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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICES  FAMILY SUPPORT DIVISION  **OLDER BLIND GRANT DATA SHEET – OBS 2** | | | |
| **NAME** (LAST, FIRST, MI) | | | | |
| **CASE NUMBER** | | **CASELOAD NUMBER** | | **FEDERAL FISCAL YEAR**  (10-01-XX THROUGH 9-30-XX) |
| **CLOSURE** | | | | |
| CLOSED STATUS 26 = SUCCESSFULLY REHABILITATED. | | | DATE OF CLOSURE: | |
| CLOSED STATUS 28 = UNSUCCESSFULLY REHABILITATED  REASON FOR CLOSURE: | | | DATE OF CLOSURE : | |
| CLOSED STATUS 08 = INELIGIBLE. | | | DATE OF CLOSURE: | |
| ELIGIBLE BUT NOT CLOSED. (USE FOR YEAR END (9/30) REPORTING ONLY) | | |  | |
| **PLACE A CHECK MARK IN THE BOX NEXT TO EACH SERVICE IN SECTIONS A, B, C, THAT WAS PROVIDED DURING THIS FEDERAL FISCAL YEAR REGARDLESS OF WHETHER THE TRAINING HAS BEEN COMPLETED.**  **A. CLINICAL /FUNCTIONAL VISION ASSESSMENT AND SERVICES**  (1) VISION SCREENING /VISION EXAMINATION /LOW VISION EVALUATION  (2) SURGICAL OR THERAPEUTIC TREATMENT TO PREVENT, CORRECT, OR MODIFY DISABLING EYE CONDITIONS  **B. ASSISTIVE TECHNOLOGY DEVICES AND SERVICES**  (1) PROVISION OF ASSISTIVE TECHNOLOGY DEVICES AND AIDS  (2) PROVISION OF ASSISTIVE TECHNOLOGY SERVICES  **C. INDEPENDENT LIVING AND ADJUSTMENT TRAINING AND SERVICES**  (1) INDEPENDENT LIVING AND ADJUSTMENT SKILLS TRAINING  (2) ORIENTATION AND MOBILITY TRAINING  (3) COMMUNICATION SKILLS | | | | |

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| **NAME** (LAST, FIRST, MI) | **CASE NUMBER** |
| (4) DAILY LIVING SKILLS  (5) SUPPORTIVE SERVICES, (READER SERVICES, TRANSPORTATION, PERSONAL ATTENDANT, SUPPORT SERVICE PROVIDERS, INTERPRETERS, ETC)  (6) ADVOCACY TRAINING AND SUPPORT NETWORKS  (7) COUNSELING (PEER, INDIVIDUAL AND GROUP)  (8) INFORMATION, REFERRAL AND COMMUNITY INTEGRATION  (9) OTHER IL SERVICES NOT LISTED ABOVE | |
| **D. OLDER BLIND SERVICES PROGRAM OUTCOMES AND PERFORMANCES**  **Place a check mark in the box next to the performance outcome that has been achieved in section "D" during this federal fiscal year. Each outcome may be reported only once, throughout the life of the case.**  (1) AFTER COMPLETION OF O & M SERVICES, CLIENT HAS EXPERIENCED FUNCTIONAL GAINS AND IS ABLE TO MAINTAIN THEIR ABILITY TO TRAVEL SAFELY AND INDEPENDENTLY.  (2) CLIENT HAS NOT COMPLETED O & M SERVICES AND THEREFORE HAS NOT YET EXPERIENCED FUNCTIONAL GAINS  (3) AFTER COMPLETION OF SERVICES OR TRAINING IN NON-VISUAL OR LOW VISION TECHNIQUES CLIENT EXPERIENCED FUNCTIONAL GAINS OR HAS SUCCESSFULLY RESTORED OR MAINTAINED THEIR FUNCTIONAL ABILITY TO ENGAGE IN THEIR CUSTOMARY LIFE ACTIVITIES.  (4) CLIENT HAS NOT COMPLETED NON-VISUAL OR LOW VISION TECHNIQUES AND THEREFORE HAS NOT YET EXPERIENCED FUNCTIONAL GAINS.  (5) AFTER COMPLETION OF ASSISTIVE TECHNOLOGY SERVICES OR TRAINING, CLIENT HAS REGAINED OR IMPROVED FUNCTIONAL ABILITIES THAT WERE PREVIOUSLY LOST OR DIMINISHED AS A RESULT OF VISION LOSS.  (6) CLIENT HAS NOT COMPLETED ASSISTIVE TECHNOLOGY SERVICES OR TRAINING AND THEREFORE HAS NOT YET EXPERIENCED FUNCTIONAL GAINS. | |

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| **NAME** (LAST, FIRST, MI) | **CASE NUMBER** |
| **E. COMPLETE AT CLOSURE**  (1) CLIENT REPORTS 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.  (2) CLIENT REPORTS THAT THEY HAVE LESS CONTROL AND CONFIDENCE IN THEIR ABILITY TO MAINTAIN THEIR CURRENT LIVING SITUATION, AS A RESULT OF SERVICES THEY RECEIVED.  (3) CLIENT REPORTS 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.  (4) CLIENT EXPERIENCED CHANGES IN LIFESTYLE FOR REASONS UNRELATED TO VISION LOSS. | |