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|  | Missouri Department Of Social Services, Family Support Division**Older Blind Grant Data Sheet – OBS 2** |
| **Name** (Last, First, MI)      | **Caseload #**      |
| **Case Number**      | **Federal Fiscal Year** (10-01-XX thru 9-30-XX)      |
| **Services Provided** |
| **Training**[ ] 1) Orientation And Mobility[ ] 2) Communication Skills[ ] 3) Daily Living Skills[ ] 4) Low Vision Training (Includes Magnification No Less Than 3.50)[ ] 5) Advocacy[ ] 6) Management Of Secondary Disabilities |
| **Other Individual Services**[ ] 7) Counseling (Individual, Peer Support, Mentoring, Family)**Note:** Please Check This Field On Every 26 Case Closure[ ] 8) Readers/Guides/Interpreters[ ] 9) Referral For VR Services[ ] 10) Referral To Other Agencies[ ] 11) Support Groups[ ] 12) Community Integration[ ] 13) Low Vision Screening[ ] 14) Low Vision Aids[ ] 15) Other Adaptive Aids/Equipment[ ] 16) Transportation[ ] 17) Visual Restoration[ ] 18) Other Services |
| **Closure**[ ] **Closed Status 26 = Successfully Rehabilitated**Date Of Closure:       (If Service Needs Have Been Met)[ ] **Closed Status 28 = Not Rehabilitated** Reason For Closure:       Date Of Closure:      [ ] **Closed Status 08 = Ineligible** Date Of Closure:     [ ] **Eligible But Not Closed** (For Year End (9-30) Reporting Only) |