

# Explore VR

THE 2011 NATIONAL SURVEY OF VOCATIONAL REHABILITATION AGENCIES  
DATA DICTIONARY

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**Institute for Community Inclusion**  
University of Massachusetts Boston

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# Background

The data presented in this data dictionary were collected through the 2011 National Survey of Vocational Rehabilitation Agencies. This survey is part of a larger study conducted by the Vocational Rehabilitation - Rehabilitation Research and Training Center (VR-RRTC) at the Institute for Community Inclusion at the University of Massachusetts Boston. The Center is funded by the National Institute on Disability and Rehabilitation Research and the Rehabilitation Services Administration. This survey was part of a larger effort to collect data on the characteristics of state VR agencies and how they work with other federal, state, and local agencies that provide employment services for people with disabilities. This survey was reviewed and approved by the Council of State Administrators of Vocational Rehabilitation (CSAVR).

## DATA COLLECTION METHODS

The 2011 National Survey of VR Agencies was distributed between January 17 and April 1, 2011. The survey was sent to the VR agency director(s) in each state, as well as the District of Columbia, and the territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands). The survey was completed by directors of general, blind and combined VR agencies. Directors (or their designee) were asked to respond on behalf of their entire state / territory. The survey was administered online.

## SAMPLE

Of the 80 general, blind, and combined state vocational rehabilitation agencies, 72 agencies responded to the survey. This resulted in a 90.0% response rate. Four agencies opted out of the survey.

# Data

## RESERVED CODES

Value labels for all variables are included in the data dictionary. Consistent across all variables are the following values and codes:

-9	MISSING
-7	NOT ASKED

## DATA DICTIONARY STRUCTURE

Each entry in the data dictionary includes defines the survey item (or variable name) and data type (numerical = NUM or character = CHAR). Each entry also includes a variable position, which refers to the location of the variable in the dataset.

# Variables

## SECTION A: ORGANIZATIONAL STRUCTURE, PROGRAMS AND STAFFING

Survey Item	Data Type	Variable Position
1	NUM	7
<i>This survey is intended to be completed by the State VR Director. Are you this person?</i> <b>Response:</b> 1-yes; 2-no <b>Branching:</b> None		
1spec	CHAR	8
<i>Specify your title.</i> <b>Response:</b> <b>Branching:</b> None		
2	NUM	9
<i>How long have you been in this position?</i> <b>Response:</b> <b>Branching:</b> None		
3	NUM	10
<i>How long have you worked for this VR agency?</i> <b>Response:</b> <b>Branching:</b> None		
4	NUM	11
<i>How long have you worked for any VR agency including this one?</i> <b>Response:</b> <b>Branching:</b> None		
A1	NUM	12
<i>Is the Designated State Agency (DSA) and the Designated State Unit (DSU) the same in your state?</i> <b>Response:</b> 1-yes; 2-no <b>Branching:</b> If 1-Go to A1a and A1c; If 2-Go to A1a-A1d		
A1a	CHAR	13
<i>What is the official name of the DSU in your state?</i> <b>Response:</b> <b>Branching:</b> None		

A1b	CHAR	14
<i>What is the official name of the DSA in your state?</i> <b>Response:</b> <b>Branching:</b> None		
A1c	CHAR	15
<i>What is the official title of the DSU Director in your state?</i> <b>Response:</b> <b>Branching:</b> None		
A1d	CHAR	16
<i>What is the official title of the DSA Director in your state?</i> <b>Response:</b> <b>Branching:</b> None		
A2	NUM	17
<i>What is the nature of the DSU Director position?</i> <b>Response:</b> 1-Appointment; 2-Civil servant/classified position; 3-Unclassified position/management; 95-Other <b>Branching:</b> None		
A2_1spec	CHAR	18
<i>Specify by whom (i.e. person's title) the DSU director was appointed.</i> <b>Response:</b> <b>Branching:</b> None		
A2_95spec	CHAR	19
<i>Specify the nature of DSU director position.</i> <b>Response:</b> <b>Branching:</b> None		
A3	CHAR	20
<i>To whom does the DSU Director directly report (i.e. who does your performance review)?</i> <b>Response:</b> <b>Branching:</b> None		
A4	NUM	21
<i>Since FY2005, has the DSU merged or consolidated with another agency?</i> <b>Response:</b> 1-yes; 2-no <b>Branching:</b> If 1-Continue to A4a; If 2-Skip to A5		
A4a	NUM	22
<i>Did this result in a change of location of the DSU within the government structure?</i> <b>Response:</b> 1-yes; 2-no <b>Branching:</b> None		

A4a_spec	CHAR	23
<i>If yes, explain the change of location of the DSU within the government structure.</i> <b>Response:</b> <b>Branching:</b> None		
A5a	NUM	24
<i>Please indicate where the following program is located within your state government structure:</i> <i>Disability Determination Services (DDS)</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
A5b	NUM	25
<i>Please indicate where the following program is located within your state government structure:</i> <i>Higher Education</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
A5c	NUM	26
<i>Please indicate where the following program is located within your state government structure:</i> <i>Intellectual and Developmental Disabilities</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
A5d	NUM	27
<i>Please indicate where the following program is located within your state government structure:</i> <i>Medicaid</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
A5e	NUM	28
<i>Please indicate where the following program is located within your state government structure:</i> <i>Mental Health (MH)</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
A5f	NUM	29
<i>Please indicate where the following program is located within your state government structure:</i> <i>Primary and Secondary Education incl. Special Education</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
A5g	NUM	30
<i>Please indicate where the following program is located within your state government structure:</i> <i>State Labor / Workforce Development System</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		

A5h	NUM	31
<i>Please indicate where the following program is located within your state government structure:</i> <i>State agency for aging / seniors</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
A5i	NUM	32
<i>Please indicate where the following program is located within your state government structure:</i> <i>Substance Abuse</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
A5j	NUM	33
<i>Please indicate where the following program is located within your state government structure:</i> <i>Welfare / Temporary Assistance for Needy Families (TANF)</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
A5k	NUM	34
<i>Please indicate where the following program is located within your state government structure:</i> <i>Workers' Compensation</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
A5l	NUM	35
<i>Please indicate where the following program is located within your state government structure:</i> <i>Other program</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
A5lspec	CHAR	36
<i>Specify the other program that is located within your state government structure.</i> <b>Response:</b> <b>Branching:</b> None		
A6a	NUM	37
<i>The following is a program covered under the 1973 Rehabilitation Act, as amended. Please indicate where the following program is located within your state government: Assistive Technology (AT) State Grant Program</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other public or non-public entity; 99-Not applicable <b>Branching:</b> None		
A6b	NUM	38
<i>The following is a program covered under the 1973 Rehabilitation Act, as amended. Please indicate where the following program is located within your state government: Client Assistance Program (CAP)</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other public or non-public entity; 99-Not applicable <b>Branching:</b> None		

A6c	NUM	39
<i>The following is a program covered under the 1973 Rehabilitation Act, as amended. Please indicate where the following program is located within your state government: Independent Living Services for Older Individuals who are Blind</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other public or non-public entity; 99-Not applicable <b>Branching:</b> None		
A6d	NUM	40
<i>The following is a program covered under the 1973 Rehabilitation Act, as amended. Please indicate where the following program is located within your state government: Independent living State Grants</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other public or non-public entity; 99-Not applicable <b>Branching:</b> None		
A6e	NUM	41
<i>The following is a program covered under the 1973 Rehabilitation Act, as amended. Please indicate where the following program is located within your state government: Migrant and Seasonal Farm Workers</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other public or non-public entity; 99-Not applicable <b>Branching:</b> None		
A6f	NUM	42
<i>The following is a program covered under the 1973 Rehabilitation Act, as amended. Please indicate where the following program is located within your state government: Projects with Industry</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other public or non-public entity; 99-Not applicable <b>Branching:</b> None		
A6g	NUM	43
<i>The following is a program covered under the 1973 Rehabilitation Act, as amended. Please indicate where the following program is located within your state government: Randolph Sheppard Vending Facility Program</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other public or non-public entity; 99-Not applicable <b>Branching:</b> None		
A6h	NUM	44
<i>The following is a program covered under the 1973 Rehabilitation Act, as amended. Please indicate where the following program is located within your state government: Recreation Programs</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other public or non-public entity; 99-Not applicable <b>Branching:</b> None		
A6i	NUM	45
<i>The following is a program covered under the 1973 Rehabilitation Act, as amended. Please indicate where the following program is located within your state government: Supported Employment State Grants</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other public or non-public entity; 99-Not applicable <b>Branching:</b> None		



A7	NUM	46
<hr/> <i>Does your state VR agency have an American Indian VR Services (AIVRS) / Section 121 Project?</i> <b>Response:</b> 1-yes; 2-no <b>Branching:</b> If 1-Continue to A7a; If 2-Skip to A8		
A7a	CHAR	47
<hr/> <i>Who is the primary grant holder of this project?</i> <b>Response:</b> <b>Branching:</b> None		
A8	NUM	48
<hr/> <i>Please report the total FTEs of staff currently employed by your state VR agency (DSU)?</i> <b>Response:</b> <b>Branching:</b> None		
A9a_1	NUM	49
<hr/> <i>For the following program, please report the total FTEs of staff working at all levels for the most recently completed FY: AT State Grant Program</i> <b>Response:</b> <b>Branching:</b> None		
A9a_2	NUM	50
<hr/> <i>Of the total FTEs for the following program, report how many were funded by Title I: AT State Grant Program</i> <b>Response:</b> <b>Branching:</b> None		
A9a_3	NUM	51
<hr/> <i>Of the total FTEs for the following program, report how many were funded by another source: AT State Grant Program</i> <b>Response:</b> <b>Branching:</b> None		
A9b_1	NUM	52
<hr/> <i>For the following program, please report the total FTEs of staff working at all levels for the most recently completed FY: Disability Determination Services (DDS)</i> <b>Response:</b> <b>Branching:</b> None		
A9b_2	NUM	53
<hr/> <i>Of the total FTEs for the following program, report how many were funded by Title I: Disability Determination Services (DDS)</i> <b>Response:</b> <b>Branching:</b> None		

A9b_3	NUM	54
<i>Of the total FTEs for the following program, report how many were funded by another source: Disability Determination Services (DDS)</i> <b>Response:</b> <b>Branching:</b> None		
A9c_1	NUM	55
<i>For the following program, please report the total FTEs of staff working at all levels for the most recently completed FY: Independent Living State Grants</i> <b>Response:</b> <b>Branching:</b> None		
A9c_2	NUM	56
<i>Of the total FTEs for the following program, report how many were funded by Title I: Independent Living State Grants</i> <b>Response:</b> <b>Branching:</b> None		
A9c_3	NUM	57
<i>Of the total FTEs for the following program, report how many were funded by another source: Independent Living State Grants</i> <b>Response:</b> <b>Branching:</b> None		
A9d_1	NUM	58
<i>For the following program, please report the total FTEs of staff working at all levels for the most recently completed FY: Supported Employment State Grants</i> <b>Response:</b> <b>Branching:</b> None		
A9d_2	NUM	59
<i>Of the total FTEs for the following program, report how many were funded by Title I: Supported Employment State Grants</i> <b>Response:</b> <b>Branching:</b> None		
A9d_3	NUM	60
<i>Of the total FTEs for the following program, report how many were funded by another source: Supported Employment State Grants</i> <b>Response:</b> <b>Branching:</b> None		
A9e_1	NUM	61
<i>For the following program, please report the total FTEs of staff working at all levels for the most recently completed FY: Randolph Sheppard Vending Facility Program</i> <b>Response:</b> <b>Branching:</b> None		

A9e_2	NUM	62
<i>Of the total FTEs for the following program, report how many were funded by Title I: Randolph Sheppard Vending Facility Program</i> <b>Response:</b> <b>Branching:</b> None		
A9e_3	NUM	63
<i>Of the total FTEs for the following program, report how many were funded by another source: Randolph Sheppard Vending Facility Program</i> <b>Response:</b> <b>Branching:</b> None		
A9f_1	NUM	64
<i>For the following program, please report the total FTEs of staff working at all levels for the most recently completed FY: VR Services / Basic Supports Grants</i> <b>Response:</b> <b>Branching:</b> None		
A9f_2	NUM	65
<i>Of the total FTEs for the following program, report how many were funded by Title I: VR Services / Basic Supports Grants</i> <b>Response:</b> <b>Branching:</b> None		
A9f_3	NUM	66
<i>Of the total FTEs for the following program, report how many were funded by another source: VR Services / Basic Supports Grants</i> <b>Response:</b> <b>Branching:</b> None		
A9g_1	NUM	67
<i>For the following program, please report the total FTEs of staff working at all levels for the most recently completed FY: Welfare / Temporary Assistance for Needy Families (TANF)</i> <b>Response:</b> <b>Branching:</b> None		
A9g_2	NUM	68
<i>Of the total FTEs for the following program, report how many were funded by Title I: Welfare / Temporary Assistance for Needy Families (TANF)</i> <b>Response:</b> <b>Branching:</b> None		
A9g_3	NUM	69
<i>Of the total FTEs for the following program, report how many were funded by another source: Welfare / Temporary Assistance for Needy Families (TANF)</i> <b>Response:</b> <b>Branching:</b> None		

A9h_1	NUM	70
<hr/> <i>For the following program, please report the total FTEs of staff working at all levels for the most recently completed FY: Work Incentives and Planning (WIPA)</i> <b>Response:</b> <b>Branching:</b> None		
A9h_2	NUM	71
<hr/> <i>Of the total FTEs for the following program, report how many were funded by Title I: Work Incentives and Planning (WIPA)</i> <b>Response:</b> <b>Branching:</b> None		
A9h_3	NUM	72
<hr/> <i>Of the total FTEs for the following program, report how many were funded by another source: Work Incentives and Planning (WIPA)</i> <b>Response:</b> <b>Branching:</b> None		
A9i_1	NUM	73
<hr/> <i>For the following program, please report the total FTEs of staff working at all levels for the most recently completed FY: Other Program</i> <b>Response:</b> <b>Branching:</b> None		
A9i_2	NUM	74
<hr/> <i>Of the total FTEs for the following program, report how many were funded by Title I: Other Program</i> <b>Response:</b> <b>Branching:</b> None		
A9i_3	NUM	75
<hr/> <i>Of the total FTEs for the following program, report how many were funded by another source: Other Program</i> <b>Response:</b> <b>Branching:</b> None		
A9i_spec	CHAR	76
<hr/> <i>Specify the other program that you reported the total FTEs of staff working at all levels and the number of FTEs that were funded by Title I and another source.</i> <b>Response:</b> <b>Branching:</b> None		
A10a	NUM	77
<hr/> <i>Does your state VR agency have specialized staff, i.e. staff who invest 50% or more of their effort into the following category listed? If so, please report the total FTEs of specialized staff at all levels: Benefits Counseling</i> <b>Response:</b> <b>Branching:</b> None		

A10b	NUM	78
<i>Does your state VR agency have specialized staff, i.e. staff who invest 50% or more of their effort into the following category listed? If so, please report the total FTEs of specialized staff at all levels:</i> <i>Blind / Visual Impairments</i> <b>Response:</b> <b>Branching:</b> None		
A10c	NUM	79
<i>Does your state VR agency have specialized staff, i.e. staff who invest 50% or more of their effort into the following category listed? If so, please report the total FTEs of specialized staff at all levels:</i> <i>Business Employment Representatives / Placement Specialists</i> <b>Response:</b> <b>Branching:</b> None		
A10d	NUM	80
<i>Does your state VR agency have specialized staff, i.e. staff who invest 50% or more of their effort into the following category listed? If so, please report the total FTEs of specialized staff at all levels:</i> <i>Deaf / Hard of Hearing</i> <b>Response:</b> <b>Branching:</b> None		
A10e	NUM	81
<i>Does your state VR agency have specialized staff, i.e. staff who invest 50% or more of their effort into the following category listed? If so, please report the total FTEs of specialized staff at all levels:</i> <i>Ex-Offenders / Correction / Probation</i> <b>Response:</b> <b>Branching:</b> None		
A10f	NUM	82
<i>Does your state VR agency have specialized staff, i.e. staff who invest 50% or more of their effort into the following category listed? If so, please report the total FTEs of specialized staff at all levels:</i> <i>Higher Education</i> <b>Response:</b> <b>Branching:</b> None		
A10g	NUM	83
<i>Does your state VR agency have specialized staff, i.e. staff who invest 50% or more of their effort into the following category listed? If so, please report the total FTEs of specialized staff at all levels:</i> <i>Intellectual and Developmental Disabilities (IDD)</i> <b>Response:</b> <b>Branching:</b> None		
A10h	NUM	84
<i>Does your state VR agency have specialized staff, i.e. staff who invest 50% or more of their effort into the following category listed? If so, please report the total FTEs of specialized staff at all levels:</i> <i>Mental Health (MH)</i> <b>Response:</b> <b>Branching:</b> None		

A10i	NUM	85
<i>Does your state VR agency have specialized staff, i.e. staff who invest 50% or more of their effort into the following category listed? If so, please report the total FTEs of specialized staff at all levels: Rehabilitation Technicians / Paraprofessionals</i> <b>Response:</b> <b>Branching:</b> None		
A10j	NUM	86
<i>Does your state VR agency have specialized staff, i.e. staff who invest 50% or more of their effort into the following category listed? If so, please report the total FTEs of specialized staff at all levels: Rural Population / Farmers</i> <b>Response:</b> <b>Branching:</b> None		
A10k	NUM	87
<i>Does your state VR agency have specialized staff, i.e. staff who invest 50% or more of their effort into the following category listed? If so, please report the total FTEs of specialized staff at all levels: Substance Abuse</i> <b>Response:</b> <b>Branching:</b> None		
A10l	NUM	88
<i>Does your state VR agency have specialized staff, i.e. staff who invest 50% or more of their effort into the following category listed? If so, please report the total FTEs of specialized staff at all levels: Teachers of Mobility</i> <b>Response:</b> <b>Branching:</b> None		
A10m	NUM	89
<i>Does your state VR agency have specialized staff, i.e. staff who invest 50% or more of their effort into the following category listed? If so, please report the total FTEs of specialized staff at all levels: Transition / Special Education</i> <b>Response:</b> <b>Branching:</b> None		
A10n	NUM	90
<i>Does your state VR agency have specialized staff, i.e. staff who invest 50% or more of their effort into the following category listed? If so, please report the total FTEs of specialized staff at all levels: Vocational Evaluators</i> <b>Response:</b> <b>Branching:</b> None		
A10o	NUM	91
<i>Does your state VR agency have specialized staff, i.e. staff who invest 50% or more of their effort into the following category listed? If so, please report the total FTEs of specialized staff at all levels: Welfare / Temporary Assistance for Needy Families (TANF)</i> <b>Response:</b> <b>Branching:</b> None		

A10p	NUM	92
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*Does your state VR agency have specialized staff, i.e. staff who invest 50% or more of their effort into the following category listed? If so, please report the total FTEs of specialized staff at all levels:*  
*Workers' Compensation*

**Response:**

**Branching:** None

A10q	NUM	93
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*Does your state VR agency have specialized staff, i.e. staff who invest 50% or more of their effort into the following category listed? If so, please report the total FTEs of specialized staff at all levels:*  
*Other category*

**Response:**

**Branching:** None

A10q_spec	CHAR	94
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*Specify the other category that has specialized staff where you reported the total FTEs of specialized staff at all levels.*

**Response:**

**Branching:** None

## SECTION B: CORE ORGANIZATIONAL FUNCTIONS

B1a	NUM	95
<i>The following is a human resources function. Please indicate which entity acts as the primary decision maker for the following function: Decisions on #s of staff</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
B1b	NUM	96
<i>The following is a human resources function. Please indicate which entity acts as the primary decision maker for the following function: Decisions on types of staff / staff classification</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
B1c	NUM	97
<i>The following is a human resources function. Please indicate which entity acts as the primary decision maker for the following function: Recruitment decisions</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
B1d	NUM	98
<i>The following is a human resources function. Please indicate which entity acts as the primary decision maker for the following function: Hiring decisions</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
B1e	NUM	99
<i>The following is a human resources function. Please indicate which entity acts as the primary decision maker for the following function: Staff training</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
B1f	NUM	100
<i>The following is a human resources function. Please indicate which entity acts as the primary decision maker for the following function: Staff promotion</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
B1g	NUM	101
<i>The following is a human resources function. Please indicate which entity acts as the primary decision maker for the following function: Staff performance evaluation incl. disciplinary actions</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
B2	NUM	102
<i>Where does the primary decision making lie with respect to human resources?</i> <b>Response:</b> 1-DSU; 2-DSA; 95-Other entity <b>Branching:</b> None		



B2spec	CHAR	103
Specify the other entity that does the primary decision making with respect to human resources. <b>Response:</b> <b>Branching:</b> None		
B3	NUM	
The following is a function related to infrastructure and Management Information Systems (MIS). Please indicate which entity acts as the primary decision maker for the following function: <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
B3a	NUM	104
The following is a function related to infrastructure and Management Information Systems (MIS). Please indicate which entity acts as the primary decision maker for the following function: Decisions on location of space <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
B3b	NUM	105
The following is a function related to infrastructure and Management Information Systems (MIS). Please indicate which entity acts as the primary decision maker for the following function: Decisions on structure of space <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
B3c	NUM	106
The following is a function related to infrastructure and Management Information Systems (MIS). Please indicate which entity acts as the primary decision maker for the following function: Decisions on equipment (incl. types, cost and use) <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
B3d	NUM	107
The following is a function related to infrastructure and Management Information Systems (MIS). Please indicate which entity acts as the primary decision maker for the following function: Decisions on MIS hardware and software <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
B3e	NUM	108
The following is a function related to infrastructure and Management Information Systems (MIS). Please indicate which entity acts as the primary decision maker for the following function: Data analysis and use <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		

B4	NUM	109
<i>Who is the primary decision maker with respect to infrastructure? Infrastructure may include decisions about space and equipment (e.g., copy machines).</i> <b>Response:</b> 1-DSU; 2-DSA; 95-Other entity <b>Branching:</b> None		
B4spec	CHAR	110
<i>Specify the other entity that is the primary decision maker with respect to infrastructure.</i> <b>Response:</b> <b>Branching:</b> None		
B5	NUM	111
<i>Who is the primary decision maker with respect to MIS?</i> <b>Response:</b> 1-DSU; 2-DSA; 95-Other entity <b>Branching:</b> None		
B5spec	CHAR	112
<i>Specify the other entity that is the primary decision maker with respect to MIS.</i> <b>Response:</b> <b>Branching:</b> None		
B6a	NUM	113
<i>The following is a function related to policies and procedures, and finances. Please indicate which entity acts as the primary decision maker for the following function: Decisions on allocation of fiscal resources</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
B6b	NUM	114
<i>The following is a function related to policies and procedures, and finances. Please indicate which entity acts as the primary decision maker for the following function: Development and implementation of organizational change based on planning / evaluation</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
B6c	NUM	115
<i>The following is a function related to policies and procedures, and finances. Please indicate which entity acts as the primary decision maker for the following function: Policy development / modification</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
B6d	NUM	116
<i>The following is a function related to policies and procedures, and finances. Please indicate which entity acts as the primary decision maker for the following function: Policy Implementation</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		

B7	NUM	117
<i>Who is the primary decision maker with respect to policies and procedures affecting the operation of the VR program (such as hours of operation, methods of service delivery)?</i> <b>Response:</b> 1-DSU; 2-DSA; 95-Other entity <b>Branching:</b> None		
B7spec	CHAR	118
<i>Specify the other entity that is the primary decision maker with respect to policies and procedures affecting the operation of the VR program.</i> <b>Response:</b> <b>Branching:</b> None		
B8	NUM	119
<i>Who is the primary decision maker with respect to the utilization of funds for the operation of the VR program (including transfer of funds within programs)?</i> <b>Response:</b> 1-DSU; 2-DSA; 95-Other entity <b>Branching:</b> None		
B8spec	CHAR	120
<i>Specify the other entity that is the primary decision maker with respect to the utilization of funds for the operation of the VR program.</i> <b>Response:</b> <b>Branching:</b> None		
B9_1	NUM	121
<i>Has your state VR agency received the following grant in the past five years: Medicaid Infrastructure Grant</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
B9_2	NUM	122
<i>Has your state VR agency received the following grant in the past five years: Work Incentives Planning and Assistance (WIPA) Grant</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
B9_3	NUM	123
<i>Has your state VR agency received the following grant in the past five years: Other federal grants</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
B9_4	NUM	124
<i>Has your state VR agency received the following grant in the past five years: Other state / local grants</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		

B9_5	NUM	125
<i>Has your state VR agency received the following grant in the past five years: Other grant</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
B9_95	NUM	126
<i>Has your state VR agency received the following grant in the past five years: None of the above</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
B9_3spec	CHAR	127
<i>Specify the other federal grant that your state VR agency has received in the past five years.</i> <b>Response:</b> <b>Branching:</b> None		
B9_4spec	CHAR	128
<i>Specify the other state / local grant that your state VR agency has received in the past five years.</i> <b>Response:</b> <b>Branching:</b> None		
B9_5spec	CHAR	129
<i>Specify the other grant that your state VR agency has received in the past five years.</i> <b>Response:</b> <b>Branching:</b> None		
B10_1	NUM	130
<i>Has your state VR agency received the following type of income from other sources in the past five years: Contracts</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
B10_2	NUM	131
<i>Has your state VR agency received the following type of income from other sources in the past five years: Fees for services (i.e. Workers' Compensation)</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
B10_3	NUM	132
<i>Has your state VR agency received the following type of income from other sources in the past five years: Interagency funding</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
B10_4	NUM	133
<i>Has your state VR agency received the following type of income from other sources in the past five years: Other public source</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		

B10_5	NUM	134
<i>Has your state VR agency received the following type of income from other sources in the past five years: Other private source</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
B10_95	NUM	135
<i>Has your state VR agency received the following type of income from other sources in the past five years: None of the above</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
B10_4spec	CHAR	136
<i>Specify the other public source that your agency has received in the past five years.</i> <b>Response:</b> <b>Branching:</b> None		
B10_5spec	CHAR	137
<i>Specify the other private source that your agency has received in the past five years.</i> <b>Response:</b> <b>Branching:</b> None		
B11	NUM	138
<i>Who is the primary decision maker with respect to planning?</i> <b>Response:</b> 1-DSU; 2-DSA; 95-Other entity <b>Branching:</b> None		
B11spec	CHAR	139
<i>Specify the other entity that is the primary decision maker with respect to planning.</i> <b>Response:</b> <b>Branching:</b> None		
B12	NUM	140
<i>Do you have a structured strategic planning process?</i> <b>Response:</b> 1=yes; 2=no <b>Branching:</b> None		
B12spec	CHAR	141
<i>If yes, describe the structured strategic planning process.</i> <b>Response:</b> <b>Branching:</b> None		
B13	NUM	142
<i>Do you have a written strategic plan?</i> <b>Response:</b> 1=yes; 2=no <b>Branching:</b> None		

B14	NUM	143
<i>Who is the primary decision maker with respect to program evaluation?</i> <b>Response:</b> 1-DSU; 2-DSA; 95-Other entity <b>Branching:</b> None		
B14spec	CHAR	144
<i>Specify the other entity that is the primary decision maker with respect to program evaluation.</i> <b>Response:</b> <b>Branching:</b> None		
B15	NUM	145
<i>Who is the primary decision maker with respect to quality assurance?</i> <b>Response:</b> 1-DSU; 2-DSA; 95-Other entity <b>Branching:</b> None		
B15spec	CHAR	146
<i>Specify the other entity that is the primary decision maker with respect to quality assurance.</i> <b>Response:</b> <b>Branching:</b> None		
B16	NUM	147
<i>Has your DSU participated in a major quality management (QA) process such as Baldrige, Sterling or other process in the past five years?</i> <b>Response:</b> 1-yes; 2-no <b>Branching:</b> If 1-Continue to B16a; If 2-Skip to B17		
B16_1spec	CHAR	148
<i>If yes, describe your DSU's participation in a major quality management (QA) process such as Baldrige, Sterling or other process in the past five years.</i> <b>Response:</b> <b>Branching:</b> None		
B16a	NUM	149
<i>Was this QA process part of a larger state government quality initiative?</i> <b>Response:</b> 1-yes; 2-no <b>Branching:</b> None		
B17a	NUM	150
<i>The following is a function related to the purchasing or contracting of services. Please indicate which entity acts as the primary decision maker for the following function: Decisions on types of CRPs and vendors</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		

B17b	NUM	151
<i>The following is a function related to the purchasing or contracting of services. Please indicate which entity acts as the primary decision maker for the following function: Approval of CRPs and vendors</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
B17c	NUM	152
<i>The following is a function related to the purchasing or contracting of services. Please indicate which entity acts as the primary decision maker for the following function: Rates for CRPs and vendors</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
B17d	NUM	153
<i>The following is a function related to the purchasing or contracting of services. Please indicate which entity acts as the primary decision maker for the following function: Methods of service delivery used by CRPs and vendors</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
B17e	NUM	154
<i>The following is a function related to the purchasing or contracting of services. Please indicate which entity acts as the primary decision maker for the following function: Methods of billing and reporting used by CRPs and vendors</i> <b>Response:</b> 1-DSU; 2-DSA; 3-Other state unit or entity <b>Branching:</b> None		
B18	NUM	155
<i>Who is the primary decision maker with respect to purchasing and contracting of services?</i> <b>Response:</b> 1-DSU; 2-DSA; 95-Other entity <b>Branching:</b> None		
B18spec	CHAR	156
<i>Specify the other entity that is the primary decision maker with respect to purchasing and contracting of services.</i> <b>Response:</b> <b>Branching:</b> None		

## SECTION C: INTERAGENCY PARTNERSHIPS

C1_1	NUM	157
<hr/> <i>Does your state VR agency formally coordinate service delivery with the following agency: Department of Corrections</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C1_2	NUM	158
<hr/> <i>Does your state VR agency formally coordinate service delivery with the following agency: Housing Authority</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C1_3	NUM	159
<hr/> <i>Does your state VR agency formally coordinate service delivery with the following agency: Local Education Authorities</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C1_4	NUM	160
<hr/> <i>Does your state VR agency formally coordinate service delivery with the following agency: Local Workforce Investment Boards (LWIBs)</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C1_5	NUM	161
<hr/> <i>Does your state VR agency formally coordinate service delivery with the following agency: Primary and Secondary Education incl. Special Education</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C1_6	NUM	162
<hr/> <i>Does your state VR agency formally coordinate service delivery with the following agency: State Intellectual and Developmental Disabilities (IDD) Agencies</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C1_7	NUM	163
<hr/> <i>Does your state VR agency formally coordinate service delivery with the following agency: State Labor or Workforce Development Agencies / State Workforce Investment Boards (SWIBs)</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		



C1_8	NUM	164
<i>Does your state VR agency formally coordinate service delivery with the following agency: State Mental Health (MH) Agencies</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C1_9	NUM	165
<i>Does your state VR agency formally coordinate service delivery with the following agency: State Veteran's Administration</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C1_10	NUM	166
<i>Does your state VR agency formally coordinate service delivery with the following agency: Welfare / Temporary Assistance for Needy Families (TANF)</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C1_11	NUM	167
<i>Does your state VR agency formally coordinate service delivery with the following agency: Work Incentives Planning and Assistance (WIPA)</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C1_95	NUM	168
<i>Does your state VR agency formally coordinate service delivery with the following agency: Other agency</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C1_96	NUM	169
<i>Does your state VR agency formally coordinate service delivery with the following agency: None of the above</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C1_95spec	CHAR	170
<i>Specify other agencies with which your state VR agency formally coordinates service delivery.</i> <b>Response:</b> <b>Branching:</b> None		
C2_1	NUM	171
<i>Does your state VR agency formally coordinate supported employment extended services with the following agency: Department of Corrections</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		

C2_2	NUM	172
<hr/> <i>Does your state VR agency formally coordinate supported employment extended services with the following agency: Housing Authority</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C2_3	NUM	173
<hr/> <i>Does your state VR agency formally coordinate supported employment extended services with the following agency: Local Education Authorities</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C2_4	NUM	174
<hr/> <i>Does your state VR agency formally coordinate supported employment extended services with the following agency: Local Workforce Investment Boards (LWIBs)</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C2_5	NUM	175
<hr/> <i>Does your state VR agency formally coordinate supported employment extended services with the following agency: Primary and Secondary Education incl. Special Education</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C2_6	NUM	176
<hr/> <i>Does your state VR agency formally coordinate supported employment extended services with the following agency: State Intellectual and Developmental Disabilities (IDD) Agencies</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C2_7	NUM	177
<hr/> <i>Does your state VR agency formally coordinate supported employment extended services with the following agency: State Labor or Workforce Development Agencies / State Workforce Investment Boards (SWIBs)</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C2_8	NUM	178
<hr/> <i>Does your state VR agency formally coordinate supported employment extended services with the following agency: State Mental Health (MH) Agencies</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C2_9	NUM	179
<hr/> <i>Does your state VR agency formally coordinate supported employment extended services with the following agency: State Veteran's Administration</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		

C2_10	NUM	180
<i>Does your state VR agency formally coordinate supported employment extended services with the following agency: Welfare / Temporary Assistance for Needy Families (TANF)</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C2_11	NUM	181
<i>Does your state VR agency formally coordinate supported employment extended services with the following agency: Work Incentives Planning and Assistance (WIPA)</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C2_95	NUM	182
<i>Does your state VR agency formally coordinate supported employment extended services with the following agency: Other agency</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C2_96	NUM	183
<i>Does your state VR agency formally coordinate supported employment extended services with the following agency: None of the above</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C2_95spec	CHAR	184
<i>Specify other agencies with which your state VR agency formally coordinates supported employment extended services.</i> <b>Response:</b> <b>Branching:</b> None		
C3_1	NUM	185
<i>Does your state VR agency share physical space with the following agency: Department of Corrections</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C3_2	NUM	186
<i>Does your state VR agency share physical space with the following agency: Housing Authority</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C3_3	NUM	187
<i>Does your state VR agency share physical space with the following agency: Local Education Authorities</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		

C3_4	NUM	188
<i>Does your state VR agency share physical space with the following agency: Local Workforce Investment Boards (LWIBs)</i>		
<b>Response:</b> 1=yes; 0=no		
<b>Branching:</b> None		
C3_5	NUM	189
<i>Does your state VR agency share physical space with the following agency: Primary and Secondary Education incl. Special Education</i>		
<b>Response:</b> 1=yes; 0=no		
<b>Branching:</b> None		
C3_6	NUM	190
<i>Does your state VR agency share physical space with the following agency: State Intellectual and Developmental Disabilities (IDD) Agencies</i>		
<b>Response:</b> 1=yes; 0=no		
<b>Branching:</b> None		
C3_7	NUM	191
<i>Does your state VR agency share physical space with the following agency: State Labor or Workforce Development Agencies / State Workforce Investment Boards (SWIBs)</i>		
<b>Response:</b> 1=yes; 0=no		
<b>Branching:</b> None		
C3_8	NUM	192
<i>Does your state VR agency share physical space with the following agency: State Mental Health (MH) Agencies</i>		
<b>Response:</b> 1=yes; 0=no		
<b>Branching:</b> None		
C3_9	NUM	193
<i>Does your state VR agency share physical space with the following agency: State Veteran's Administration</i>		
<b>Response:</b> 1=yes; 0=no		
<b>Branching:</b> None		
C3_10	NUM	194
<i>Does your state VR agency share physical space with the following agency: Welfare / Temporary Assistance for Needy Families (TANF)</i>		
<b>Response:</b> 1=yes; 0=no		
<b>Branching:</b> None		
C3_11	NUM	195
<i>Does your state VR agency share physical space with the following agency: Work Incentives Planning and Assistance (WIPA)</i>		
<b>Response:</b> 1=yes; 0=no		
<b>Branching:</b> None		

C3_95	NUM	196
<i>Does your state VR agency share physical space with the following agency: Other agency</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C3_96	NUM	197
<i>Does your state VR agency share physical space with the following agency: None of the above</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C3_95spec	CHAR	198
<i>Specify other agencies with which your state VR agency shares physical space.</i> <b>Response:</b> <b>Branching:</b> None		
C4_1	NUM	199
<i>Does your state VR agency jointly fund programs based on a formal written agreement with the following agency: Department of Corrections</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C4_2	NUM	200
<i>Does your state VR agency jointly fund programs based on a formal written agreement with the following agency: Housing Authority</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C4_3	NUM	201
<i>Does your state VR agency jointly fund programs based on a formal written agreement with the following agency: Local Education Authorities</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C4_4	NUM	202
<i>Does your state VR agency jointly fund programs based on a formal written agreement with the following agency: Local Workforce Investment Boards (LWIBs)</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C4_5	NUM	203
<i>Does your state VR agency jointly fund programs based on a formal written agreement with the following agency: Primary and Secondary Education incl. Special Education</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		

C4_6	NUM	204
<i>Does your state VR agency jointly fund programs based on a formal written agreement with the following agency: State Intellectual and Developmental Disabilities (IDD) Agencies</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C4_7	NUM	205
<i>Does your state VR agency jointly fund programs based on a formal written agreement with the following agency: State Labor or Workforce Development Agencies / State Workforce Investment Boards (SWIBs)</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C4_8	NUM	206
<i>Does your state VR agency jointly fund programs based on a formal written agreement with the following agency: State Mental Health (MH) Agencies</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C4_9	NUM	207
<i>Does your state VR agency jointly fund programs based on a formal written agreement with the following agency: State Veteran's Administration</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C4_10	NUM	208
<i>Does your state VR agency jointly fund programs based on a formal written agreement with the following agency: Welfare / Temporary Assistance for Needy Families (TANF)</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C4_11	NUM	209
<i>Does your state VR agency jointly fund programs based on a formal written agreement with the following agency: Work Incentives Planning and Assistance (WIPA)</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C4_95	NUM	210
<i>Does your state VR agency jointly fund programs based on a formal written agreement with the following agency: Other agency</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C4_96	NUM	211
<i>Does your state VR agency jointly fund programs based on a formal written agreement with the following agency: None of the above</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		

C4_95spec	CHAR	212
<i>Specify other agencies with which your state VR agency jointly funds programs based on a formal written agreement.</i>		
<b>Response:</b>		
<b>Branching:</b> None		
C5_1	NUM	213
<i>Does your state VR agency jointly fund staff at any level with the following agency: Department of Corrections</i>		
<b>Response:</b> 1=yes; 0=no		
<b>Branching:</b> None		
C5_2	NUM	214
<i>Does your state VR agency jointly fund staff at any level with the following agency: Housing Authority</i>		
<b>Response:</b> 1=yes; 0=no		
<b>Branching:</b> None		
C5_3	NUM	215
<i>Does your state VR agency jointly fund staff at any level with the following agency: Local Education Authorities</i>		
<b>Response:</b> 1=yes; 0=no		
<b>Branching:</b> None		
C5_4	NUM	216
<i>Does your state VR agency jointly fund staff at any level with the following agency: Local Workforce Investment Boards (LWIBs)</i>		
<b>Response:</b> 1=yes; 0=no		
<b>Branching:</b> None		
C5_5	NUM	217
<i>Does your state VR agency jointly fund staff at any level with the following agency: Primary and Secondary Education incl. Special Education</i>		
<b>Response:</b> 1=yes; 0=no		
<b>Branching:</b> None		
C5_6	NUM	218
<i>Does your state VR agency jointly fund staff at any level with the following agency: State Intellectual and Developmental Disabilities (IDD) Agencies</i>		
<b>Response:</b> 1=yes; 0=no		
<b>Branching:</b> None		
C5_7	NUM	219
<i>Does your state VR agency jointly fund staff at any level with the following agency: State Labor or Workforce Development Agencies / State Workforce Investment Boards (SWIBs)</i>		
<b>Response:</b> 1=yes; 0=no		
<b>Branching:</b> None		

C5_8	NUM	220
<i>Does your state VR agency jointly fund staff at any level with the following agency: State Mental Health (MH) Agencies</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C5_9	NUM	221
<i>Does your state VR agency jointly fund staff at any level with the following agency: State Veteran's Administration</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C5_10	NUM	222
<i>Does your state VR agency jointly fund staff at any level with the following agency: Welfare / Temporary Assistance for Needy Families (TANF)</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C5_11	NUM	223
<i>Does your state VR agency jointly fund staff at any level with the following agency: Work Incentives Planning and Assistance (WIPA)</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C5_95	NUM	224
<i>Does your state VR agency jointly fund staff at any level with the following agency: Other agency</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C5_96	NUM	225
<i>Does your state VR agency jointly fund staff at any level with the following agency: None of the above</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C5_95spec	CHAR	226
<i>Specify other agencies with which your state VR agency jointly funds staff at any level.</i> <b>Response:</b> <b>Branching:</b> None		
C6_1	NUM	227
<i>Does your state VR agency jointly fund customers (i.e. blended or braiding funding) based on a formal written agreement with the following agency: Department of Corrections</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		



C6_2	NUM	228
<i>Does your state VR agency jointly fund customers (i.e. blended or braiding funding) based on a formal written agreement with the following agency: Housing Authority</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C6_3	NUM	229
<i>Does your state VR agency jointly fund customers (i.e. blended or braiding funding) based on a formal written agreement with the following agency: Local Education Authorities</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C6_4	NUM	230
<i>Does your state VR agency jointly fund customers (i.e. blended or braiding funding) based on a formal written agreement with the following agency: Local Workforce Investment Boards (LWIBs)</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C6_5	NUM	231
<i>Does your state VR agency jointly fund customers (i.e. blended or braiding funding) based on a formal written agreement with the following agency: Primary and Secondary Education incl. Special Education</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C6_6	NUM	232
<i>Does your state VR agency jointly fund customers (i.e. blended or braiding funding) based on a formal written agreement with the following agency: State Intellectual and Developmental Disabilities (IDD) Agencies</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C6_7	NUM	233
<i>Does your state VR agency jointly fund customers (i.e. blended or braiding funding) based on a formal written agreement with the following agency: State Labor or Workforce Development Agencies / State Workforce Investment Boards (SWIBs)</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C6_8	NUM	234
<i>Does your state VR agency jointly fund customers (i.e. blended or braiding funding) based on a formal written agreement with the following agency: State Mental Health (MH) Agencies</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C6_9	NUM	235
<i>Does your state VR agency jointly fund customers (i.e. blended or braiding funding) based on a formal written agreement with the following agency: State Veteran's Administration</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		

C6_10	NUM	236
<i>Does your state VR agency jointly fund customers (i.e. blended or braiding funding) based on a formal written agreement with the following agency: Welfare / Temporary Assistance for Needy Families (TANF)</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C6_11	NUM	237
<i>Does your state VR agency jointly fund customers (i.e. blended or braiding funding) based on a formal written agreement with the following agency: Work Incentives Planning and Assistance (WIPA)</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C6_95	NUM	238
<i>Does your state VR agency jointly fund customers (i.e. blended or braiding funding) based on a formal written agreement with the following agency: Other agency</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C6_96	NUM	239
<i>Does your state VR agency jointly fund customers (i.e. blended or braiding funding) based on a formal written agreement with the following agency: None of the above</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C6_95spec	CHAR	240
<i>Specify other agencies with which your state VR agency jointly funds customers based on a formal written agreement.</i> <b>Response:</b> <b>Branching:</b> None		
C7_1	NUM	241
<i>Does your state VR agency formally share data (e.g., customer data, financial data, provider data) with the following agency: Department of Corrections</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C7_2	NUM	242
<i>Does your state VR agency formally share data (e.g., customer data, financial data, provider data) with the following agency: Housing Authority</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C7_3	NUM	243
<i>Does your state VR agency formally share data (e.g., customer data, financial data, provider data) with the following agency: Local Education Authorities</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		

C7_4	NUM	244
<i>Does your state VR agency formally share data (e.g., customer data, financial data, provider data) with the following agency: Local Workforce Investment Boards (LWIBs)</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C7_5	NUM	245
<i>Does your state VR agency formally share data (e.g., customer data, financial data, provider data) with the following agency: Primary and Secondary Education incl. Special Education</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C7_6	NUM	246
<i>Does your state VR agency formally share data (e.g., customer data, financial data, provider data) with the following agency: State Intellectual and Developmental Disabilities (IDD) Agencies</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C7_7	NUM	247
<i>Does your state VR agency formally share data (e.g., customer data, financial data, provider data) with the following agency: State Labor or Workforce Development Agencies / State Workforce Investment Boards (SWIBs)</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C7_8	NUM	248
<i>Does your state VR agency formally share data (e.g., customer data, financial data, provider data) with the following agency: State Mental Health (MH) Agencies</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C7_9	NUM	249
<i>Does your state VR agency formally share data (e.g., customer data, financial data, provider data) with the following agency: State Veteran's Administration</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C7_10	NUM	250
<i>Does your state VR agency formally share data (e.g., customer data, financial data, provider data) with the following agency: Welfare / Temporary Assistance for Needy Families (TANF)</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		
C7_11	NUM	251
<i>Does your state VR agency formally share data (e.g., customer data, financial data, provider data) with the following agency: Work Incentives Planning and Assistance (WIPA)</i> <b>Response:</b> 1=yes; 0=no <b>Branching:</b> None		

C7_95	NUM	252
<i>Does your state VR agency formally share data (e.g., customer data, financial data, provider data) with the following agency: Other agency</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C7_96	NUM	253
<i>Does your state VR agency formally share data (e.g., customer data, financial data, provider data) with the following agency: None of the above</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C7_95spec	CHAR	254
<i>Specify other agencies with which your state VR agency formally shares data.</i> <b>Response:</b> <b>Branching:</b> None		
C8_1	NUM	255
<i>Does your state VR agency formally share a common certification process for CRPs or other vendors with the following agency: Department of Corrections</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C8_2	NUM	256
<i>Does your state VR agency formally share a common certification process for CRPs or other vendors with the following agency: Housing Authority</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C8_3	NUM	257
<i>Does your state VR agency formally share a common certification process for CRPs or other vendors with the following agency: Local Education Authorities</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C8_4	NUM	258
<i>Does your state VR agency formally share a common certification process for CRPs or other vendors with the following agency: Local Workforce Investment Boards (LWIBs)</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C8_5	NUM	259
<i>Does your state VR agency formally share a common certification process for CRPs or other vendors with the following agency: Primary and Secondary Education incl. Special Education</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		

C8_6	NUM	260
<i>Does your state VR agency formally share a common certification process for CRPs or other vendors with the following agency: State Intellectual and Developmental Disabilities (IDD) Agencies</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C8_7	NUM	261
<i>Does your state VR agency formally share a common certification process for CRPs or other vendors with the following agency: State Labor or Workforce Development Agencies / State Workforce Investment Boards (SWIBs)</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C8_8	NUM	262
<i>Does your state VR agency formally share a common certification process for CRPs or other vendors with the following agency: State Mental Health (MH) Agencies</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C8_9	NUM	263
<i>Does your state VR agency formally share a common certification process for CRPs or other vendors with the following agency: State Veteran's Administration</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C8_10	NUM	264
<i>Does your state VR agency formally share a common certification process for CRPs or other vendors with the following agency: Welfare / Temporary Assistance for Needy Families (TANF)</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C8_11	NUM	265
<i>Does your state VR agency formally share a common certification process for CRPs or other vendors with the following agency: Work Incentives Planning and Assistance (WIPA)</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C8_95	NUM	266
<i>Does your state VR agency formally share a common certification process for CRPs or other vendors with the following agency: Other agency</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C8_96	NUM	267
<i>Does your state VR agency formally share a common certification process for CRPs or other vendors with the following agency: None of the above</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		

C8_95spec	CHAR	268
<i>Specify other agencies with which your state VR agency formally shares a common certification process for CRPs or other vendors.</i>		
<b>Response:</b>		
<b>Branching:</b> None		
C9_1	NUM	269
<i>Does your state VR agency formally share a common monitoring process for CRPs or other vendors with the following agency: Department of Corrections</i>		
<b>Response:</b> 1=yes; 0=no		
<b>Branching:</b> None		
C9_2	NUM	270
<i>Does your state VR agency formally share a common monitoring process for CRPs or other vendors with the following agency: Housing Authority</i>		
<b>Response:</b> 1=yes; 0=no		
<b>Branching:</b> None		
C9_3	NUM	271
<i>Does your state VR agency formally share a common monitoring process for CRPs or other vendors with the following agency: Local Education Authorities</i>		
<b>Response:</b> 1=yes; 0=no		
<b>Branching:</b> None		
C9_4	NUM	272
<i>Does your state VR agency formally share a common monitoring process for CRPs or other vendors with the following agency: Local Workforce Investment Boards (LWIBs)</i>		
<b>Response:</b> 1=yes; 0=no		
<b>Branching:</b> None		
C9_5	NUM	273
<i>Does your state VR agency formally share a common monitoring process for CRPs or other vendors with the following agency: Primary and Secondary Education incl. Special Education</i>		
<b>Response:</b> 1=yes; 0=no		
<b>Branching:</b> None		
C9_6	NUM	274
<i>Does your state VR agency formally share a common monitoring process for CRPs or other vendors with the following agency: State Intellectual and Developmental Disabilities (IDD) Agencies</i>		
<b>Response:</b> 1=yes; 0=no		
<b>Branching:</b> None		
C9_7	NUM	275
<i>Does your state VR agency formally share a common monitoring process for CRPs or other vendors with the following agency: State Labor or Workforce Development Agencies / State Workforce Investment Boards (SWIBs)</i>		
<b>Response:</b> 1=yes; 0=no		
<b>Branching:</b> None		

C9_8	NUM	276
<i>Does your state VR agency formally share a common monitoring process for CRPs or other vendors with the following agency: State Mental Health (MH) Agencies</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C9_9	NUM	277
<i>Does your state VR agency formally share a common monitoring process for CRPs or other vendors with the following agency: State Veteran's Administration</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C9_10	NUM	278
<i>Does your state VR agency formally share a common monitoring process for CRPs or other vendors with the following agency: Welfare / Temporary Assistance for Needy Families (TANF)</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C9_11	NUM	279
<i>Does your state VR agency formally share a common monitoring process for CRPs or other vendors with the following agency: Work Incentives Planning and Assistance (WIPA)</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C9_95	NUM	280
<i>Does your state VR agency formally share a common monitoring process for CRPs or other vendors with the following agency: Other agency</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C9_96	NUM	281
<i>Does your state VR agency formally share a common monitoring process for CRPs or other vendors with the following agency: None of the above</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C9_95spec	CHAR	282
<i>Specify other agencies with which your state VR agency formally shares a common monitoring process for CRPs or other vendors.</i> <b>Response:</b> <b>Branching:</b> None		
C10_1	NUM	283
<i>Does your state VR agency formally share a common rate setting for CRPs or other vendors with the following agency: Department of Corrections</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		

C10_2	NUM	284
<i>Does your state VR agency formally share a common rate setting for CRPs or other vendors with the following agency: Housing Authority</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C10_3	NUM	285
<i>Does your state VR agency formally share a common rate setting for CRPs or other vendors with the following agency: Local Education Authorities</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C10_4	NUM	286
<i>Does your state VR agency formally share a common rate setting for CRPs or other vendors with the following agency: Local Workforce Investment Boards (LWIBs)</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C10_5	NUM	287
<i>Does your state VR agency formally share a common rate setting for CRPs or other vendors with the following agency: Primary and Secondary Education incl. Special Education</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C10_6	NUM	288
<i>Does your state VR agency formally share a common rate setting for CRPs or other vendors with the following agency: State Intellectual and Developmental Disabilities (IDD) Agencies</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C10_7	NUM	289
<i>Does your state VR agency formally share a common rate setting for CRPs or other vendors with the following agency: State Labor or Workforce Development Agencies / State Workforce Investment Boards (SWIBs)</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C10_8	NUM	290
<i>Does your state VR agency formally share a common rate setting for CRPs or other vendors with the following agency: State Mental Health (MH) Agencies</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
C10_9	NUM	291
<i>Does your state VR agency formally share a common rate setting for CRPs or other vendors with the following agency: State Veteran's Administration</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		



C10_10	NUM	292
<i>Does your state VR agency formally share a common rate setting for CRPs or other vendors with the following agency: Welfare / Temporary Assistance for Needy Families (TANF)</i>		
<b>Response:</b> 1=yes; 0=no		
<b>Branching:</b> None		
C10_11	NUM	293
<i>Does your state VR agency formally share a common rate setting for CRPs or other vendors with the following agency: Work Incentives Planning and Assistance (WIPA)</i>		
<b>Response:</b> 1=yes; 0=no		
<b>Branching:</b> None		
C10_95	NUM	294
<i>Does your state VR agency formally share a common rate setting for CRPs or other vendors with the following agency: Other agency</i>		
<b>Response:</b> 1=yes; 0=no		
<b>Branching:</b> None		
C10_96	NUM	295
<i>Does your state VR agency formally share a common rate setting for CRPs or other vendors with the following agency: None of the above</i>		
<b>Response:</b> 1=yes; 0=no		
<b>Branching:</b> None		
C10_95spec	CHAR	296
<i>Specify other agencies with which your state VR agency formally shares a common rate setting for CRPs or other vendors.</i>		
<b>Response:</b>		
<b>Branching:</b> None		

## SECTION D: POST-VR EXTENDED SERVICES FOR INDIVIDUALS WITH SUPPORTED EMPLOYMENT OUTCOMES

D1	NUM	297
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*For the most recently completed FY, please report the total number of customers, who were closed with a SE outcome.*

**Response:**

**Branching:** None

D2	NUM	298
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*The following is an extended service. Please report the percent of the total number of customers closed with SE outcomes, who are currently receiving natural supports only. Use the most recently completed FY for reporting purposes.*

**Response:** 1-Specify %; 2-This data is not collected; 3-No customers receive this service

**Branching:** None

D2spec	NUM	299
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*Specify % of the total number of customers closed with SE outcomes, who are currently receiving natural supports only.*

**Response:**

**Branching:** None

D3	NUM	300
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*The following is an extended service. Please report the percent of the total number of customers closed with SE outcomes, who are currently receiving paid / funded services only. Use the most recently completed FY for reporting purposes.*

**Response:** 1-Specify %; 2-This data is not collected; 3-No customers receive this service

**Branching:** None

D3spec	NUM	301
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*Specify % of the total number of customers closed with SE outcomes, who are currently receiving paid / funded services only.*

**Response:**

**Branching:** None

D4	NUM	302
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*The following is an extended service. Please report the percent of the total number of customers closed with SE outcomes, who are currently receiving a combination of paid / funded and natural supports. Use the most recently completed FY for reporting purposes.*

**Response:** 1-Specify %; 2-This data is not collected; 3-No customers receive this service

**Branching:** None

D4spec	NUM	303
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*Specify % of the total number of customers closed with SE outcomes, who are currently receiving a combination of paid / funded and natural supports.*

**Response:**

**Branching:** None

D5	NUM	304
<i>Do any of your customers closed with SE outcomes receive any other type of extended service?</i> <b>Response:</b> 1-yes; 2-no <b>Branching:</b> None		
D5spec	CHAR	305
<i>If yes, specify the type of extended service your customers closed with SE outcomes receive.</i> <b>Response:</b> <b>Branching:</b> None		
D5a	NUM	306
<i>Please report percent of customers currently receiving this support.</i> <b>Response:</b> 1-Specify %; 2-This data is not collected <b>Branching:</b> None		
D5aspec	NUM	307
<i>Specify % of customers currently receiving this support.</i> <b>Response:</b> <b>Branching:</b> None		
D6	NUM	308
<i>Does your agency have a minimum hourly work requirement for SE outcomes?</i> <b>Response:</b> 1-yes; 2-no <b>Branching:</b> None		
D6spec	NUM	309
<i>If yes, specify the minimum hourly work requirements for SE outcomes.</i> <b>Response:</b> <b>Branching:</b> None		
D7	NUM	310
<i>Does your agency have a minimum hourly wage requirement for SE outcome?</i> <b>Response:</b> 1-yes; 2-no <b>Branching:</b> None		
D7spec	CHAR	311
<i>If yes, specify the minimum hourly wage requirements for SE outcomes.</i> <b>Response:</b> <b>Branching:</b> None		
D8	NUM	312
<i>The following is a type of employment setting. Please report whether or not your agency accepts competitive employment with time-limited supports as a SE outcome, even if it is on a case-by-case basis. If so, please report the total number of customers, who were closed with a SE outcome in this setting. Use the most recently completed FY for reporting purposes.</i> <b>Response:</b> 1-yes; 2-no; 3-yes, but this data is not collected <b>Branching:</b> None		

D8spec	NUM	313
<i>If yes, specify the total # of customers closed with SE outcomes in competitive employment with time-limited supports.</i> <b>Response:</b> <b>Branching:</b> None		
D9	NUM	314
<i>The following is a type of employment setting. Please report whether or not your agency accepts individual supported employment as a SE outcome, even if it is on a case-by-case basis. If so, please report the total number of customers, who were closed with a SE outcome in this setting. Use the most recently completed FY for reporting purposes.</i> <b>Response:</b> 1-yes; 2-no; 3-yes, but this data is not collected <b>Branching:</b> None		
D9spec	NUM	315
<i>If yes, specify the total # of customers closed with SE outcomes in individual supported employment.</i> <b>Response:</b> <b>Branching:</b> None		
D10	NUM	316
<i>The following is a type of employment setting. Please report whether or not your agency accepts self-employment (entrepreneurism) as a SE outcome, even if it is on a case-by-case basis. If so, please report the total number of customers, who were closed with a SE outcome in this setting. Use the most recently completed FY for reporting purposes.</i> <b>Response:</b> 1-yes; 2-no; 3-yes, but this data is not collected <b>Branching:</b> None		
D10spec	NUM	317
<i>If yes, specify the total # of customers closed with SE outcomes in self-employment (entrepreneurism).</i> <b>Response:</b> <b>Branching:</b> None		
D11	NUM	318
<i>The following is a type of employment setting. Please report whether or not your agency accepts enclaves as a SE outcome, even if it is on a case-by-case basis. If so, please report the total number of customers, who were closed with a SE outcome in this setting. Use the most recently completed FY for reporting purposes.</i> <b>Response:</b> 1-yes; 2-no; 3-yes, but this data is not collected <b>Branching:</b> None		
D11spec	NUM	319
<i>If yes, specify the total # of customers closed with SE outcomes in enclaves.</i> <b>Response:</b> <b>Branching:</b> None		

D12	NUM	320
<p><i>The following is a type of employment setting. Please report whether or not your agency accepts mobile crews as a SE outcome, even if it is on a case-by-case basis. If so, please report the total number of customers, who were closed with a SE outcome in this setting. Use the most recently completed FY for reporting purposes.</i></p> <p><b>Response:</b> 1-yes; 2-no; 3-yes, but this data is not collected</p> <p><b>Branching:</b> None</p>		
D12spec	NUM	321
<p><i>If yes, specify the total # of customers closed with SE outcomes in mobile crews.</i></p> <p><b>Response:</b></p> <p><b>Branching:</b> None</p>		
D13	NUM	322
<p><i>The following is a type of employment setting. Please report whether or not your agency accepts facility- based work (e.g., sheltered workshops) as a SE outcome, even if it is on a case-by-case basis. If so, please report the total number of customers, who were closed with a SE outcome in this setting. Use the most recently completed FY for reporting purposes.</i></p> <p><b>Response:</b> 1-yes; 2-no; 3-yes, but this data is not collected</p> <p><b>Branching:</b> None</p>		
D13spec	NUM	323
<p><i>If yes, specify the total # of customers closed with SE outcomes in facility- based work (e.g., sheltered workshops).</i></p> <p><b>Response:</b></p> <p><b>Branching:</b> None</p>		
D14	NUM	324
<p><i>The following is a type of employment setting. Please report whether or not your agency accepts NISH / National Industries for the Blind as a SE outcome, even if it is on a case-by-case basis. If so, please report the total number of customers, who were closed with a SE outcome in this setting. Use the most recently completed FY for reporting purposes.</i></p> <p><b>Response:</b> 1-yes; 2-no; 3-yes, but this data is not collected</p> <p><b>Branching:</b> None</p>		
D14spec	NUM	325
<p><i>If yes, specify the total # of customers closed with SE outcomes in NISH / National Industries for the Blind.</i></p> <p><b>Response:</b></p> <p><b>Branching:</b> None</p>		
D15	NUM	326
<p><i>The following is a type of employment setting. Please report whether or not your agency accepts transitional employment for persons with mental illness as a SE outcome, even if it is on a case-by-case basis. If so, please report the total number of customers, who were closed with a SE outcome in this setting. Use the most recently completed FY for reporting purposes.</i></p> <p><b>Response:</b> 1-yes; 2-no; 3-yes, but this data is not collected</p> <p><b>Branching:</b> None</p>		

D15spec	NUM	327
<i>If yes, specify the total # of customers closed with SE outcomes in transitional employment for persons with mental illness.</i> <b>Response:</b> <b>Branching:</b> None		
D16	NUM	328
<i>The following is a type of employment setting. Please report whether or not your agency accepts time-limited paid work experience (e.g. internships) as a SE outcome, even if it is on a case-by-case basis. If so, please report the total number of customers, who were closed with a SE outcome in this setting. Use the most recently completed FY for reporting purposes.</i> <b>Response:</b> 1-yes; 2-no; 3-yes, but this data is not collected <b>Branching:</b> None		
D16spec	NUM	329
<i>If yes, specify the total # of customers closed with SE outcomes in time-limited paid work experience (e.g. internships).</i> <b>Response:</b> <b>Branching:</b> None		
D17	NUM	330
<i>Does your agency have a separate program for purchasing SE extended services?</i> <b>Response:</b> 1-yes; 2-no <b>Branching:</b> If 1-Continue onto D17a-D17d; If 2-Skip to D18		
D17spec	CHAR	331
<i>If yes, specify the program your agency has for purchasing SE extended services.</i> <b>Response:</b> <b>Branching:</b> None		
D17a	CHAR	332
<i>What are the funding source(s) for this program?</i> <b>Response:</b> <b>Branching:</b> None		
D17b	NUM	333
<i>For the most recently completed FY, please report the total amount of funding for this program.</i> <b>Response:</b> <b>Branching:</b> None		
D17c	NUM	334
<i>For the most recently completed FY, please report the total number of customers, who were supported in SE extended services by that program?</i> <b>Response:</b> <b>Branching:</b> None		

D17d	CHAR	335
<i>What population(s) does this program serve?</i>		
<b>Response:</b>		
<b>Branching:</b> None		
D18_1	NUM	336
<i>Does the following type of provider, including the state VR agency, deliver extended services to VR customers with SE outcomes in your state: Individual natural support providers</i>		
<b>Response:</b> 1-yes; 0-no		
<b>Branching:</b> None		
D18_2	NUM	337
<i>Does the following type of provider, including the state VR agency, deliver extended services to VR customers with SE outcomes in your state: Non-profit providers</i>		
<b>Response:</b> 1-yes; 0-no		
<b>Branching:</b> None		
D18_3	NUM	338
<i>Does the following type of provider, including the state VR agency, deliver extended services to VR customers with SE outcomes in your state: Private for profit providers</i>		
<b>Response:</b> 1-yes; 0-no		
<b>Branching:</b> None		
D18_4	NUM	339
<i>Does the following type of provider, including the state VR agency, deliver extended services to VR customers with SE outcomes in your state: Public- local providers (county, city, town, or other municipality)</i>		
<b>Response:</b> 1-yes; 0-no		
<b>Branching:</b> None		
D18_5	NUM	340
<i>Does the following type of provider, including the state VR agency, deliver extended services to VR customers with SE outcomes in your state: Public- state providers</i>		
<b>Response:</b> 1-yes; 0-no		
<b>Branching:</b> None		
D18_6	NUM	341
<i>Does the following type of provider, including the state VR agency, deliver extended services to VR customers with SE outcomes in your state: Public- tribal-government providers</i>		
<b>Response:</b> 1-yes; 0-no		
<b>Branching:</b> None		
D18_7	NUM	342
<i>Does the following type of provider, including the state VR agency, deliver extended services to VR customers with SE outcomes in your state: State VR Program</i>		
<b>Response:</b> 1-yes; 0-no		
<b>Branching:</b> None		

D18_95	NUM	343
<i>Does the following type of provider, including the state VR agency, deliver extended services to VR customers with SE outcomes in your state: Other type</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
D18_96	NUM	344
<i>Does the following type of provider, including the state VR agency, deliver extended services to VR customers with SE outcomes in your state: None of the above</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
D18_95spec	CHAR	345
<i>Specify other types of providers that deliver extended services to VR customers with SE outcomes in your state.</i> <b>Response:</b> <b>Branching:</b> None		
D19_1	NUM	346
<i>Does your state VR agency use the following mechanism to assure continuity of SE extended service delivery by providers, as the funding source shifts from VR to another entity post-VR closure: Cooperative agreement and / or contract with provider that specifies the types of SE extended services</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
D19_2	NUM	347
<i>Does your state VR agency use the following mechanism to assure continuity of SE extended service delivery by providers, as the funding source shifts from VR to another entity post-VR closure: Specific funding commitment via a purchase order, requisition, etc. and based on individual clients</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
D19_3	NUM	348
<i>Does your state VR agency use the following mechanism to assure continuity of SE extended service delivery by providers, as the funding source shifts from VR to another entity post-VR closure: Statewide interagency agreement</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
D19_4	NUM	349
<i>Does your state VR agency use the following mechanism to assure continuity of SE extended service delivery by providers, as the funding source shifts from VR to another entity post-VR closure: Verbal promise / statement by the provider as documented in the case record</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		



D19_5	NUM	350
<i>Does your state VR agency use the following mechanism to assure continuity of SE extended service delivery by providers, as the funding source shifts from VR to another entity post-VR closure: VR counselor discretion</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
D19_95	NUM	351
<i>Does your state VR agency use the following mechanism to assure continuity of SE extended service delivery by providers, as the funding source shifts from VR to another entity post-VR closure: Other mechanism</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
D19_96	NUM	352
<i>Does your state VR agency use the following mechanism to assure continuity of SE extended service delivery by providers, as the funding source shifts from VR to another entity post-VR closure: None of the above</i> <b>Response:</b> 1-yes; 0-no <b>Branching:</b> None		
D19_95spec	CHAR	353
<i>Specify other mechanisms your state VR agency uses to assure continuity of SE extended service delivery by providers, as the funding source shifts from VR to another entity post-VR closure.</i> <b>Response:</b> <b>Branching:</b> None		
D20	NUM	354
<i>Does your agency use Developmental Disabilities General Revenue to fund extended services for VR customers with SE outcomes?</i> <b>Response:</b> 1-yes; 2-no <b>Branching:</b> If 1-Continue to D20a and D20b; If 2-Skip to D21		
D20a	NUM	355
<i>Is Developmental Disabilities General Revenue available across the state?</i> <b>Response:</b> 1-yes; 2-no <b>Branching:</b> None		
D20b	NUM	356
<i>Please report the total number of customers whose extended services were funded by Developmental Disabilities General Revenue using the most recently completed FY.</i> <b>Response:</b> 1-Specify #; 2-This data is not collected <b>Branching:</b> None		
D20bspec	NUM	357
<i>Specify # of customers whose extended services were funded by Developmental Disabilities General Revenue.</i> <b>Response:</b> <b>Branching:</b> None		

D21	NUM	358
<i>Does your agency use Impairment-Related Work Expenses (IRWE) to fund extended services for VR customers with SE outcomes?</i>		
<b>Response:</b> 1-yes; 2-no		
<b>Branching:</b> If 1-Continue to D21a and D21b; If 2-Skip to D22		
D21a	NUM	359
<i>Is Impairment-Related Work Expenses (IRWE) available across the state?</i>		
<b>Response:</b> 1-yes; 2-no		
<b>Branching:</b> None		
D21b	NUM	360
<i>Please report the total number of customers whose extended services were funded by Impairment-Related Work Expenses (IRWE) using the most recently completed FY.</i>		
<b>Response:</b> 1-Specify #; 2-This data is not collected		
<b>Branching:</b> None		
D21bspec	NUM	361
<i>Specify # of customers whose extended services were funded by Impairment-Related Work Expenses (IRWE).</i>		
<b>Response:</b>		
<b>Branching:</b> None		
D22	NUM	362
<i>Does your agency use Medicaid Home and Community Based Waiver (HCB) to fund extended services for VR customers with SE outcomes?</i>		
<b>Response:</b> 1-yes; 2-no		
<b>Branching:</b> If 1-Continue to D22a and D22b; If 2-Skip to D23		
D22a	NUM	363
<i>Is Medicaid Home and Community Based Waiver (HCB) available across the state?</i>		
<b>Response:</b> 1-yes; 2-no		
<b>Branching:</b> None		
D22b	NUM	364
<i>Please report the total number of customers whose extended services were funded by Medicaid Home and Community Based Waiver (HCB) using the most recently completed FY.</i>		
<b>Response:</b> 1-Specify #; 2-This data is not collected		
<b>Branching:</b> None		
D22bspec	NUM	365
<i>Specify # of customers whose extended services were funded by Medicaid Home and Community Based Waiver (HCB).</i>		
<b>Response:</b>		
<b>Branching:</b> None		

D23	NUM	366
<i>Does your agency use Mental Health General Revenue to fund extended services for VR customers with SE outcomes?</i> <b>Response:</b> 1-yes; 2-no <b>Branching:</b> If 1-Continue to D23a and D23b; If 2-Skip to D24		
D23a	NUM	367
<i>Is Mental Health General Revenue available across the state?</i> <b>Response:</b> 1-yes; 2-no <b>Branching:</b> None		
D23b	NUM	368
<i>Please report the total number of customers whose extended services were funded by Mental Health General Revenue using the most recently completed FY.</i> <b>Response:</b> 1-Specify #; 2-This data is not collected <b>Branching:</b> None		
D23bspec	NUM	369
<i>Specify # of customers whose extended services were funded by Mental Health General Revenue.</i> <b>Response:</b> <b>Branching:</b> None		
D24	NUM	370
<i>Does your agency use Mental Health Medicaid Rehabilitation Funds to fund extended services for VR customers with SE outcomes?</i> <b>Response:</b> 1-yes; 2-no <b>Branching:</b> If 1-Continue to D24a and D24b; If 2-Skip to D25		
D24a	NUM	371
<i>Is Mental Health Medicaid Rehabilitation Funds available across the state?</i> <b>Response:</b> 1-yes; 2-no <b>Branching:</b> None		
D24b	NUM	372
<i>Please report the total number of customers whose extended services were funded by Mental Health Medicaid Rehabilitation Funds using the most recently completed FY.</i> <b>Response:</b> 1-Specify #; 2-This data is not collected <b>Branching:</b> None		
D24bspec	NUM	373
<i>Specify # of customers whose extended services were funded by Mental Health Medicaid Rehabilitation Funds.</i> <b>Response:</b> <b>Branching:</b> None		

D25	NUM	374
<i>Does your agency use PASS (Social Security Work Initiative) to fund extended services for VR customers with SE outcomes?</i> <b>Response:</b> 1-yes; 2-no <b>Branching:</b> If 1-Continue to D25a and D25b; If 2-Skip to D26		
D25a	NUM	375
<i>Is PASS (Social Security Work Initiative) available across the state?</i> <b>Response:</b> 1-yes; 2-no <b>Branching:</b> None		
D25b	NUM	376
<i>Please report the total number of customers whose extended services were funded by PASS (Social Security Work Initiative) using the most recently completed FY.</i> <b>Response:</b> 1-Specify #; 2-This data is not collected <b>Branching:</b> None		
D25bspec	NUM	377
<i>Specify # of customers whose extended services were funded by PASS (Social Security Work Initiative).</i> <b>Response:</b> <b>Branching:</b> None		
D26	NUM	378
<i>Does your agency use Psychiatric Rehabilitation Option funded by Title XIX of the Social Security Act to fund extended services for VR customers with SE outcomes?</i> <b>Response:</b> 1-yes; 2-no <b>Branching:</b> If 1-Continue to D26a and D26b; If 2-Skip to D27		
D26a	NUM	379
<i>Is Psychiatric Rehabilitation Option funded by Title XIX of the Social Security Act available across the state?</i> <b>Response:</b> 1-yes; 2-no <b>Branching:</b> None		
D26b	NUM	380
<i>Please report the total number of customers whose extended services were funded by Psychiatric Rehabilitation Option funded by Title XIX of the Social Security Act using the most recently completed FY.</i> <b>Response:</b> 1-Specify #; 2-This data is not collected <b>Branching:</b> None		
D26bspec	NUM	381
<i>Specify # of customers whose extended services were funded by Psychiatric Rehabilitation Option funded by Title XIX of the Social Security Act.</i> <b>Response:</b> <b>Branching:</b> None		

D27	NUM	382
<i>Does your agency use any other source to fund extended services for VR customers with SE outcomes?</i>		
<b>Response:</b> 1-yes; 2-no		
<b>Branching:</b> If 1-Continue to D27a and D27b; If 2-Skip to D28		
D27spec	CHAR	383
<i>Specify the other source used to fund extended services.</i>		
<b>Response:</b>		
<b>Branching:</b> None		
D27a	NUM	384
<i>Is the other source available across the state?</i>		
<b>Response:</b> 1-yes; 2-no		
<b>Branching:</b> None		
D27b	NUM	385
<i>Please report the total number of customers whose extended services were funded by the other source using the most recently completed FY.</i>		
<b>Response:</b> 1-Specify #; 2-This data is not collected		
<b>Branching:</b> None		
D27bspec	NUM	386
<i>Specify # of customers whose extended services were funded by the other source.</i>		
<b>Response:</b>		
<b>Branching:</b> None		
D28	NUM	387
<i>Are social security cash benefits (SSI / SSDI) being used to fund extended services for VR customers with SE outcomes?</i>		
<b>Response:</b> 1-yes; 2-no; 3-don't know		
<b>Branching:</b> None		
D29_1	NUM	388
<i>With the following agency, does your VR agency have a formal written agreement to coordinate funding and / or service delivery for SE extended services to VR customers: Local Education Authorities</i>		
<b>Response:</b> 1-yes; 2-no		
<b>Branching:</b> None		
D29_2	NUM	389
<i>With the following agency, does your VR agency have a formal written agreement to coordinate funding and / or service delivery for SE extended services to VR customers: Local Mental Health (MH) Agency</i>		
<b>Response:</b> 1-yes; 2-no		
<b>Branching:</b> None		

D29_3	NUM	390
<p><i>With the following agency, does your VR agency have a formal written agreement to coordinate funding and / or service delivery for SE extended services to VR customers: Primary and Secondary Education (incl. Special Education)</i></p> <p><b>Response:</b> 1-yes; 2-no</p> <p><b>Branching:</b> None</p>		
D29_4	NUM	391
<p><i>With the following agency, does your VR agency have a formal written agreement to coordinate funding and / or service delivery for SE extended services to VR customers: State Intellectual and Developmental Disabilities (IDD) Agency</i></p> <p><b>Response:</b> 1-yes; 2-no</p> <p><b>Branching:</b> None</p>		
D29_5	NUM	392
<p><i>With the following agency, does your VR agency have a formal written agreement to coordinate funding and / or service delivery for SE extended services to VR customers: State Mental Health (MH) Agency</i></p> <p><b>Response:</b> 1-yes; 2-no</p> <p><b>Branching:</b> None</p>		
D29_95	NUM	393
<p><i>With the following agency, does your VR agency have a formal written agreement to coordinate funding and / or service delivery for SE extended services to VR customers: Other agency</i></p> <p><b>Response:</b> 1-yes; 2-no</p> <p><b>Branching:</b> None</p>		
D29_96	NUM	394
<p><i>With the following agency, does your VR agency have a formal written agreement to coordinate funding and / or service delivery for SE extended services to VR customers: None of these agencies</i></p> <p><b>Response:</b> 1-yes; 2-no</p> <p><b>Branching:</b> None</p>		
D29_95spec	CHAR	395
<p><i>Specify other agencies with which your agency has a formal written agreement to coordinate funding and / or service delivery for SE extended services to VR customers.</i></p> <p><b>Response:</b></p> <p><b>Branching:</b> None</p>		
D30	NUM	396
<p><i>Are there any populations for whom your agency is unable to access funding for SE extended services?</i></p> <p><b>Response:</b> 1-yes; 2-no</p> <p><b>Branching:</b> None</p>		
D30spec	CHAR	397
<p><i>Specify the populations for whom your agency is unable to access funding for SE extended services.</i></p> <p><b>Response:</b></p> <p><b>Branching:</b> None</p>		

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*Is there anything else that you would like to share to help us better understand how your VR agency operates within your states' public employment service system and your agency's arrangements for SE extended services?*

**Response:**

**Branching:** None