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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) | | | |