Attachment E

CIL Standards, Performance Report
and Data Collection Guide
Updated October 2015

Part 2: Direct Services and Statistical Report

Name of Center:

Report Period:

Count all statistical data from all funding sources.

The data report is to be submitted via the CIL web based data reporting system that can be accessed at the NYS Education Department website. Data reports in hard copy or other electronic formats will not be accepted. The report template below corresponds to the online report, and it can be printed to prepare a draft report. Do not submit the template below in addition to the online report. It is not necessary to provide documentation. However, centers are required to maintain for verification purposes the individual consumer data the report is based on.

I. Demographic Data for People with CSRs

Report unduplicated demographic data for all consumers with disabilities with a Consumer Service Record (CSR) served during the report year. Include data for new consumers with a CSR started since October 1 of the report year and returning consumers with a CSR served during prior report years that returned in the report year. Every item of demographic data must be recorded for every consumer with a CSR unless a consumer is unwilling to provide it (in which case "unknown" should be recorded for the missing data). Age, Education Status and Employment Status must be updated annually for each consumer with a CSR. The six demographic categories A. through F. must agree. These demographic categories do not need to agree with the disability data.

A. Age
1. Under 5
2. 5 - 19
3. 20 - 24
4. 25 - 59
5. 60 and older
6. Unknown
   TOTAL:

B. Gender
1. Female
2. Male _______  
3. Unknown _______  
TOTAL: _______  

C. Race/Ethnicity  
Count each consumer under ONLY ONE category 1.through 8. If a consumer reports more than one race, that consumer must be counted once under 7. Two or More Races.  
1. American Indian or Alaska Native _______  
2. Asian _______  
3. Black or African American _______  
4. Native Hawaiian or Other Pacific Islander _______  
5. White _______  
6. Hispanic/Latino of any race or Hispanic/Latino only _______  
7. Two or more races _______  
8. Unknown _______  
TOTAL: _______  

D. Employment Status  
1. Full Time _______  
2. Part Time _______  
3. Looking for a Job _______  
4. Unemployed (not looking) _______  
5. Student or in a Program _______  
6. Retired _______  
7. Participating in segregated work or day program setting _______  
8. Other employment category not specified above _______  
9. Unknown _______  
TOTAL: _______  

E. Education Status  
1. Not Yet Enrolled in School _______  
2. Pre-Kindergarten Program _______  
3. Kindergarten -8th Grade _______  
4. Some High School _______  
5. Completed High School _______  
6. Some College _______  
7. Business Trade, Vocational School _______  
8. Completed two year undergraduate degree program _______  
9. Completed four year undergraduate degree program _______  
10. Completed post graduate degree program _______
II. Disability Data

Report all people with disabilities who received services (people with and without a CSR) during the report year that were reported under III. A. People With Disabilities (PWD). While an unduplicated count is provided for each of the five disability categories (A., B., C, D. and F.), the disability data can reflect more than one disability category selection of A. through D. by a consumer, which would also be reported under category F. For example, a consumer who selects both orthopedic and blindness would be reported under B. Physical, D. Sensory, and F. Multiple Disabilities. Reporting “unknowns” is not an option under categories A. through D. The Disability category must be recorded in order to document the establishment of a CSR. For the reporting of disability data, people without a CSR are individuals who received the service of Information and Referral (I&R) and the center obtained disability information for these consumers. When a center does not obtain disability information for an I&R consumer, the center cannot report that consumer under either II. Disability Data or III. A. People With Disabilities.

A. Cognitive
1. Intellectual Disability
2. Traumatic and other brain injuries
3. Learning Disability
4. Autism
5. Other cognitive disabilities
TOTAL:

B. Physical
1. Spinal cord injury
2. Neuromuscular
3. Orthopedic
4. Cerebral palsy
5. Spina bifida
6. Other congenital birth anomaly
7. Epilepsy
8. Muscular dystrophy
9. Amputation
10. Back injury
11. HIV/AIDS
12. Environmental and other related illnesses
   ____________________________
13. Other physical disabilities
   ____________________________
   TOTAL: ______________________

C. Mental
   1. Mental Illness
   ____________________________
   2. Emotional/behavioral disabilities
   ____________________________
   3. Substance Abuse
   ____________________________
   4. Other mental illnesses
   ____________________________
   TOTAL: ______________________

D. Sensory
   1. Blindness
   ____________________________
   2. Low vision
   ____________________________
   3. Deafness
   ____________________________
   4. Hard of hearing
   ____________________________
   5. Deaf/Blind
   ____________________________
   6. Other sensory disabilities
   ____________________________
   TOTAL: ______________________

E. Total of Disability Categories (A+B+C+D)
   ____________________________

The total of the four disability categories may be equal to or greater than
the total reported for III.A. People With Disabilities (PWD), 3. Total PWD
Total Funding but not less than.

F. Multiple Disabilities
   ____________________________
   Report consumers with combinations of the categories A. through D.
   above. Not to be checked independent of the selection of two or more
disability categories.

III. Total People Served During Year

   Report the unduplicated number of consumers that were served either with ACCES-
VR funds, with funds from sources other than ACCES-VR, or with both ACCES-VR funds and
other funds in the following categories: A. People With Disabilities (PWD); B. Family
Members/Significant Others; C. Other Non-disabled; and D. Total consumers receiving direct
services. Count each consumer under ONLY ONE funding source ACCES-VR Only, Other
Only, or Multiple. If a consumer is served through more than one funding source, that
consumer must be counted once under Multiple Funding.

   III.A. PWD, 1. Total CSRs Total Funding must equal the total reported for each category
under I. Demographic Data. III.A. PWD, 2. Information and Referral (I&R) PWD Total Funding
cannot be greater than IV. I. Information and Referral. III.A. PWD, 3. Total PWD Total Funding
may be equal to or greater than the total reported for each category under I. Demographic
Data but not less than. Total Funding for III.D. Total People Served must equal the total
reported for V. Total County(s) Served Total Funding.

<table>
<thead>
<tr>
<th>People Served</th>
<th>ACCES-VR Funding Only</th>
<th>Other Funding Only</th>
<th>Multiple Funding</th>
<th>Total Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. PWD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Total CSRs</td>
<td>____</td>
<td>____</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>2. I&amp;R PWD</td>
<td>____</td>
<td>____</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>3. Total PWD</td>
<td>____</td>
<td>____</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>B. Family</td>
<td>____</td>
<td>____</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>C. Other</td>
<td>____</td>
<td>____</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>D. Total (A3+B+C)</td>
<td>____</td>
<td>____</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>E. Total consumers projected in contract to be served</td>
<td>____</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F. CSRs returning served since Oct. 1 of report year and served during prior report year | ____ |
G. CSRs started (new) since Oct. 1 of report year | ____ |
H. Total CSRs served during report year (F + G) | ____ |

Equal to the total reported for each category under I. Demographic Data.

I. Businesses/Agencies served | ____ |

IV. Individual services - Number of Persons Served

For each service offered, report the unduplicated number of consumers (with and/or without a CSR) receiving that service during the report year. The same consumer can be counted in more than one service area. Consumers receiving any independent living service(s) either on a one-time or infrequent basis or on a frequent or ongoing basis such as, but not limited to, C. Assistive Devices/Equipment (loan closet), E. Communication Services (interpreter services), I. Information and Referral (I&R) or U. Voter Registration, are counted in the applicable service category(s).

| A. Advocacy/legal services | ____ |
| B. Architectural barrier services | ____ |
| C. Assistive devices/equipment | ____ |
| D. Children's services | ____ |
| E. Communication services | ____ |
| F. Counseling services | ____ |
| G. Family services | ____ |
| H. Housing and shelter services | ____ |
| I. Information and referral | ____ |
| J. Independent living skills development and life skills services | ____ |
| K. Mobility training | ____ |
| L. Peer counseling | ____ |
| M. Personal assistance services | ____ |
N. Recreational services
O. Transportation services
P. Youth services
Q. Vocational Services
R. Plan to Achieve Self Support
S. Business/Industry/Agency services
T. Benefits Advisement
U. Voter Registration
V. Other

TOTAL: _______

V. County(s) Served

Report the county of residence for consumers served and report the number of consumers in each county served either with ACCES-VR funds, with funds from sources other than ACCES-VR, or with both ACCES-VR funds and other funds. Count each consumer under ONLY ONE funding source ACCES-VR Only, Other Only, or Multiple. If a consumer is served through more than one funding source, that consumer must be counted once under Multiple Funding. Total Funding for Total County(s) Served must equal the total reported for III. D. Total People Served, Total Funding.

Reporting “unknowns” is not an option under County(s) Served. Each consumer reported under III. A., B. and C. should have a mailing address to identify the county of residence. If a consumer lives in another state or country, identify the state or country.

<table>
<thead>
<tr>
<th>ACCES-VR County Name</th>
<th>Other Funding Only</th>
<th>+ Other Funding Only</th>
<th>+ Multiple Funding</th>
<th>= Total Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL: _______