjustment training leading to independent living. Evaluation and assessment services (excluding those included in A2 or B3) leading to the planning and implementation of services and training should be included in these costs.
2. Enter the total number of individuals who received orientation and mobility (O & M) services or travel training (i.e. learning to access public or private transportation and to travel safely and as independently as possible in the home and community with or without the use of mobility aids and devices).
3. Enter the total number of individuals who received communication skills training (e.g. reading and writing Braille, keyboarding and computer literacy, computer skills training, using the telephone, handwriting guides, telling time, using readers, use of audio and tactile technologies for home, recreational or educational use; etc.). Training in the use of newspaper reading services and radio services should be included.
4. Enter the total number of individuals who received personal management and daily living skills training (e.g. training in the use of adaptive aids and assistive technology devices for personal management and daily living, blindness and low vision alternative techniques for food preparation, grooming and dress, household chores, medical management, shopping, recreational activities, etc.).

5. Enter the total number of individuals who received supportive services (e.g. reader services, transportation, personal attendant services, support service providers, interpreters, etc.) while actively participating in the program or attaining independent living goals.
6. Enter the total number of program participants who participated in advocacy training or support network activities such as consumer organization meetings, peer support groups, etc.
7. Enter the total number of individuals who received counseling (peer, individual or group) to assist them in adjusting to visual impairment and blindness.
8. Enter the total number of program participants that received information and referral to other service providers, programs, and agencies (e.g. senior programs, public and private social service programs, faith-based organizations, consumer groups, etc.) to enhance adjustment, independent living, and integration into the community. Do not include individuals who received only information and referral and for whom no other services were provided.
9. Enter the total number of individuals served who were provided any other service not listed above.

D. Community Awareness Activities / Information and Referral

1. Enter the total cost from Title VII-Chapter 2 federal grant funds (D1a) and the total cost from all other sources of program funding (D1b) for providing information and referral services and community awareness activities/events to individuals for whom this was the only service provided (i.e. training for other professionals, telephone inquiries, general inquiries, etc.).
2. Enter the number of individuals receiving information and referral services for whom this is the only service provided (optional).
3. Enter the number of community awareness events/activities in which the Chapter 2 program participated during the reported year (D3a) and the number or estimated number of individuals who benefited from these activities (D3b).

Part V: Comparison of Prior Year Activities to Current Reported Year — Instructions

1. Program Expenditures and Encumbrances (all sources): Enter the total cost of the program for the prior fiscal year (A1a), and the fiscal year being reported (A1b). The total cost of the program can be found in Part I A7. Calculate the change (plus or minus) from the prior year to the reported year (A1c).

2. Number of Individuals Served: Enter the total number of eligible individuals served in the prior year (A2a), and in the current reported year (A2b). The total number of individuals served can be found in Part III A3. Calculate the change (plus or minus) in the numbers served from the prior year to the reported year (A2c).
3. Number of Minority Individuals Served: Enter the total number of minority individuals served in the prior year (A3a), and in the fiscal year currently being reported (A3b). The total number of minority individuals served is the total of Part III D1+D2+D3+D4+D5 +D7. Calculate the change (plus or minus) in the numbers served from the prior year to the reported year (A3c).
4. Number of Community Awareness Activities: Enter the number of community awareness activities or events in which the Chapter 2 program participated during the prior year (A4a), and in the fiscal year currently being reported (A4b). The number of community awareness activities is found in Part IV D3a. Calculate the change (plus or minus) in the number of events from the prior year to the year being reported (A4c).
5. Number of Collaborating Agencies and Organizations: Enter the number of collaborating organizations or agencies (formal agreements or informal activity) other than Chapter 2 paid sub-grantees or contractors in the prior year (A5a), and in the fiscal year currently being reported (A5b). Calculate the change (plus or minus) from the prior year to the year being reported (A5c).
6. Number of Sub-grantees/Contractors: If you provide services through sub-grantee agencies or contract, enter the number of sub-grantees or contracts in the prior year (A6a), and in the fiscal year currently being reported (A6b). Calculate the change (plus or minus) from the prior year to the year being reported (A6c). If you do not use sub-grantees, enter 0 in A6a, A6b, and A6c.

Part VI: Program Outcomes/Performance Measures — Instructions

1. Enter the number from Part IV B3 in A1. From available program data and evaluations, enter the number of individuals receiving AT (assistive technology) services and training who maintained or improved functional abilities that were previously lost or diminished as a result of vision loss in A2 (closed/inactive cases only).

In A3, from available program data and evaluations, enter the number of individuals for whom functional gains have not yet been determined at the close of the reporting period. (This number would not include those individuals who are no longer receiving services and who either did not make functional gains or maintain functional ability before case closure or inactivity).

2. Enter the number from Part IV C2 in B1. From available program data and evaluations, of those receiving orientation and mobility (O & M) services, enter the number of individuals who experienced functional gains or maintained their ability to travel safely and independently in their residence and/or community environment as a result of services in B2 (closed/inactive cases only).

In B3, from available program data and evaluations, enter the number of individuals for whom functional gains have not yet been determined at the close of the reporting period. (This number would not include those individuals who are no longer receiving services and who either did not make functional gains or maintain functional ability before case closure or inactivity).

3. Enter the number from Part IV C3 in C1. From available program data and evaluations, of those receiving communication skills training, enter the number of individuals who gained or maintained their functional abilities as a result of services they received in C2 (closed/inactive cases only).

In C3, from available program data and evaluations, enter the number of individuals for whom functional gains have not yet been determined at the close of the reporting period. (This number would not include those individuals who are no longer receiving services and who either did not make functional gains or maintain functional ability before case closure or inactivity).

4. Enter the number from Part IV C4 in D1. From available program data and evaluations, of those receiving daily living skills training, enter the number of individuals that experienced functional gains or successfully restored or maintained their functional ability to engage in their customary daily life activities as a result of services or training in personal management and daily living skills in D2 (closed/inactive cases only).

In D3, enter the Number of individuals for whom functional gains have not yet been determined at the close of the reporting period. (This number would not include those individuals who are no longer receiving services and who either did not make functional gains or maintain functional ability before case closure or inactivity).

5. E1. Enter the Number of individuals served who reported feeling that they are in greater control and are more confident in their ability to maintain their current living situation as a result of services they received (closed/inactive cases only).
6. E2. Enter the number of individuals served who reported feeling that they have less control and confidence in their ability to maintain their current living situation as a result of services they received (closed/inactive cases only).

7. E3. Enter the number of individuals served who reported no change in their feelings of control and confidence in their ability to maintain their current living situation as a result of services they received (closed/inactive cases only).
8. E4. Enter the number of individuals served who experienced changes in lifestyle for reasons unrelated to vision loss (closed/inactive cases only). “Change in lifestyle” is defined as any non-vision related event that results in the consumer’s reduced independence, such as moving from a private residence (house or apartment) to another type of residence e.g. living with family, senior living community, assisted living facility, nursing home/long-term facility, etc. Reduced independence could also result in employing a caregiver to enable the consumer to continue to live in his/her home. Examples of events that could result in reduced independence of the consumer include loss of spouse and onset or worsening of other health conditions such as diabetes, cancer, heart disease, etc.
9. E5. Enter the number of individuals served who died before achieving functional gain or experiencing changes in lifestyle as a result of services they received (closed/inactive cases only).

Part VII: Training and Technical Assistance — Instructions

On July 22, 2014, Public Law 113-128, the Workforce Innovation and Opportunity Act (WIOA) was enacted and included a new requirement under Section 751A that the RSA Commissioner shall conduct a survey of designated State agencies that receive grants under section 752 regarding training and technical assistance needs in order to determine funding priorities for such training and technical assistance. Please enter a brief description of training and technical assistance needs that you may have to assist in the implementation and improvement of the performance of your Independent Living Services for Older Individuals Who Are Blind grant (for example, financial management, reporting requirements on the 7-OB, program management, data analysis and program performance, law and applicable regulations, provision of services and service delivery, promising practices, resources and information, outreach, etc.).

Part VIII: Narrative — Instructions

Self-explanatory

Part IX: Certification

Approved 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 may enter data directly into RSA's website via the internet. Information on the transmittal of the form is found on page 15 of the reporting instructions.

Name of Designated Agency Official

Title of Designated Agency Official

Telephone Number

Date Signed

Signature