

**FILED**

FORM RSA-113

OMB Approval No.: 1820-0013  
Expiration Date: 2/29/2012

**QUARTERLY CUMULATIVE CASELOAD REPORT**  
Rehabilitation Services Administration  
OSERS/US DEPARTMENT OF EDUCATION

Fiscal Year 2018

State GUAM                       Blind                       Oct-Dec    Oct-Jun  
 General/Combined               Oct-Mar    Oct-Sep

Operated Under Order Of Selection During Period?  Yes               No

CASELOAD ITEMS	TOTAL NUMBER	NUMBER WITH SIGNIFICANT DISABILITY
<b>A. APPLICATIONS AND ELIGIBILITY</b>		
<b>Applicants</b>		
1 Applicants On Hand October 1	99	
2 Applicants, New This FY	18	
3 Applicants At End Of Period (A1+A2-A5-AB-A12-D7)	68	
4 Applicants In Trial Work/EE On Hand, October 1	0	0
5 Applicants In Trial Work/EE Referred This FY	0	0
6 Applicants In Trial Work/EE At End Of Period (A4+A5-A9-A13-D6)	0	0
<b>Eligible Individuals On Order Of Selection (OOS) Waiting List</b>		
7 Individuals On OOS Waiting List On Hand October 1	0	0
8 Individuals On OOS Waiting List, New This FY From Application	0	0
9 Individuals On OOS Waiting List, New This FY From Trial Work/EE	0	0
10 Individuals On OOS Waiting List At End Of Period (A7+AB+A9-A14-D5)	0	0
<b>Individuals Determined Eligible, Before Signed IPE</b>		
11 Eligible Individuals Before Signed IPE On Hand, October 1	217	195
12 Eligible Individuals Before Signed IPE, New This FY From Application	31	31
13 Eligible Individuals Before Signed IPE, New This FY From Trial Work/EE	0	0
14 Eligible Individuals Before Signed IPE, New This FY From OOS Waiting List	0	0
15 Eligible Individuals Before Signed IPE At End Of Period (A11+A12+A13+A14-B2-D3)	228	206
<b>B. DEVELOPMENT OF INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE)</b>		
1 Individuals With Signed IPE, Before Receiving Services, On Hand October 1	38	28
2 Individuals With Signed IPE, Before Receiving Services, This FY	11	11
3 Individuals With Signed IPE, Before Receiving Services, At End Of Period (B1+B2-C2-D4)	36	26

CASELOAD ITEMS	TOTAL NUMBER	NUMBER WITH SIGNIFICANT DISABILITY
<b>C. SERVICE IMPLEMENTATION</b>		
1 Individuals Receiving Services, On Hand October 1	278	267
2 Individuals Receiving Services, Beginning This FY	11	11
3 Individuals Receiving Services At End Of Period (C1+C2-D1-D2)	280	270
<b>D. OUTCOMES FOR INDIVIDUALS EXITING THE PROGRAM</b>		
1 Individuals Exiting With Employment Outcomes	3	3
2 Individuals Exiting Without Employment, After Receiving Services	6	5
3 Individuals Exiting Without Employment, After Eligibility, Before Signed IPE	9	9
4 Individuals Exiting Without Employment, After Signed IPE, Before Receiving Services	2	2
5 Individuals Exiting From OOS Waiting List	0	0
6 Individuals Exiting From Trial Work/EE	0	0
7 Individuals Exiting As Applicants	18	
8 Total Number Of Individuals Exiting The Program (D1+D2+D3+D4+D5+D6+D7)	38	19

Contact Person (Please Print) BENITO S. SERVINO Phone Number \_\_\_\_\_

E-mail address benito.servino@disid.guam.gov

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_

CASELOAD ITEMS	TOTAL NUMBER	NUMBER WITH SIGNIFICANT DISABILITY
<b>C. SERVICE IMPLEMENTATION</b>		
1 Individuals Receiving Services, On Hand October 1	278	267
2 Individuals Receiving Services, Beginning This FY	27	27
3 Individuals Receiving Services At End Of Period (C1+C2-D1-D2)	291	281
<b>D. OUTCOMES FOR INDIVIDUALS EXITING THE PROGRAM</b>		
1 Individuals Exiting With Employment Outcomes	7	7
2 Individuals Exiting Without Employment, After Receiving Services	7	6
3 Individuals Exiting Without Employment, After Eligibility, Before Signed IPE	14	14
4 Individuals Exiting Without Employment, After Signed IPE, Before Receiving Services	2	2
5 Individuals Exiting From OOS Waiting List	0	0
6 Individuals Exiting From Trial Work/EE	0	0
7 Individuals Exiting As Applicants	20	
8 Total Number Of Individuals Exiting The Program (D1+D2+D3+D4+D5+D6+D7)	50	29

Contact Person (Please Print) BENITO S. SERVINO Phone Number (671) 475-4646

E-mail address benito.servino@disid.guam.gov

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_

*WOTA requires JWD stay in their employment for one year.*

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 Rehabilitation Services Administration  
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Fiscal Year 2018

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Operated Under Order Of Selection During Period?  Yes               No

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4 Applicants In Trial Work/EE On Hand, October 1	0	0
5 Applicants In Trial Work/EE Referred This FY	3	3
6 Applicants In Trial Work/EE At End Of Period (A4+A5-A9-A13-D6)	2	2
<b>Eligible Individuals On Order Of Selection (OOS) Waiting List</b>		
7 Individuals On OOS Waiting List On Hand October 1	0	0
8 Individuals On OOS Waiting List, New This FY From Application	0	0
9 Individuals On OOS Waiting List, New This FY From Trial Work/EE	0	0
10 Individuals On OOS Waiting List At End Of Period (A7+AB+A9-A14-D5)	0	0
<b>Individuals Determined Eligible, Before Signed IPE</b>		
11 Eligible Individuals Before Signed IPE On Hand, October 1	217	195
12 Eligible Individuals Before Signed IPE, New This FY From Application	44	44
13 Eligible Individuals Before Signed IPE, New This FY From Trial Work/EE	1	1
14 Eligible Individuals Before Signed IPE, New This FY From OOS Waiting List	0	0
15 Eligible Individuals Before Signed IPE At End Of Period (A11+A12+A13+A14-B2-D3)	217	195
<b>B. DEVELOPMENT OF INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE)</b>		
1 Individuals With Signed IPE, Before Receiving Services, On Hand October 1	38	28
2 Individuals With Signed IPE, Before Receiving Services, This FY	31	31
3 Individuals With Signed IPE, Before Receiving Services, At End Of Period (B1+B2-C2-D4)	40	40

**COMMENTS ON GUAM LEGAL SERVICES CORPORATION  
PROPOSED FY 2019 PROGRAM PRIORITIES**

The five factors considered in determining whether the case will be selected are practical and useful to the agency rendering the service.

It will be helpful to give examples of each factor during the public hearing on the grant funded by the DD Act.

**Comments on the Objectives**

**Priority 1: Protection from Abuse and Neglect**

1. It would be helpful to make regular, unannounced visits to evaluate the physical facility such as group homes, institutions, and educational or healthcare facilities.  
Can you cite the check list of what you are looking for?
2. Could you give examples of appropriate practices and policies for the care of the residents? Would you consider using the checklist of appropriate practices in health care from an accreditation on health care facilities?
3. Do you make unannounced visits to the facility?
4. Do you give orientation and/or training to proposed guardians and wards of their roles and responsibilities?

**Priority 2: Education**

Objective 1, 2, 3, 4: Excellent

**Priority 3: Appropriate Care and Treatment in the Least Restrictive Environment**

1. Consider citing the statement that DD individuals who have aged out in group home residences may be placed in a senior care facility such as St. Dominic or placed in homes with another higher functioning individual with developmental disabilities or

a husband/wife couple who can provide care in exchange for the opportunity to reside in a home environment.

**Priority 4: Individual Rights**

- 1. Provide training on "How To Advocate For Yourself."**
- 2. Guam Legal Services should access the federal grant on "Independent Living" that is under the purview of DISID/DVR.**
- 3. Provide comments on the State Plan For Independent Living.**

Thank you for the opportunity to provide comments.

**ROSANNE ADA, EXECUTIVE DIRECTOR, GUAM DEVELOPMENTAL  
DISABILITIES COUNCIL**

*Rosanne Oda*

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