

PABSS FY2019
REPORTING PERIOD: From (Including this Date) 10/1/2018 to (Less than) 10/1/2019

Section B: Individuals and Issue Area Service Requests/Workload Statistics

1. Individuals

| | |
|---|----------|
| a. How many individuals had open PABSS issue area service requests at the start of the report period? | 0 |
| b. How many new PABSS individuals were added during the report period? | 0 |
| Total Individuals Served | 0 |
| c. Total number of individuals with all issue area service requests that were closed during the report period under the PABSS program | 0 |
| Total Individuals Still Being Served (Sum of section B1a and B1b minus B1c) | 0 |

2. Services

| | |
|--|----------|
| a. Total PABSS issue area service requests open at the start of the report period. | 0 |
| b. Number of new PABSS issue area service requests added during the report period? | 0 |
| Total Services | 0 |
| c. Total number of issue area service requests closed during the report period? | 0 |
| Total Services Still Open (Sum of section B2a and B2b minus B2c) | 0 |

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Section C: Individual Demographics

1. GENDER

Please provide counts of individuals served by Gender:

| | |
|---------------|---|
| a. Male | 0 |
| b. Female | 0 |
| c. Unknown | 0 |
| d. Missing | 0 |
| Total Clients | 0 |

Must equal Section B.1.b: New PABSS individuals added

Breakout of Unknown and Missing Gender Cases

| Case Number | Client | Gender | Primary Staff |
|-------------|--------|--------|---------------|
| | | | Total |
| | | | 0 |

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2. ETHNICITY

The data in this category is self-reported. Please do not question data.

Please provide counts of individuals served by Ethnicity:

| | |
|---------------------------------------|---|
| a. Alaskan Native | 0 |
| b. American Indian | 0 |
| c. Arab American (Middle Eastern) | 0 |
| d. Asian | 0 |
| e. Black or African-American | 0 |
| f. Hispanic or Latino | 0 |
| g. Multi Racial / Multi Cultural | 0 |
| h. Pacific Islander | 0 |
| i. White (Not Hispanic/Latino Origin) | 0 |
| j. Other | 0 |
| k. Unknown | 0 |
| l. Missing | 0 |
| Total Clients | 0 |

Must equal Section B.1.b: New PABSS individuals added

Breakout of Cases with Other, Unknown or Missing Data

| Case Number | Client | Race | Primary Staff |
|-------------|--------|------|---------------|
| | | | Total 0 |

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3. AGE

Please provide counts of individuals receipted by Age Bracket:

| | |
|------------------|---|
| a. 14 - 18 | 0 |
| b. 19 - 21 | 0 |
| c. 22 - 40 | 0 |
| d. 41 - 59 | 0 |
| e. 60 - 64 & 65+ | 0 |
| Unknown | 0 |
| Missing | 0 |
| Total Clients | 0 |

Must equal Section B.1.b: New PABSS individuals added

Breakout of Unknown and Missing Age Cases

| Case Number | Client | Date of Birth | Primary Staff |
|-------------|--------|---------------|---------------|
| | | | Total 0 |

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4. BENEFICIARY STATUS

Please provide counts of individuals receipted by Beneficiary Status:

| | |
|--------------------|---|
| a. SSI eligible | 0 |
| b. SSDI eligible | 0 |
| c. Dually eligible | 0 |
| Missing | 0 |
| Total Clients | 0 |

Must equal Section B.1.b: New PABSS individuals added

Breakout of Missing Data Cases

| Case Number | Client | Income Sources | Primary Staff |
|-------------|--------|----------------|---------------|
| | | Total | 0 |

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5. DISABILITY

Please provide counts of individuals receipted by Primary Disability:

| | |
|---|---|
| a. Absence of extremities | 0 |
| b. Autism | 0 |
| c. Auto-immune (lupus, thyroid, ALS, etc.) | 0 |
| d. Blindness (both eyes) | 0 |
| e. Cancer | 0 |
| f. Cerebral palsy | 0 |
| g. Deaf-blind | 0 |
| h. Deafness | 0 |
| i. Diabetes | 0 |
| j. Digestive disorders (chronic pancreatitis, esophageal stricture, fistulae, chronic liver, etc.) | 0 |
| k. Epilepsy | 0 |
| l. Genitourinary conditions (kidney, prostate, etc.) | 0 |
| m. Hard of Hearing (not deaf) | 0 |
| n. Heart and other circulatory problems including cardiovascular | 0 |
| o. HIV/AIDS | 0 |
| p. Mental illness (diagnosis according to DSM-IV) | 0 |
| q. Mental retardation | 0 |
| r. Multiple sclerosis | 0 |
| s. Muscular dystrophy | 0 |
| t. Muscular / Skeletal impairment (arthritis, fibromyalgia, osteogenesis imperfecta, osteomyelitis, etc.) | 0 |
| u. Neurological disorders (brain tumors, convulsive disorders, Parkinson, etc.) | 0 |
| v. Other emotional/behavioral (Provide detail) | 0 |
| w. Other intellectual such as ADD/ADHD (Provide detail) | 0 |
| x. Physical / orthopedic including spinal cord injuries, paraplegia, quadriplegia, back problems, etc. | 0 |
| y. Respiratory disorders (emphysema, asthma, pulmonary hypertension, cystic fibrosis, etc.) | 0 |
| z. Specific learning disabilities (SLD) | 0 |
| aa. Speech impairment | 0 |
| bb. Spina bifida | 0 |
| cc. Substance abuse (alcohol or drugs) | 0 |
| dd. Tourette syndrome | 0 |
| ee. Traumatic brain injury (TBI) | 0 |
| ff. Visual Impairment (not blind) | 0 |

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| | |
|---|---|
| gg. Disability not known/Other than Above (Specify) | 0 |
| Total Clients | 0 |

Must equal Section B.1.b: New PABSS individuals added

Breakout of Other intellectual (Provide detail)/Disability not known / Other than Above

| Case Number | Client | Disability | Disability Desc | Primary Staff |
|-------------|--------|------------|-----------------|---------------|
| | | | | Total 0 |

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Section D. Major Source of Concern

Please provide counts of all PABSS issue area service request receipts by major source of individual's concern for the current report period:

| | |
|--|---|
| 1. State Vocational Rehab Agency (public VR program) | 0 |
| 2. Employment Networks (SSA contractor) | 0 |
| 3. Agencies (other than State Voc Rehab or Employment Networks) | 0 |
| 4. Employment discrimination - hire, fire, promotion | 0 |
| 5. Employment wages and benefits | 0 |
| 6. Housing | 0 |
| 7. Healthcare (not Employment wages and benefits) | 0 |
| 8. Insufficient/improper benefits planning | 0 |
| 9. Transition services (Student age 14-18 or under age 22) | 0 |
| 10. Post-secondary accommodation | 0 |
| 11. Transportation | 0 |
| 12. Social Security benefits cessation based on SGA (including CDR's)- not Overpayment | 0 |
| 13. Benefits Questions/Work Incentives (not the 2 categories above) | 0 |
| 14. Work Related Overpayment | 0 |
| 15. Other (MUST SPECIFY BELOW) | 0 |
| Total | 0 |

Must equal Section B.2.b: New Service Requests Added

Breakout of Other and Missing Data Cases

| Case Number | Client | Major Concern | Major Concern Desc | Primary Staff |
|-------------|--------|---------------|--------------------|---------------|
| | | | Total | 0 |

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Section E. Closed Issue Area Service Requests

1. PROBLEM AREA

What was the problem/sub-problem area?

| | |
|---|---|
| a. [AT] Assistive Technology | 0 |
| b. [Education] Transition school to work | 0 |
| c. [Employment] Discrimination in employment benefits | 0 |
| d. [Employment] Discrimination in hiring | 0 |
| e. [Employment] Unlawful termination / firing | 0 |
| f. [Employment] Other employment discrimination | 0 |
| g. [Employment] Reasonable accommodation - not d, e, or f from above | 0 |
| h. [Employment] Service provider issues - not c-g above | 0 |
| i. [Employment] Wage and hour issues | 0 |
| j. [Financial Entitlements] SSI: Overpayments based on work issues | 0 |
| k. [Financial Entitlements] SSDI: Overpayments based on work issues | 0 |
| l. [Financial Entitlements] Other | 0 |
| m. [Healthcare] Medicaid only issues | 0 |
| n. [Healthcare] Medicare/Medicaid issues | 0 |
| o. [Healthcare] Medicare only issues | 0 |
| p. [Healthcare] Private Insurance Issues | 0 |
| q. [Housing] Accommodations in housing | 0 |
| r. [Housing] Subsidized housing/Section 8 | 0 |
| s. [Housing] Rental termination - not q from above | 0 |
| t. [Housing] Other | 0 |
| u. [Childcare] | 0 |
| v. [Rehab Services] Related to State VR (i.e. IL Dept. of Rehab Services) | 0 |
| w. [Rehab Services] Related to Employment Network | 0 |
| x. [Rehab Services] Related to Agencies other than State VR or Employment Network | 0 |
| y. [Post-Secondary Ed] Accessibility | 0 |
| z. [Post-Secondary Ed] Funding issues | 0 |
| aa. [Post-Secondary Ed] Grievance Against College - Not y or z above | 0 |
| bb. [Post-Secondary Ed] Other | 0 |
| cc. [Services] Personal assistance - not Employment | 0 |
| dd. [Transportation] | 0 |
| ee. [Benefits Planning] referral / access to BPAO services | 0 |
| ff. Other | 0 |

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Total 0

Must equal Section B.2.c: Total Service Requests Closed

Breakout of Cases with L, T, BB & FF categories

| Case Number | Client | Issue | Issue Desc | Primary Staff |
|-------------|--------|-------|------------|---------------|
| | | | | Total 0 |

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2. CLOSURE REASON

What was the reason for closing the individual's issue area service request?

| | |
|--|---|
| a. Issue Resolved in Individual's Favor | 0 |
| b. Issue Partially Resolved in Individual's Favor | 0 |
| c. Issue Lacked Legal Merit | 0 |
| d. Individual decided not to pursue resolution or Individual Withdrew Complaint | 0 |
| e. Other Representation Obtained | 0 |
| f. Individual Not Responsive to Agency / Individual refused to cooperate | 0 |
| g. Services Not Needed due to lost contact, death, relocation, etc. | 0 |
| h. Advocacy efforts/appeals were unsuccessful (Issue not resolved in Individual's Favor) | 0 |
| i. Other | 0 |
| j. MISSING | 0 |
| Total | 0 |

Must equal Section B.2.c: Total Service Requests Closed

Breakout of Other/Missing Closure Reasons

| Case Number | Client | Closure Reason | Primary Staff |
|-------------|--------|----------------|---------------|
| | | | Total 0 |

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3. INTERVENTION STRATEGY

What was the highest intervention strategy used?

| | |
|---|---|
| a. Short Term/Technical assistance | 0 |
| b. Informal Resolution | 0 |
| c. Investigation/Monitoring | 0 |
| d. Negotiation | 0 |
| e. Mediation / Alternative Dispute Resolution | 0 |
| f. Administrative Remedies | 0 |
| g. Legal remedy / Litigation | 0 |
| h. Class Action Suits | 0 |
| i. Systemic / Policy activities | 0 |
| j. MISSING | 0 |
| Total | 0 |

Must equal Section B.2.c: Total Service Requests Closed

Breakout of Missing Intervention Strategies

| Case Number | Client | Intervention Strategy | Primary Staff |
|-------------|--------|-----------------------|---------------|
| | | | Total 0 |

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4. MAJOR OUTCOME ACHIEVED

As a result of P&A intervention, the following major outcome was achieved:

| | |
|--|---|
| a. Individual gained/maintained access to services | 0 |
| b. Individual obtained employment | 0 |
| c. Individual regained employment | 0 |
| d. Individual maintained employment | 0 |
| e. Individual advanced in employment | 0 |
| f. Individual's employment opportunities increased | 0 |
| g. Individual obtained an increase in salary and/or benefits | 0 |
| h. Validity of discrimination complaint was upheld | 0 |
| i. Overpayment situation addressed (regardless of disposition) | 0 |
| j. Individual acquired knowledge concerning his/her rights | 0 |
| k. Outcome information is not available | 0 |
| l. Other | 0 |
| Total | 0 |

Must equal Section B.2.c: Total Service Requests Closed

Breakout of Other/Missing Outcomes

| Case Number | Client | Outcome | Outcome Desc | Primary Staff |
|-------------|--------|---------|--------------|---------------|
| | | | | Total 0 |

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Non-Case Services

Calculations for Information and Referral Services Totals

| | |
|----------------|---|
| 4 ----- | 1. Missing Data Identify all I&Rs where the Program field is blank. Make arrangements to have this missing data corrected (by assigned staff or by you based on information contained in the file.) |
| 4 ----- | 2. Total I&Rs Calculate the total number of I&Rs for the specified time period. <p style="text-align: center;">2 Total Individuals -----</p> |
| 0 ----- | 3. Total I&Rs by Program Calculate the total number of I&Rs for your Program (i.e. PABSS, PADD, PAIMI, etc.) for the specified time period. <p style="text-align: center;">0 Total Individuals -----</p> |
| 0 ----- | 4. Total CROSS Calculate the total number of I&Rs for CROSS Program for the specified time period. <p style="text-align: center;">0 Total Individuals -----</p> |
| 4 ----- | 5. Total IRs with Program Subtract the CROSS total from the total number of I&Rs. (i.e., Step 2 - Step 4). <p style="text-align: center;">2 Total Individuals -----</p> |
| 0.00% ----- | 6. Program Percentage of I&Rs Obtain your Program's I&R percentage of all IRs for the time specified by dividing the [total number of IRs for your Program] by the [total number of IRs less CROSS IRs]. (i.e., Step 3 / Step 5). <p style="text-align: center;">0.00% by Individuals -----</p> |
| 0.00 ----- | 7. Allocation of CROSS to Specific Program Determine the number of CROSS that can be added to your Program by multiplying your Program's I&R percentage by the total CROSS. (i.e., Step 6 * Step 4). <p style="text-align: center;">0.00 by Individuals -----</p> |
| 0.00 ----- | 8. Total Program I&Rs with Allocation of CROSS Calculate the total to report on the Federal Report by adding the allocated CROSS to the Total I&Rs for your Program. (i.e., Step 7 + Step 3). <p style="text-align: center;">0.00 Total Individuals -----</p> |

* Please see Appendix A for the calculations used to obtain the above IR totals. Also, Appendix A will contain a list of IRs with missing Program data that needs to be completed. Please note that the completion of this missing data may change the IR totals for this program.

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Missing I&R Data Breakout

| I&R Number | Caller | Open Date | Close Date | Primary Staff |
|------------|---------------|-----------|------------|---------------|
| 2017-0001 | Smith, Robert | 11/1/2018 | | Bosco, Denton |
| 2019-0005 | | 12/5/2018 | | |
| 2019-0008 | Ford, Grant | 3/19/2019 | | |
| 2019-0013 | | 4/2/2019 | | |
| | | | | Total 4 |

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CLIENTS WITH MORE THAN ONE CASE

| Client | Date of Birth |
|-----------------------|---------------|
| Total Count: 0 | |

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CLIENTS AT THE START OF THE REPORTING PERIOD

| Client | Date of Birth |
|-----------------------|---------------|
| Total Count: 0 | |

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CLIENTS AT THE END OF THE REPORTING PERIOD

| Client | Date of Birth |
|-----------------------|---------------|
| Total Count: 0 | |