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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL AND REHABILITATION SERVICE
WASHINGTON, D.C. 20201

INFORMATION MEMORANDUM
RSA-IM-73-68
CSA-IM-73-25
April 19, 1973

TO : STATE PUBLIC WELFARE AGENCIES
STATE REHABILITATION AGENCIES (GENERAL)
STATE REHABILITATION AGENCIES (BLIND)

SUBJECT: "Public Assistance-Vocational Rehabilitation Policies and Practices-Resources for Training"

CONTENT: The rehabilitation of disabled public assistance recipients continues as a high SRS and Departmental priority. Effective staff training is required to facilitate cooperative efforts by the State agencies. It places increased emphasis on the necessity to identify training materials on content and program relationships.

The attached publication presents information culled from a conference held December 6-8, 1972 at the Research Utilization Laboratory (RUL) of the ICD Rehabilitation and Research Center in New York City. This information concerns Federal policies and practices as well as innovative and effective State and local activities. This document, like its 1972 companion publication "Guide Materials; PA/VR Expansion Grants"--a product of an earlier conference--was developed under RUL auspices with the close cooperation and financial assistance of the Social and Rehabilitation Service. The material it contains is designed primarily for State administrators, staff and program development personnel, directors of demonstration projects, and other State officials.

The project was a joint effort by the Office of Research and Demonstration, the Rehabilitation Services Administration, the Community Services Administration, the Medical Services Administration, the Assistance Payments Administration and ICD-RUL. The project began with informal surveys and discussions of

training needs by a planning committee of Federal, State and local leaders who met with the RUL staff. After major needs had been identified, specialists in each subject area were asked to prepare draft material for study and discussion by a larger group. Subsequently, at the conference itself, about 120 persons participated in group discussions and the presentation of additional material. Among the conferees were State welfare and vocational rehabilitation representatives selected by the SRS Regional Commissioners, and staff members from the SRS Central and Regional offices.

In summary, the conference called upon the most representative group from all levels of government and the private sector to assure the development of the most useful training materials for public assistance and vocational rehabilitation staff.

INQUIRIES TO: Orders for additional copies should be addressed to:

ICD Research Utilization Laboratory
340 East 24th Street
New York, New York 10010

Carlos Kruzy
Acting Commissioner
Rehabilitation Services Administration

William J. Page, Jr.
Acting Commissioner
Community Services Administration

Attachment

April, 1973

WE NEED YOUR FEEDBACK

ICD-RUL materials are issued to help you in PA/VR planning, training, program operations and to increase your current awareness in these areas. In order to serve you more effectively, we'd appreciate your opinions about publications and services offered by ICD-RUL.

I. PA/VR POLICIES & PRACTICES-RESOURCES FOR TRAINING, MARCH, 1973

By illustrating how some practical problems can be solved and how some agencies have organized their administration and resources, Part I should serve as a generator of ideas and new solutions. Part II clarified and delineates problem areas through a careful examination of Federal PA/VR regulations, policies and guidelines.

1. How thoroughly have you read this document?

   Completely_____ Partially_____ Scanned_____

2. Was it too detailed?_____ Just about right?_____ Not enough detail_____

3. What new ideas did it present to you?

II. PA/VR EXPANSION GRANT PROJECTS: GUIDE MATERIALS, JANUARY, 1972

This document brings together those factors and elements thought to be vital for the development of successful PA/VR joint programs. The content was culled from successful projects, programs and the results of significant research.

1. Are you aware of this Publication? Yes_____ No_____

2. Have you read it? Yes_____ No_____

3. Did you get any new ideas from it or did it change your thinking in any area Yes_____ No_____

4. Have you used the information to:
   _____plan a service project or program
   _____implement a service project or program
   _____revise a service project or program
   _____evaluate a service project or program
   _____plan and/or execute a training program
   _____plan and/or execute a training program
   _____plan and/or execute a research project
   _____as background for teaching a course
   _____as background for paper or report
   _____other
   _____personal information

If the answer to question 3 and/or 4 was yes, please provide a brief statement.

III. PA/VR NEWSLETTER, published bi-monthly

Current awareness publication giving highlights of project activities, research results, digests of key articles, conference proceedings, selected bibliographies and other items of concern to all levels of personnel involved in PA/VR programs.

1. Are you aware of it? Yes_____No_____

2. Have you read an issue? Yes_____No_____

3. Do you receive it regularly? Yes_____No_____

4. Have you ever ordered materials from it? Yes_____No_____

5. Did you get any new ideas from the materials or did they change your thinking in any area? Yes_____No_____

6. How did you use the materials?

plan a service project or program	____	plan and/or execute a training program	__
implement a service project or program	____	plan and/or execute a research project	__
revise a service project or program	____	as background for teaching a course	__
evaluate a service project or program	____	as background for paper or report	__
other	____	personal information	__

7. Did use of these materials result in any change of policy, practice, procedure, research design, etc., in your agency? Yes_____No_____
If yes, what?

IV. ICD-RUL INFORMATION CENTER

Serves as a PA/VR information resource. Provides literature search and document loan service for State and Federal PA and VR personnel.

1. Are you aware of this service? Yes_____No_____

2. Have you ever used it? Yes_____No_____

3. For what purpose were the materials ordered?

plan a service project or program	____	plan and/or execute a training program	__
implement a service project or program	____	plan and/or execute a research project	__
revise a service project or program	____	as background for teaching a course	__
evaluate a service project or program	____	as background for paper or report	__
other	____	personal information	__

4. Were the materials received helpful to you? Yes____ No____

5. Did you get any new ideas from the materials or did they change your thinking in any area. Yes____ No____

6. Did any changes in procedure, policy, research, etc. result from these? Yes____ No____ if so, what?

RESPONDENT INFORMATION*

Job designation: (check all that apply)

Administrative____ Supervisory____ Client Services____

Research____ Evaluation____ Other____

Years in rehab:____ Age:____

Highest degree attained AB____ MA____ Doctorate____

Agency affiliation: (check all that apply)

Local____ State____ Federal____ PA____ VR____ Labor____

University____ Other____

Would you like to see ICD-RUL develop new materials? If so, What?

*We'd appreciate your providing the above information, but you need not sign this form. However, if you wish to get on our mailing list, send a note to that effect to:

ICD-RUL
340 East 24 Street
New York, N.Y. 10010

Public Assistance/Vocational Rehabilitation

PA-VR POLICIES & PRACTICES

—for vocational rehabilitation of disabled public assistance clients

Resources for Training

SRS: RSA, CSA
&
ICD-RUL
March 1973

RESOURCES FOR TRAINING

Public Assistance/Vocational Rehabilitation

PA/VR POLICIES & PRACTICES

for vocational rehabilitation of
disabled public assistance clients

This project was supported in part by training grant #45-P-10160/2-01 from the Social and Rehabilitation Services, Rehabilitation Services Administration, Department of Health, Education and Welfare, Washington, D.C. 20201.

Research Utilization Laboratory
ICD Rehabilitation and Research Center
340 East 24 St., New York, N.Y. 10010

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PREFACE

A growing number of public assistance (PA) and vocational rehabilitation (VR) agencies throughout the Nation are intensifying their cooperative efforts to help disabled recipients of public assistance become self-supporting. A limiting factor in their success has been the dearth of available material on content and program relationships for use in establishing effective staff training programs.

Recently efforts to overcome this deficiency have been accelerated. For example, we are publishing here information presented at a conference held December 6-8, 1972, at the Research Utilization Laboratory (RUL) of the ICD Rehabilitation and Research Center in New York City. This information concerns Federal policies and practices as well as innovative and effective State and local activities.

This document, like its 1972 companion publication "Guide Materials; PA/VR Expansion Grants"--a product of an earlier conference--was developed under RUL auspices with the close cooperation and financial assistance of the Social and Rehabilitation Service, U.S. Department of Health, Education and Welfare. The material it contains is designed primarily for State administrators, staff and program development personnel, directors of demonstration projects, and other State officials in a position to help the Nation achieve its goal of enabling as many persons as possible to move toward self support.

To assure that the material will meet training needs common to public assistance and vocational rehabilitation staffs, leaders from both fields, from all government levels, and from rural and urban areas in all parts of the Nation have been involved in its preparation. The project was a joint effort by the Office of Research and Demonstration, the Rehabilitation Services Administration, the Community Services Administration, the Medical Services Administration, the Assistance Payments Administration, and the ICD Research Utilization Laboratory. Staff members from these agencies met at a strategy session to explore sources of information and dissemination techniques which could contribute substantially to the national priorities of reducing dependency and integrating services.

The project began with informal surveys and discussions of training needs by a planning committee of Federal, State, and local leaders who met with the RUL staff. After major needs had been identified, specialists in each subject area were asked to prepare

draft material for study and discussion by a larger group. Subsequently, at the conference itself, about 120 persons participated in the group discussions and the presentation of additional material. Among the conferees were State welfare and vocational representatives selected by the SRS regional commissioners, and staff members from the SRS central and regional offices.

Significant material presented at general sessions of the conference (Appendix A) and now incorporated in this publication, includes papers by the specialists. These have been revised and expanded to cover points made during the intensive group discussion sessions. Members of the planning committee, contributors to conference materials and RUL staff members whose combined efforts made the publication possible, are listed in Appendix B.

In retrospect, it appears that the previous ICD/RUL publication "Guide Material: PA/VR Expansion Grants," which was prepared in much the same way as this one, aided the States materially in the development of their Expansion Project applications. This circumstance came about as a result of our purposely distributing a draft copy of the Guide Material to all States in the fall of 1971, at a time when most of them were in the process of preparing their applications. Because of their use of that material, we are encouraged to believe that the concepts arising from the projects and discussions presented at the New York conference will help the State welfare and VR agencies improve the vocational rehabilitation of disabled public assistance recipients through their respective programs.

George A. Engstrom
Chief
Division of Research Utilization

Frederick Sachs
Assistant Commissioner
Program Management
Rehabilitation Services Administration

INTRODUCTORY REMARKS

Five officials of the Department of Health, Education, and Welfare who have major responsibility for Federal support of State and local efforts to rehabilitate disabled public assistance recipients, sent messages, by video tape, to the conference group who developed this publication. Following are excerpts from their introductory remarks.

JOHN TWINAME, Administrator of the Social and Rehabilitation Service (SRS):

> "I view welfare in the future as having a more concentrated family-oriented, goal-oriented approach than in the past. The joint efforts of public assistance and rehabilitation staffs to rehabilitate public assistance recipients is an example of this new approach. It is one of the most worthwhile programs we can be working on together.
>
> "As a result of your conference last year, joint guidelines for conducting public assistance - vocational rehabilitation (PA/VR) projects were published. This year, based on your experience in conducting such projects, I assume that you will be able to produce a practical and stimulating training document which will give further mementum to the nationwide effort.
>
> "In 1968, the year before welfare and rehabilitation agencies began to give the effort high priority, just 26,000 public assistance recipients were rehabilitated by vocational rehabilitation services; by 1972, the number had almost doubled - 51,000 were rehabilitated that year.
>
> "The goal set for 1973 is the rehabilitation of 66,000 handicapped people who are now dependent on public assistance. Although Federal funds will be limited, we believe this goal can be reached. Sufficient experience has now been had to maximize the use of the best techniques that Federal, State, and local agencies, working together, have developed. This means that while less funds may be available, they can be used more efficiently."
>
> "Much will depend upon the ability of public welfare and rehabilitation agencies to equip their staffs, especially welfare caseworkers and rehabilitation counselors, with an understanding of both agencies' resources for serving the client and with knowledge of how to work together toward their mutual goal of

rehabilitation. Both the caseworker and the counselor require help in learning how to motivate the disabled recipient, how to provide incentives for this purpose, and how to make maximum use of both agencies' capabilities for meeting the client's rehabilitation needs.

"The document on which you are working will help agencies to meet these training needs. I wish you great success in this task."

PHILIP RUTLEDGE, Deputy Administrator of the SRS and Commissioner of the SRS Community Services Administration:

"Helping public assistance recipients to achieve self-support is a high priority goal of the Community Services Administration and its financial and other aids to State and local public welfare agencies are keyed to this goal. We want to be sure that as many persons as possible are able to enter the labor market and function at their highest level of economic sufficiency and that our services also support the efforts of people to take care of themselves even if they are too incapacitated to gain complete financial independence. That is why we place such a high priority on PA/VR projects.

"Our data indicate that there are about 1.8 million disabled persons receiving public assistance who might be rehabilitated. They include 640,000 persons in the Aid to Families with Dependent Children (AFDC) program who are excellent candidates for vocational rehabilitation because most of them are younger and better educated than those served by other public assistance programs. However, there are also fine candidates for rehabilitation among the 80,000 blind recipients and the more than a million persons served by the Aid to the Permanently and Totally Disabled (APTD) program.

"With this tremendous manpower pool to draw from, it should not be difficult to rehabilitate 66,000 persons in 1973."

EDWARD NEWMAN, Commissioner of the SRS Rehabilitation Services Administration:

"The training of vocational counselors and welfare caseworkers to work together in rehabilitating public assistance recipients is a significant example of a cooperative program in which priorities have been set by the States. At the Federal level, all units of the SRS, including the Rehabilitation Services Administration, are also working together in their efforts to help States advance this priority program.

"This cooperative effort at all government levels has taken us far, but a greater challenge lies ahead. Recent legislation requires that all persons (except those specifically exempt by law from the provision) must register for the Work Incentive Program (WIN) if they wish to receive AFDC. New legislation

also sets up a single, Federally administered payments program for needy aged, blind, and disabled adults. As a result of these changes, the State agencies for vocational rehabilitation will face the challenge of screening many additional eligible clients from these adult categories. At the same time, we are not at all sure when additional Federal funds will be released to help finance larger rehabilitation caseloads.

"Inevitably, this means harder work ahead for all of you who are involved in the training of field counselors and caseworkers. This is a tremendous challenge, but I am confident that you will meet it and that you will even exceed your great successes of the past."

N. EDWARD ACREE, Chief of the Special Projects Branch, SRS Office of Research and Demonstrations:

"In some of our early research, we found that one of the most significant factors in the rehabilitation process is the role of the family. It is extremely important, therefore, that social service and rehabilitation personnel cooperate in working with the family, helping them to provide emotional support to the rehabilitation client. Research is continuing on other facets of the problem of helping disabled people who are on public assistance to achieve self-support. Its purpose is to help make a difference in the lives of the people served. Such research has been going on since 1963 and everything that we are learning underscores the importance of rehabilitation and welfare agencies working together."

DAVID HURWITZ, Acting Deputy Commissioner of the SRS Assistance Payments Administration:

"The number of persons receiving public assistance doubled between 1962 and 1972. This fact alone makes it imperative to do everything possible to help recipients become self-supporting."

"Public assistance agencies should feel particularly responsible for seeing that all of their resources and policies are used to the fullest extent to stimulate clients to make effective use of vocational rehabilitation services. For example, they have authority to disregard some earned income in computing the amount that public assistance clients are entitled to receive. Success depends on the administrators of both public welfare and rehabilitation agencies working together cooperatively. Joint action plans and other management processes should be employed to assure cooperation throughout the welfare and rehabilitation systems.

"The document which you are preparing can help administrators by delineating effective policies and practices. I hope it will be widely read by administrators and other key staff of public assistance agencies.

COMMENTARY: WHAT'S NEW IN REHABILITATION LEGISLATION

There are several currents operating on the Federal level which are important to understand as we work at the Federal, State, and local levels. First, is the growing strength of program accountability. This concern and emphasis continues to hold the central position it has had for the last several years. The second is the atmosphere and actuality of fiscal constraints at the Federal level which very much dominate the picture at this time for the immediate and near future. These two factors combine with the third which is the movement to transfer the major focus of service delivery operations and integration to State and to local Governments. This third emphasis is taking a number of forms including the recent Revenue-Sharing legislation and the proposed Allied Services legislation.

So far as Rehabilitation is concerned, there are two main events on the legislative front, the proposed Rehabilitation Act of 1972 which was vetoed and the enacted H.R. 1, specifically the rehabilitation-related provisions of Title II, VI, and XVI.

There are three things specifically worthy of note regarding the proposed Rehabilitation Act of 1972. First, the President vetoed the bill, expressing in his message the reasons for his veto action. He noted the very high funding level projected for the bill. He noted the problems of organization and of the categorical nature of so many of the bill's parts, and he also noted that a new thrust into a program for the disabled who can aspire only to a non-vocational goal would deflect this worthy program from achieving its vocational purposes.

Congressional intent in this omnibus bill had a number of main directions. The first was designed to strengthen the program's concentration on rehabilitation of the severely disabled, expressed via a number of provisions. The second, already mentioned, was the new authority for the rehabilitation of those disabled for whom non-vocational goals would be the highest possible achievement. This omnibus bill also contained provisions to encompass client advocacy, to give clients or consumers greater voice in the program's effectuation.

As of this date (December 6, 1972) the problems expressed in the veto message will be raised again; indications are that Congress intends to pass essentially the same bill again when the new Congress convenes early in 1973.

We in Rehabilitation must recognize that, second to the proposed Rehabilitation Act of 1972, H. R. I has the most major portent for the future of the VR program. For the rehabilitation of disabled Trust Fund beneficiaries, one amendment to Title II means an increase in funding from 1 percent of the previous year's disability benefits to 1 1/4 percent for FY 73 and then to 1 1/2 percent for FY 74 and subsequent years. This means that in FY 73 we will have $45 million for this purpose and in FY 75 $81 million. There is not time to enumerate the many Title II amendments affecting rehabilitation of the disabled; suffice it to note now that there will be Medicare coverage for the disabled who have been on the dis ability benefits role at least 24 months, and the waiting period for disability benefits is reduced from 6 to 5 months.

Title VI of the Social Security Act, which deals with services to the aged, blind and disabled, has important implications for rehabilitation and will be covered in the Commentary on welfare legislation.

It is Title XVI which federalizes assistance payments for the aged, blind and disabled. This has most significance for rehabilitation and for those of us who have been concentrating on the rehabilitation of the disabled public assistance recipient. Among the public assistance recipients who have been rehabilitated over the last years, almost 60 percent were on AFDC, 13.9 percent on APTD, and 4.4 percent on AB. This gives some idea of the size and proportion of needed efforts.

The federalized program of assistance which is now called supplemental security income will be effective January 1, 1974. It will be administered by the Bureau of Supplemental Security Income in the Social Security Administration. Disability determination is to be done as it has been under Title II. This means that the State VR agencies in all but 6 States will be performing this function. The high points, all we can cover here, are (1) the requirement of Title XVI that all disabled recipients be referred to VR, and (2) those eligible for VR services will be serviced at 100% Federal funding. There are penalty provisions for refusal of services. Of special significance to rehabilitation is the provision for a trial work period of 9 months during which the individual is protected while he is trying out a work experience.

Adding together the tentative estimates of the Title XVI Rehabilitation Services figure at $81 million; gives a total of $200 million which is a very impressive figure...a figure all the more impressive in the setting of the fiscal constraints already mentioned. This line of progress in the funding of the total VR program has important implications for the future shape of the rehabilitation program not the least of which is the assurance that the PA/VR focus will continue and will be substantially reinforced.

COMMENTARY: WHAT'S NEW IN WELFARE LEGISLATION

Three pieces of legislation with effective dates ranging from July 1, 1972 to January 1, 1974 have an impact on social services and are relevant to the PA/VR effort.

The 1971 amendments to the Social Security Act (P.L. 92-223) resulted in a revised Work Incentive Program (WIN II) as of July 1, 1972. The implications for PA/VR of WIN II are discussed elsewhere in this document. Briefly, this administrative decision means direct access for VR to an enlarged pool of disabled AFDC recipients due to the mandated referral to vocational rehabilitation agencies of those AFDC recipients found incapacitated for WIN registration. It also signifies the need for new relationships of VR with both income maintenance staff and social service staff of the welfare agency.

The second important piece of legislation is P.L. 92-512 enacted October 20, 1972 but retroactive to July 1, 1972. Titles I and III of this act are relevant in the social services area.

Of particular significance is Title III entitled "Limitation on Grants for Social Services under Public Assistance Programs." This title amends Title XI of the Social Security Act.* For the first time a statutory limit is placed on the number of Federal dollars which will be available in any one year to the States to draw on for the 75% match** for provision of social services to persons eligible under State plans under Titles I, IV-A, X, XVI and XVI. As of July 1, 1972, the total allowed per year for Federal matching of social services is $2.5 billion, divided among the States and Washington, D.C. in proportion to their populations (1972 estimate). Puerto Rico, Guam and the Virgin Islands continue to be limited to an estimated $4,007,000, $246,000 and $233,000, respectively.

There are restrictions on the use of the Federal funds under this new legislation. At least 90% of the allocated Federal matching dollars must be spent for services for <u>current recipients</u> except

---

*A new section 1130 was added to Title XI

**Some States which opt for less comprehensive services under the adult titles receive only 50% Federal matching funds.

for the following areas of services where it makes no difference whether the beneficiary of the service is a current, former or potential recipient:

1. Services to meet the needs of children for personal care, protection and supervision (a) to help a parent keep or find employment or train for employment, or (b) because of death, continued absence or incapacity of the mother and there is no other suitable person available in the family to care for the child.

2. Family planning services.

3. Services to the mentally retarded (of any age).

4. Services to drug addicts and alcoholics if associated with active treatment they are undergoing.

5. Services to a child in foster care (foster home or institution) or awaiting foster placement.

For all other services, no more than 10% of a State's Federal allocation may go to former or potential recipients if served under a State's plan.

Funds for the WIN program are not included in the allocations under the ceiling set by this law. WIN has its own appropriation which automatically limits the size of the program. The ceiling also does not apply to funds for child welfare services (Title IV-B) or for emergency social services. This piece of legislation also reduced from 75% to 50% Federal matching for emergency social services, effective July 1, 1972.

A chart (Appendix C) gives information on Federal allocations for social services for each State, as well as the amount expended by the State in FY 1972 and the amount sought by each State for FY 1973. An analysis of the chart indicates that some States will get less under the ceiling than they expended in FY 1972, that some had planned expansion of social services for FY 1973 which cannot be funded under the ceiling, and that some States planned programs for FY 1973 which will not expend the allocated funds. In the latter case, the funds will revert to the U. S. Treasury since they cannot be reallocated.

The 90% - 10% limitation on the expenditure of funds for social services will not affect the PA/VR effort because only recipients are served. However, the ceiling on social services funds may result in a contraction of services in some States. The fact that a State is receiving a larger allocation than it expended in the past or planned to expend in FY 1973 should be looked at in the perspective of the State's ability to raise its matching share. Tighter planning will undoubtedly be an outcome of living within the ceiling and early and careful planning must take place at the State level for PA/VR.

Title I of P.L. 92-512 is entitled "State and Local Fiscal Assistance Act of 1972" and is generally referred to as Revenue Sharing. It established a trust fund made up of general funds in the U.S. Treasury attributable to tax collections and authorized payments from this trust fund to State and local governments on a quarterly basis. The act set up a five-year $30.1 billion program administered by the Treasury Department. Revenue sharing (or entitlement funds) received by units of local government may be used only for priority expenditures. As defined by Treasury Department regulations, "priority expenditures" means:

1. Ordinary and necessary maintenance and operating expenses for

   a. Public safety (including law enforcement, fire protection, and building code enforcement).

   b. Environmental protection (including sewage disposal, sanitation, and pollution abatement).

   c. Public transportation (including transit systems and streets and roads).

   d. Health.

   e. Recreation.

   f. libraries.

   g. Social services for the poor or aged.

   h. Financial administration; and

2. Ordinary and capital expenditures authorized by law.

The regulations prohibit a recipient government from using any part of its entitlement funds as a contribution in order to obtain any matching Federal funds under any Federal program whether non-Federal funds are required for the match or other Federal funds may be used for the match.

Although entitlement funds cannot be used to generate additional Federal funds, they can be used to supplement Federal grant funds, for a program. For example, if expenditures for a project exceed amounts available from non-Federal funds plus matched Federal funds the recipient government may use entitlement funds to defray the excess costs. Since social services for the poor are included in the priority expenditures, revenue sharing funds may be a resource for PA/VR programming in locations where the ceiling on social services expenditures has had a negative effect.

The third major act with social services impact is P.L. 92-603 (H.R. I). It contained a savings clause for the first quarter of FY 1973, so that States could claim Federal matching, up to $50 million for that quarter, without regard to identifying services as described in section 1130.

Federal matching* for family planning was increased from 75% to 90% effective January 1, 1973 and two options were provided to the states relative to the adult categories: (1) separation of services from assistance payments is not required for the adult categories; (2) statewideness may be waived "to the extent permitted by the Secretary." A sanction of 1% reduction in Federal funds payable under Title IV-A was imposed for failure to offer and provide family planning services to AFDC recipients.

But the greatest change caused by H.R. I lies in the federalization of the income maintenance function for the aged, blind and disabled. Effective January 1, 1974 the State programs of aid under Titles I, X, XIV, and XVI will be repealed (except in Puerto Rico, Virgin Islands and Guam). They will be replaced by Title XVI administered by the Social Security Administration through its Bureau of Supplemental Security Income. Social services for the aged, blind and disabled, as well as all programs (aid and social services) for Title IV-A (AFDC) will continue as State programs.

For an orderly transition from State to Federal administration of the assistance payments function, States must enter into agreements with the Secretary of DHEW to administer all or such parts of Title XVI during such portion of the fiscal year ending June 30, 1975 as may be provided in such agreements. States wishing to pay an aged, blind or disabled person amounts in addition to Federal supplemental security income (SSI) may do so. The law permits States to enter into agreements for Federal administration of State supplemental benefits. Under these agreements, supplemental payments will have to be made to all persons eligible for Federal SSI payments except that a State can require a period of residence in the State as a condition of eligibility. Individuals who are eligible for benefits under the SSI program will not be eligible for food stamps or surplus commodities.

Social services for the aged, blind and disabled are to be provided under a new Title VI under H.R. I. Its purpose is stated as "encouraging each State, as far as practicable under the conditions in such States, to furnish rehabilitation and other services to help needy individuals who are 65 years of age or over, are blind, or are disabled to attain or retain capability for self-support or self-care..." There must be a single State agency to administer or supervise the State's plan for this program and it must be statewide except to the extent permitted by the Secretary. Matching will be 75% for the services prescribed (90% for family planning, under Medicaid) subject to the limitations imposed by the new ceiling.

Under Title XVI, all blind and disabled recipients of SSI must be referred to the vocational rehabilitation agency and those found eligible for VR services will be serviced at 100% Federal funding. Since Title VI is a resource for supporting social services for recipients under Title XVI, the PA/VR relationship should be obvious not only for those individuals found feasible for VR services who would become joint PA/VR clients, but also for those who are

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*Under H.R. I

feasible and should be referred to the social service agency for services. Planning is now under way to develop this new relationship between social services and vocational rehabilitation. The "period of trial work" authorized under Title XVI is a motivating factor for blind and disabled recipients of SSI to undertake a PA/VR rehabilitation.

H.R. I contains another amendment of significance to the PA/VR effort. Section 209 of the act amends Title XIX so that a family eligible for AFDC and for medicaid will be continued on Medicaid for a period of four months from that date where medicaid eligibility would otherwise terminate as a result of the client's increased earnings from employment. This will be effective January 1, 1974. Such a provision should be helpful in motivating disabled AFDC recipients to enter a VR program.

The Community Services Administration has already issued regulations and guide materials for WIN II. Similar materials are in preparation for the other pieces of legislation requiring them.

PART I PA/VR PROJECT POLICIES & PRACTICES

INTRODUCTION

In August, 1972 a questionnaire was distributed to the directors of 77 projects that were currently being funded by Federal expansion grants* for the rehabilitation of disabled public assistance recipients. Information was requested concerning the administration, operation, and evaluating procedures in each of the projects. Project directors were asked to document their replies by appending copies of cooperative agreements, operational manuals, screening instruments, joint forms, and other pertinent materials.

A sampling of returns from the projects was distributed to a committee of Federal, State and local public assistance (PA) and vocational rehabilitation (VR) personnel. Each committee member was assigned a specific topic area and asked to prepare a compilation of topic-related projects and a brief commentary on what the compilation showed.

Except for the Maryland PA/VR project-which was funded by a public assistance demonstration grant and thus was not a part of the expansion grant survey - the material included in this section was drawn from the compilations and commentaries of the committee members who studied the survey data.

The reports should not be interpreted as guidelines or even recommendations. They simply highlight a few interesting developments in some projects during the past year or two. Not all agencies will be able to adapt the activities described in the reports to their own programs because of legal, fiscal, or other problems. However, by illustrating how some practical problems have been solved and how some agencies have organized their administration and resources, the reports should serve as generators of ideas and offer clues to solving problems.

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* Expansion grants are authorized by the Federal Vocational Rehabilitation Act to help States expand their vocational rehabilitation services beyond those supported by the regular formula grants they receive from the Federal Government. In FY'72, all new expansion grant funds were used for projects to rehabilitate disabled recipients of public assistance.

THE MARYLAND PA/VR PROJECT

Staff attitudes are an important factor in the successful functioning of any joint PA/VR endeavor. The Maryland project, presented below, represents an excellent demonstration of how attitudes of both project staff and tne staff of a State department involved in the project were changed during the course of project activities. Project staff members from one area were invited to attend the conference and present their frank views and share their experiences with the participants. This team from Dorchester County, Maryland gave voice to many feelings, attitudes, and experiences that can be found among project staff from all parts of tne country. Some of the resolutions of problems that this successful team encountered are worthy of note.

BACKGROUND OF PROJECT

The project was an outgrowth of the Federal mandate to State rehabilitation agencies and State departments of public welfare in 1969 to develop "a joint plan of action" to restore larger numbers of disabled public assistance recipients and potential recipients and their families to economic and social independence.

Teams consisting of paraprofessional community service aides, social workers, and vocational rehabilitation counselors have been used to establisn and implement a plan for rehabilitating disabled public assistance recipients for employment or self-care. Incentive payments are provided to clients participating in the program to stimulate their interest and cooperation in the rehabilitation process. The project is operational in the following Maryland locations: Baltimore City, Allegany, Dorchester, and Prince George's counties.

Local departments of social services provide the caseworkers and supervisors. The local division of vocational rehabilitation services provides tne vocational rehabilitation counselors and supervisors, and clerical assistance. These are primarily full-time positions, except for the supervisors, and their salaries are not charged to the project budget.

Socio-Economic Characteristics of Clients

The age range of clients served in this project is 25 to 55 years. The majority are female; the race varies according to area, in Dorchester County there is an even division between black and white. The majority of the clients have less than a high school education, average education is eighth grade, the range is from

no education to some college. All are needy public assistance recipients.

The Dorchester County Experience

At a general session of the PA/VR conference on training, the staff of the Dorchester County program gave frank and vivid reports of the problems and satisfactions they had encountered as they developed and operated the Dorchester County part of the Maryland project. They were introduced by the State project director, who pointed out that this team had rehabilitated more clients than any other project team in the state. Prior to the launching of the project, five or six public assistance recipients in Dorchester County were rehabilitated each year. During the first year the project operated, 39 had been rehabilitated out of 131 referrals and by December, 1972, 59 were rehabilitated out of 194 referrals.

Excerpts from Dorchester County Staff Presentations:

The Vocational Rehabilitation Counselor:

> "When I was told that Dorchester County would be one of the sites of the PA/VR demonstration, I was disturbed. Later, when I received a huge packet of material, my anxiety rose. The cases that had previously been referred by PA had been hopeless, and I didn't see how I could handle this additional caseload.
>
> "The first meeting of social service and rehabilitation personnel, to discuss the project, was stormy. The vocational counselors and the welfare caseworkers didn't understand each other's functions. More joint sessions were held and finally we agreed to take on the demonstration if we would be allowed flexibility. When this was granted, we proceeded to rewrite the project so that it included only what the PA and VR members of the demonstration team felt they could actually do.
>
> "As the project developed, we found more and more opportunities for productive work. We now have a smooth working relationship. PA and VR workers even use each other's services for cases that are not included in the demonstration because they have found that by coordinating their services both can offer better service to the clients.
>
> "However, there is still some difference in the basic approach of the vocational counselor and the welfare caseworker. For example, I feel that there should be more teeth in the program, that we should be allowed to put real pressure on the client to get him out, earning his own way. Caseworkers think more in terms of helping the client with whatever he may need, rather than in putting pressure on him."

The Department of Social Service Caseworker:

> "At first I thought that being a member of the demonstration team was the least exciting job in our entire agency; now I

consider it the most exciting. I originally felt hard-core cases were least attractive - they didn't move easily. But I changed my mind quite a bit. We found some people in VR and PA willing to work together in a small county and we have seen quite a few things accomplished. Of 194 public assistance recipients that have been referred to the Dorchester County team, our latest records show that 59 have been rehabilitated. The flexibility given to the project staff has been the biggest factor in its success. Other factors are the cooperation and understanding that has developed between the PA and VR staffs; the closer contact that is maintained with the client; and the use of incentive allowances to reward clients when they take some initiative.

"One of the limitations of the project is the requirement that the client's participation be voluntary; he can't be coerced. Hard-core cases don't like to volunteer. They think that they will earn less on a job than they can get from public assistance, and they know there is a great deal of unskilled labor in our county and not many jobs. A regulation requiring all disabled public assistance clients to use vocational rehabilitation services is needed. Nevertheless, I think this is the best program I've seen in the past 10 years because we've seen great success cases--It should be given priority since it has provided physical and emotional stability to many individuals who have never known it before. Many things have been accomplished in Dorchester County that would never been done without the joint effort of Rehabilitation and Social Services."

The VR Counselor felt the good outcomes of the project were:

- "We now have a fine understanding of each other's role.
- "We're able to coordinate services better.
- "We're able to offer more services now that we know what each one's role is.
- "Staff and clients have better understanding of what they can and can't do.
- "We've gotten quite a number of rehabilitations, and a number of 'service closures' to get people partially off assistance."

The Social Service Caseworker felt that successful cases were due to:

- "The flexibility given to us by our superiors.
- "The cooperative effort of personnel in both agencies--we've learned to know each other and gained willingness to understand each other's terms and functions.
- "The fact that we all believe work is good therapy.
- "Daily contact and close contact with clients who need it.
- "Incentive allowances which have been beneficial."

Effect on Other State Programs

One byproduct of the demonstration project is its effect on other State agencies that are not directly involved in the PA/VR project. The project has created a climate that encourages interagency cooperation among agencies that used to resist efforts to get them to work together. As stated by the Project Director:

"One important change resulting from the project relates to the employment of paraprofessional personnel. At the State level a climate had to be created so that local staff could work together. In order to bring aides into the project, we had to adjust personnel practices. State practice did not include use of paraprofessionals or former welfare clients as aides. Formerly, application blanks for such positions were designed to screen out people who had very little formal education, even though they might be well qualified for the work for which they were applying. New application blanks remedied this. Formerly, paraprofessional personnel were denied sick leaves, paid vacations, and other benefits enjoyed by other types of personnel. This, too, has been remedied. It took about four months to convince the State personnel staff that such changes were necessary to operate the PA/VR demonstration, but now the changes apply to all paraprofessional personnel in all Maryland State agencies."

In the following sections which deal with techniques of interagency cooperation, the staff-team attitudes of this Maryland project might well be kept in mind.

JOINT SERVICES: AN ASSET TO CLIENTS AND AGENCIES

By far the greatest percentage of rehabilitation funds is spent on direct services to clients. In fiscal year 1970, for example, 55.1 percent of every rehabilitation dollar was spent on case services. But what is the VR agency doing to make sure that the client gets maximum benefit from the money spent on case services?

The survey of PA/VR expansion grant projects seems to indicate an increasing awareness that joint provision of services can increase the buying power of the rehabilitation dollar. Not only does the joint approach avoid duplication of services, but it also helps to identify unmet client needs and to offer new ways of providing needed services.

All of the 31 State project directors who reported that their projects used joint services pointed out that the traditional or usual services offered by both the VR agency and the welfare agency are, of course, available to the PA/VR client. In the VR agency these include diagnostic and evaluative, medical, training, social, placement, and follow-up services. The welfare agency is responsible for such services as money grants, specified medical services, social services (including homemaker service and child care), food stamps, and referral to other agencies in the community that offer needed services.

The services most often shared or provided jointly by more than one agency were placement, diagnosis and evaluation. On the basis of a random sampling of 31 of the current PA/VR projects, it was found that only two projects report that placement is exclusively provided by VR personnel. Fourteen projects report that placement is a service provided jointly by the VR agency and the State Employment Service. The trend is for the VR counselor to use the local employment service since it is most knowledgeable about the local labor market and employs job specialists. Thirteen projects report that placement is provided by VR, welfare and other agencies, including the employment service.

Six States report that diagnosis and evaluation services are provided exclusively by the VR agency. Eighteen states report that diagnostic and evaluation services are provided both by VR and the welfare agency. Several projects have developed a common medical form to eliminate duplication of the general medical examination between VR and welfare. Many other projects share all medical records in their files with the VR or welfare office. Only two States report agencies other than VR and welfare being involved in the provision of diagnostic and evaluation services.

Both the rehabilitation and welfare agencies must keep informed about the plans each makes for mutual clients. Otherwise some services may be neglected or others duplicated, to the confusion of clients and staff. To overcome this and other difficulties caused by lack of communication, 13 projects report that both VR and welfare staff are actively involved in the formulation of the plan of services for each project client. Several projects also report that representatives from other agencies are jointly involved in client services. Some examples of innovative relationships developed with WIN are:

- The Arizona Division of Vocational Rehabilitation provides comprehensive vocational evaluation services to the Arizona State Employment Service under a contract on a fee-for-service basis for participants and/or enrollees in the Work Incentive Program (WIN). A similar arrangement has been developed in Nevada.

- In Peoria, Illinois, an integrated employment project has been developed by combining PA, WIN and VR service programming under one administrator and at one site. In addition, the project has attempted to make available to each service team the resources of WIN, VR and PA. The WIN counselors are being trained to administer VR services to individuals screened for WIN who subsequently are found to have a physical or mental condition which handicaps them for employment. The project goal is to prepare each team counselor to provide either WIN or VR services as needed by the individual without the necessity of transferring the case to another program team.

- In New Mexico, WIN personnel provide counseling and skill training to PA/VR clients.

USE AND DESIGN OF JOINT FORMS

The use of uniform reporting and record keeping documents in cooperative PA/VR projects has been steadily increasing over the past year. In September, 1971 only one or two projects had a comprehensive set of joint forms; at present, over 40% of the reporting projects use such forms. However, the use of common case folders is still rather rare. The actual number and quality of joint forms a project uses varies greatly from project to project.

The design of forms is an art in and of itself. Compromises must be made between purpose, amount and nature of information to be included, ease of use, legibility, durability, cost, etc.

In some cases, the amount and nature of the information to be included on a form is set by local needs for statistical reporting. However, considerable leeway is often available to the form designer. Thus, in one project, the referral form includes only information on the amount of PA payments and the PA category (besides the basic identifying information). Another project requires a brief social history of the client, in addition to the above data. Feedback forms range from a simple checkoff ("not accepted," for instance) to a detailed explanation of why a particular status was selected.

Inevitably, there must be a compromise between what information a counselor or caseworker requires for most effective operation, and the time it requires to fill out a lengthy response. Unfortunately, in many instances neither the counselor nor caseworker is consulted on the nature and type of information he would find most useful before the form is developed.

A few projects combine ease of preparation with completeness by having the basic form simple (check list) and appending copies of the more complete internal reports. Thus, for example, a simple referral form may have a copy of the service worker's intake interview appended, or an acceptance form may have the client's rehabilitation plan appended.

The physical construction of a form is of prime importance in its ease of use. A long, densely-packed form is both confusing and hard to read. This difficulty is compounded if the designer attempts to be too universal, and includes an instruction like: *Items 1 through 10 to be completed by service worker, complete items 11-20 for WIN, items 21-25 to be completed by the VR counselor.* In addition, the form may include a comment section too small to write in, and several lines for various authorization signatures. It would be better to open up the form, that is, leave enough space around the items so they can be

easily distinguished and read, and either provide separate forms for the various workers or clearly distinguish the various sections filled out.

Printing and paper quality also become important (and costly) considerations in form construction. The poorest forms are those which are mimeographed on an inexpensive duplication paper. Generally, these forms are difficult both to read and to write on, since ink tends to blot on the cheaper grades of mimeo paper. Offset printing done from paper masters is better, but not as good as offsets made from high-quality metal masters. The best and most expensive forms are done on letter press, using a good bond paper. These are rare indeed. One State, for its statistical report form, overprinted each subsection lightly in one of three colors. This made identification of the various parts quick and easy.

Since most forms are required in multiple copies, some method of transfer is a necessity. The most difficult form to use is one in which the unperforated bottom section of a mimeographed form is filled out and torn off (hopefully without tearing the top of the form, which contains the duplicate information). Other projects simply require the user of the form to place a sheet of carbon paper (not always easy to find) between two copies of the form and so make the duplicate. Still other States or projects use snap sets (forms with carbon paper already interleaved between multiple copies of the form), or forms printed on NCR paper (no carbon paper required to make a copy). NCR paper can only make a limited number of copies.

Some of the best service and report forms are "progressive" types of snapsets. That is, when the referral information is filled in on the top sheet, all the remaining sheets will contain the necessary identifying information. At the completion of each service step another page (slightly longer than the previous page) is filled in and sent to the appropriate office. The last page of the form serves as the master record of the case, containing all the information entered at each step. This type of form seems to be ideal, if ancillary information is appended.

State statistical report forms usually contain information unique to the State. However, many of these forms require coded entries, necessitating the use of code sheets, an added inconvenience.

See Appendix D for illustrative examples of joint forms*

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*See also ICD-RUL "A Catalog of PA/VR Joint Forms," publication pending.

OTHER COOPERATIVE MEASURES

Various other methods of assuring PA/VR cooperation at both State and local levels were reported by directors of the PA/VR expansion grant projects. These include:

INTERAGENCY AGREEMENTS

Every State has numerous agreements among its human services agencies. These agreements vary in specificity and vary even more in the degree to which they are carried out. To ensure implementation of agreements, it is imperative to specify the functional roles and relationships of the agencies and to identify areas of cooperation and coordination. In most of the written joint agreements, the service responsibilities of each State agency are defined.

In Maryland, detailed agreements have been signed by the State Department of Education, Division of Vocational Rehabilitation, with the following agencies: State Department of Health and Mental Hygiene; Division of Service for Crippled Children; Model Cities Program of Prince George's County; Maryland State Department of Social Services; Maryland Department of Employment Security; Maryland State Employment Service (re: WIN); Maryland State Department of Health (re: Medical Assistance and Medicare).

In Arizona, the Division of Vocational Rehabilitation has an agreement with the State Employment Service under which VR agrees to provide a vocational assessment of all clients enrolled in the WIN program. This allows each agency to assume responsibility for the tasks it is best qualified to do. The Employment Service provides the facilities and equipment, while VR provides the expertise of its staff in conducting vocational assessments.

Local agency agreements, paralleling the State agreements, have been successfully negotiated in many communities with both public and private agencies. In Spokane, Washington, for example, the vocational rehabilitation agency has agreements not only with the public assistance agency, but also with Employment Security, Labor and Industries, Family Counseling, Spokane Community College, Spokane Falls Community College, Eastern State Hospital, Goodwill Industries, and a sheltered workshop.

INTERAGENCY ADVISORY COMMITTEES

Several States use interagency administrative committees for planning, policy making, and interagency communication. In Alabama, a committee consisting of representatives from the State Department of Social

Services, the State Department of Vocational Rehabilitation, four County Departments of Social Service, and the Area Rehabilitation Center meets quarterly. In Illinois,a PA/VR Interagency Planning and Review Committee meets monthly. This committee has developed joint reporting procedures, has established and reviewed rehabilitation goals, and participates in joint monitoring and evaluation. Tennessee is another state in which an interagency committee has played a critical role in implementing State activities.

There are also a number of local interagency advisory committees whose members represent public and private agencies, and community services as well as consumers. The advisory committee in Duluth, Minnesota, is particularly active and is tied into a citywide services integration project.

STATE LEVEL COORDINATOR POSITIONS

Many states use expansion grant funds to employ PA/VR coordinators for State welfare and vocational rehabilitation agencies. The coordinator provides technical assistance to staffs in both agencies and is responsible for seeing that State-level agreements are implemented.

EXAMPLES OF OTHER INNOVATIVE APPROACHES

The survey of expansion grant PA/VR projects revealed many other methods being used by state and local agencies to enhance services by improving interagency cooperation. The following examples illustrate the variety of methods:

- In Oregon, there is a contract with the Salem Vocational Evaluation Center to provide comprehensive evaluations on all PA/VR clients.

- In Prince George's County, Maryland, and Winooski, Vermont, staff are housed in Model City multi-service centers, and clients have free use of Model City training, transportation, and job development programs.

- In Chicago, the project contracted with the local YMCA for five staff outreach workers.

- In Maine and in Ohio, projects employed former clients as staff members. In addition, clients were hired during staff in-training, and their training costs were assumed by a tie-in with the New Careers program.

- In Nebraska and Ohio, projects have found it extremely helpful to have a full-time staff psychologist. The psychologist speeds up the process of determining eligibility, and is also engaged in staff training and consultation on client activity.

- The expansion grant project in South Carolina is operated by an Area Rehabilitation Center. Project funds are used to hire a cook who provides all clients with a well-balanced noon meal at no cost. Those clients who are housed at the center are given three meals daily.

- In Puerto Rico, one staff member is a specialist in basic and remedial education. His main responsibility is to improve work-language skills, teach applicants to fill job application forms, and prepare clients to accept different levels of education in order to enter the labor market better prepared.

- Eighteen expansion grant projects report using agencies other than VR and PA for services to clients. Agencies most frequently mentioned include Crippled Children, Employment Service, Public Health, Mental Health Center, Public Schools, Model City Programs, and Manpower Development and Training.

- In order to better serve their rural clients, South Carolina has established a Concentrated Comprehensive Evaluation and Training Facility. To further assure that services are available to all clients, a mobile evaluation unit covers the outlying areas, delivering services to the clients' immediate area. Both the Center and mobile unit are staffed by a VR/welfare team.

- In Puerto Rico and Ohio, there are other projects using mobile units to reach clients in rural areas. The units are either radio or phone dispatched. In contrast, Vermont is operating a Rural Farm and Family Rehabilitation project. Expansion grant funds are used for administrative and staff costs, and regular VR grants pay for case services. The project is operated under contract by the Vermont Extention Service. Project staff work with the entire family on family problems that may affect the client's rehabilitation.

CONCLUSION

A review of all the PA/VR expansion grant projects indicates that perhaps the day is disappearing when one agency did all it could for a particular client and, having exhausted its resources, referred him to another agency that, in turn, served him and then referred him on. Agencies seem to have learned that this procedure often results in clients being lost between agencies, and that even the clients who follow through on the referrals often deteriorate because of the economic and social conditions they endure during the long, drawn-out process. More and more agencies are discovering the benefit to client and to agency that results from a team effort and the joint provision of services.

CASE FINDING: IDENTIFICATION, SCREENING, AND REFERRAL

How do welfare and vocational rehabilitation agencies determine which of the people who receive public assistance should be included in the PA/VR rehabilitation projects? How to make certain that no one who might benefit will be overlooked, yet avoid overloading VR with prospective candidates who are subsequently found to be ineligible or unlikely to use rehabilitation services successfully?

This is primarily a problem that confronts welfare agencies, but to an increasing extent vocational rehabilitation agencies are sharing the responsibility so that case finding becomes a joint, cooperative undertaking.

Whether left to PA or accepted as a joint PA/VR responsibility, a three-state process is usually followed. First, every public assistance client or applicant for public assistance who seems to have the types of problems that are treated in the PA/VR project is identified. Second, those who have been thus identified are screened to eliminate the people with additional problems - such as age or heavy family responsibilities that tie them to their homes - which make it quite unlikely that rehabilitation would enable them to become more independent. Finally, those who pass this screening are considered more carefully, and the ones who seem most likely to meet the vocational rehabilitation agency's eligibility requirements and to use rehabilitation services successfully are selected for formal referrals to the VR agency.

If each of these three stages of case finding is carried out effectively, no potentially good candidate for rehabilitation will be overlooked and a high percentage of those who are ultimately referred to VR will be accepted for service.

INITIAL IDENTIFICATION

The best time to consider a person for the PA/VR project is when he or she first applies for public assistance. The longer the delay, the greater the chances that the handicapping condition will grow worse and that the client will feel more hopeless about regaining - or gaining - financial independence.

In some places, all applications for public assistance are reviewed by both PA and VR workers to identify which applicants should at least have a preliminary consideration for VR services. This means a considerable investment of staff time, but if a high percentage of the identified cases prove suitable for the service, it may actually be an economy.

Usually, the first step in identifying possible cases is taken by a member of the public assistance staff in the welfare agency. In agencies that are alert to the value of early referral, this identification may be the responsibility of intake workers. Other staff who are often assigned this responsibility are service workers (who provide social services) and eligibility workers (who determine whether applicants are eligible for financial assistance). Sometimes, outreach workers, indigenous to the client population, are asked to help identify potential PA/VR clients and to stimulate them to accept the service if they prove to be eligible.

Review of case records is a common method of identifying clients for the PA/VR project who were not identified when they first applied for public assistance. In some places, the welfare caseworker and the rehabilitation counselor review these records together. This is most feasible when the PA and VR workers are housed in the same office or building. Sometimes the two workers follow up their joint record review by jointly interviewing promising candidates at the office or by making home visits together.

Whether the identification of the client occurs when he first applies for aid or after he has been receiving public assistance for a period of time, workers need some criteria or guidelines to help them determine which clients should be considered. Many agencies believe that these guidelines should be developed jointly by specially trained staff in the PA and VR agencies regardless of whether the identification is made by a PA worker or by PA and VR workers together. They also advocate having monitoring and evaluation procedures to assure that the guidelines developed by the specialists are actually being followed by the staff members who make the identifications.

Guidelines for the VR worker should be developed within the context of factors that influence rehabilitation success such as: the kind of employment available in the community; the evaluation and training resources that VR and other community agencies can offer; community prejudices (age, sex, race, etc.) that limit employment opportunities. The survey of PA/VR projects revealed that the factors most often considered in determining whether a client should be identified as a potential participant in the PA/VR project are:

- Age. Younger people are usually considered to be better candidates for rehabilitation although a recent research study indicates that age is not a statistically significant factor when other factors affecting outcome are held constant.

- Education. Preference is usually given to clients who have the most education, although one director of a PA/VR project reported that the extent of education did not seem to affect rehabilitation results.

- Motivation. This factor is difficult to measure because often it is merely a pragmatic appraisal by the client of the probability of his securing suitable employment. Project activities that can convince the client that his employment chances are good are apt to receive a motivated response.

- Social Functioning. Unless described in specific terms - for example, alcoholism or a significant court record as negative factors or objective evidence of good family adjustment as a positive factor - this criterion can become a subjective judgement that simply reflects a staff member's cultural bias or prejudice.

- Work History. Project directors report that prior work experience, its recency, and the skill level it required were positively related to a successful rehabilitation outcome. Research substantiates this. One study revealed that full-time work within the prior year was a good indication that the rehabilitation would be successful.

- Length of Time on Public Assistance.* Most of the PA/VR projects worked with new applicants for public assistance so could not evaluate this factor. However, project directors in Vermont and West Virginia reported that the longer a client had received public assistance, the less likely he was to be successfully rehabilitated.

- Child Care. This service was not available to clients in most of the PA/VR projects surveyed, but it seems safe to assume that dependable child care service is a significant factor to be considered in identifying mothers who might be enrolled in PA/VR projects.

- Nature of Disability. This did not seem to be a significant factor in the PA/VR projects; the West Virginia project director reported specifically that it was not a factor. Severity of disability, however, may be a factor.

- Family Functioning. Family problems - such as juvenile delinquency, marital difficulties, illness in the home, a retarded child - were found to be significant factors. Clients cannot concentrate on rehabilitation unless such problems are alleviated.

- Access to Transportation. Availability of dependable transportation can be a decisive factor. Cost of transportation must also be taken into consideration because it may erase the marginal benefits of employment.

- Number of Dependents. This is a significant factor if removal from public assistance rather than reduction of the amount of public assistance is the goal. Generally, however, some employment even in large families justifies the cost of rehabilitation.

SCREENING CASES

At this second stage of the case finding process, it is particularly important that workers who are knowledgeable about the VR process be responsible for deciding which of the cases that have been identified as possible should be given a more careful scrutiny. Otherwise, time and money may be spent in preparing formal referrals to VR of cases that should never have passed the screening stage.

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*Some recent studies have indicated that length of time on public assistance bears little relationship to success in rehabilitation.

Joint screening by PA and VR workers who have been jointly trained has proved productive in Massachusetts where not only the staff responsible for screening, but also the heads of the PA and VR agencies have taken PA/VR training. Other approaches to consider include:

- A caseworker-counselor team from the PA/VR project can participate in the screening process, working with PA staff members of both PA and VR staffs. Each team member would present and/or evaluate available client information from his specialty viewpoint.

- There can be a part-time or full-time screening and referral specialist (or a unit in large departments) on the public assistance staff. The specialist may be responsible for screening only candidates for VR referral or candidates for referral to a variety of community agencies. The specialist needs to be easily accessible to the case workers and should use procedures of maximum simplicity.

- The vocational rehabilitation worker can schedule regular time during which he can meet with each of the case workers who have nominated candidates and conduct a screening review verbally.

- The vocational rehabilitation worker can meet regularly with the public assistance screening worker who will have assembled verbal as well as case record screening information from the case workers who have made the nominations.

- An interdisciplinary group of suitable composition can periodically meet to review that segment of candidates which seems most questionable.

- A joint PA/VR intake staff can hold regular screening conferences to review applicants. (This would seem to require a heavy investment of staff time but might also more fully weigh factors of significance.)

Some PA/VR projects establish a specific target group and prefer to concentrate their rehabilitation efforts on people who are in that group. When this is the case, screening should give preference to clients who are in the target group over those who, even though they may have good rehabilitation potentials, do not fit the target group description. Exampes of the target groups that some projects have selected for priority enrollment include:

- Parents or other members of families receiving AFDC who are disabled but potentially employable.

- Persons who were rejected by the WIN program because of their disabilities. (In one project, client summaries prepared by WIN are used, along with other information, by the PA/VR team in screening clients.)

- Youth and relatively young adults, because their potential period of work after they become rehabilitated is longer than that of older people.

- People in the aid to blind and aid to the permanently and totally disabled programs. (Some projects limit the priority they give to APTD recipients to those who have received aid for one year or less.)

- New applicants for any of the public assistance programs and people who have received public assistance for one year or less.

- People whose keen interest in obtaining employment or whose past work record indicates that they will be relatively easy to place in jobs after they are rehabilitated.

- People whose previous work was in a field where there is a labor shortage and people who express an interest in qualifying for work in that field. (For example, some projects in rural areas give high priority to disabled persons who have had experience or who express interest in agricultural work.)

To minimize the number of people who are formally referred for rehabilitation and subsequently rejected for this service, public assistance workers should be familiar with the VR eligibility requirements and with the target groups which have been established for the PA/VR project in their area. It is frustrating to clients and wasteful to agencies to make formal referrals of clients who cannot qualify for rehabilitation service.

SELECTING CASES FOR FORMAL REFERRAL TO VR

Only a small percentage of all public assistance recipients is likely to be appropriate for referral in terms of eligibility, potential for rehabilitation, and VR's ability to serve them effectively.

The selection for referral should be a joint process, with both PA and VR input. The specific procedures used should be suitable to the local area, but should provide assurance of joint input.

One very satisfactory procedure is for the case worker, who knows the client best, to discuss the case face-to-face with the vocational rehabilitation worker. Where there is a screening and referral specialist on the public assistance staff, he would be the logical person to meet with the vocational rehabilitation worker for final case selection. Selection might be partly determined by an interview with the public assistance client, either jointly by PA and VR workers or by each agency staff member separately.

Another method is to use an interdisciplinary team whose continuing membership reflects major service resources of the community. Such a team could also serve an evaluation function as well as give programming advice on especially complex cases.

The selection process can be established in such a way as to be tantamount to an acceptance decision by Vocational Rehabilitation. Written case referral may then become a mere formality and of great brevity. Actual referral may include the transmittal of extensive amounts of written case information.

PREPARING THE CLIENT FOR REFERRAL

If the person who has applied for, or is receiving, public assistance has some problem that is likely to interfere with his or her ability to concentrate on his rehabilitation schedule - a threatened eviction,

serious illness in the family, or some other crisis - the referral to VR should be postponed. People who are ready to be referred should be given some orientation before the referral is made so that they understand why they are being offered this service and what responsibilities it entails on their part. The orientation should also include assurance that there will be no loss of benefits - assistance payments, Medicaid, social services, etc. - to the family while one of its members is in the PA/VR project. Without raising unjustified expectations, the orientation should help the rehabilitation candidates to see that their families will be better off when they have become employable.

A contact with the family by PA or VR staff, or both, should be set up as a routine procedure in the early states of case development. Through such contact, the social factors as well as family or cultural attitudes which are inimical or supportive to the client can be identified. In addition counseling and other services can be provided to help the client keep up his or her morale throughout the rehabilitation process.

Various methods are used by agencies to orient clients. Some conduct sessions with groups of clients who are candidates for rehabilitation. This not only conserves staff time, but may also make a client feel freer to ask questions that he would not raise in a private interview. Group orientations which are followed up by individual conferences have also proved effective as this provides an opportunity to deal with the specific problems of an individual client.

If films or tapes are used, time should be allowed for a question and answer period. Having someone who has been successfully rehabilitated talk to the group has proved effective. However, the speaker will usually need some training and preparation to assure his covering those points that will be most important to his audience.

A personal interview with the client by the VR counselor is considered by some public assistance agencies to be an essential part of the orientation process. This provides an opportunity to establish a constructive on-going relationship between the client and the person who will be helping him to become rehabilitated.

EXAMPLES OF CASE FINDING PROCEDURES

The following excerpts from the survey reports of PA/VR project directors were selected because they provide interesting illustrations of how States are handling one or more of the stages of case finding. Only the more unusual of States' case finding measures, not their complete processes, are described. Additional information on case finding procedures in some States can be found in Appendix E.

- New Mexico. The rehabilitation counselor makes the initial identification by reviewing the public assistance list of persons who are eligible for/or receiving financial aid. The counselor gives primary attention to AFDC cases and particularly to those with an incapacitated father. The factors he considers include age, education, work attitude, physical abilities, work history, amount of time the client has received public assistance and his attitude about being dependent on this source of support.

- Nevada. All public assistance recipients are screened by a job placement specialist in the welfare agency. Referral to vocational rehab.-ilitation is based on the following factors: age, size of family, physical and/or mental limitations.

- Georgia. After they have been screened, cases are referred to the vocational rehabilitation counselor by the welfare caseworker. Together they evaluate them in terms of physical, mental and emotional disorders and potential for a substantial work period following vocational rehabilitation.

- Indiana. Welfare caseworkers list all the disabled fathers who are on their AFCD caseloads and first priority is given to them. The VR counselors then work with the caseworkers in screening and follow up by contacting the clients who have been selected for referral to VR.

- Mississippi. The following procedure is used:

  1. The county social worker designated to work with the project encourages all other workers to select cases for consideration for rehabilitation services.

  2. The designated social worker, after sufficient orientation by the vocational rehabilitation counselor, "screens out" the obviously ineligible and non-feasible.

  3. The rehabilitation counselor and the designated social worker together review the remaining applicant and recipient file folders.

  4. The rehabilitation counselor determines which cases whould be considered for possible services. This is a group referral procedural process. The counselor advises the social worker to write a letter requesting the client to report to the welfare office and bring the written notice. The social worker interviews and explains the purpose of the visit to the client and gives the necessary assurance and/or re-assurance that participation in a vocational rehabilitation program will have no immediate effect on the benefit check. The social worker then introduces the client to the vocational rehabilitation counselor.

- Maryland. Joint screening for referral is done by a team consisting of the VR counselor, the PA caseworker and the community aide at weekly conferences. A point system has been devised for evaluating a PA client's rehabilitation potential. (See Appendix E)

- Connecticut. PA district office s that house public assistance rehab-ilitation service teams (counselor, caseworker, and clerk) use specific procedures to identify disabled recipients of public assistance who may be eligible for VR services and screen the clients for eligibility as well as for rehabilitation potential. The factors the teams consider are similar to those used in the Social Security disability insurance program and include age, education, past work experience and degree of disability.

- South Carolina. Prior to refinement of procedures, everyone who applied for services at four county welfare offices was referred for screening. This resulted in a great deal of unnecessary paper work. Under a new procedure, a case will not be referred for screening until it has been ascertained whether the case is eligible for/or receiving public assistance. Priority is given to individuals who receive financial assistance, but clients who receive only non-financial services will also be considered. Applicants who are found to be ineligible for public assistance will be accepted for rehabilitation services if the field rehabilitation counselor approves the case.

  Clients in the following public assistance programs are not considered for rehabilitation: old age assistance, medical assistance only; aid to the blind. Other clients who are not considered for the PA/VR project are foster home applicants & grandparents in AFDC families (unless they are included in the family's PA payment).

  Generally, people 65 and older are not referred to the screening team. However, this is left to the discretion of the caseworker. Applicants 65 or older are referred to the screening team if someone living in their home is over 16. Elderly people are also referred if they are not eligible for Social Security benefits and if their public assistance payments are not adequate to meet their needs.

  To comply with State welfare regulations, all persons in the Aid to the Permanently and Totally Disabled and in the general assistance programs must be referred for rehabilitation services.

- Virginia. A work attitude scale is used as a screening device. In addition, the State has developed a joint manual for PA and VR workers.

- New Hampshire. Guidelines for screening in and screening out have been developed. (See Appendix E)

- Nebraska. The rehabilitation counselor screens clients referred by the social worker. He uses the same criteria that the welfare agency's social worker and caseworker used in deciding to refer the case to VR. These criteria are:

  1. The individual must be receiving some form of public assistance.

  2. All persons who are, or are approaching, employable age who have a disability that is a substantial handicap to employment but who could become employable within a reasonable length of time if they had rehabilitation services.

- Puerto Rico. Eligibility requirements for PA/VR projects are made part of the State plans of both the PA and the VR agencies.

- Arizona. The medical consultant reviews the medical summary of the candidate for rehabilitation. The rehabilitation counselor then uses this consultant's review, as well as a social summary prepared by the caseworker and the Federal VR regulations, in deciding whether to

accept the PA client for rehabilitation services.

- Alaska. The selection and referral criteria provide a profile table for the referral of PA/VR clients. (See Appendix F).

- Arkansas. Selection criteria provide a rehabilitation prognosis and a method of determining which cases will be screened into the expansion grant project and which cases will be referred to the regular field counselor. (See Appendix F).

- Massachusetts. Case selection and referral criteria provide for a referral priority and specific guidelines for determining "good", "fair", and "poor" rehabilitation potential. (See Appendix F).

JOB PLACEMENT OF DISABLED PUBLIC ASSISTANCE CLIENTS

The goal of vocational rehabilitation services is the placement of disabled clients. It is always the most critical aspect of the rehabilitation process, for it is generally a test of the effectiveness of the entire continuum of the rehabilitation process, from evaluation through counseling, training, and other services. Placement is particularly critical when the client is a public assistance recipient. The challenge to the counselor and agencies involved is to facilitate the client's entry to the world of work and to aid him in achieving self-support. Success, of course, is not entirely dependent upon counselor, agency, and client efforts, but is also affected by the job market and employers' attitudes towards the hiring of the disabled and disadvantaged.

Job placement in the rehabilitation program varies widely among and within States in the procedures and techniques used. In several PA/VR projects, experience indicated that clients were frequently unable to present themselves favorably to prospective employers. This was a far more serious bar to employment than the lack of skill or degree of handicap. Consequently, counseling services now deal with job application and interviewing problems. One project has established job-seeking skill classes and plans to incorporate them into a "job corps model", which will include role playing and the use of video tapes of mock interviews to point out problems for clients in job interviews. In many States, however, PA/VR clients are well grounded in how to prepare for the job interview, what questions will be asked and how they should respond with information required by the employer.

Generally, the rehabilitation counselors assume responsibility for both job development and placement of clients. Sometimes however, counselors make use of placement specialists in other projects and/or agencies. Many counselors register clients with the local office of the United States Employment Services (USES). A survey of placement effort in Region VII revealed that about 10 percent of all placements are accomplished through the USES.

To work effectively with USES offices, it is suggested that rehabilitation counselors:

- Have clients register for work and testing at USES.
- Follow-up all referrals.
- Examine the cards of all job openings at the USES office.
- Meet regularly with USES staff to discuss cases.

This survey also revealed that direct contact with outside employers by the rehabilitation counselors was the most effective of all placement methods. Although USES was the resource most often used, it ranked third in order of effectiveness. The clients' own efforts ranked third in terms of frequency of use, but ranked second in terms of effectiveness. In their response to the survey questionnaire, counselors strongly recommend teaching clients job finding skills.

Information on job placement obtained from a survey of 61 PA/VR projects included:

- Over half of the projects reported that placements were made by the counselor; about one third relied upon job placement specialists; about 11 percent used aides and other non-professional staff for both job development and job placement activities.

- About half of the projects reported using the total resources of the USES, while an additional one-sixth made use of the "job banks" program. About 17 percent of the projects enlisted the active cooperation and support of private industry - an important indication of community involvement. Only 6% of the projects used private placement agencies.

- Special placement training was given to clients by only 8 percent of the projects. About 13 percent also reported that they followed up clients beyond the obligatory 30-day period in order to find out how they were managing and to offer services that would help them to continue to be employed.

Another variable affecting placement is the different methods used to get clients accepted into the world of work. Some projects report strong initiatives taken by project directors and staff to involve the community. These include obtaining the cooperation of local business and industry in on-the-job training. Some projects, with assistance from the community, established clients in business and these clients in turn have employed other clients. In some projects counselors have displayed considerable initiative in making employer contacts and in opening other opportunities for the placement of clients.

PART II BARRIERS AND ISSUES

INTRODUCTION

Staffs in both public and private non-profit rehabilitation programs and in welfare agencies have encountered numerous problems that adversely affect the vocational rehabilitation of disabled recipients of public assistance. In addition there is a constant need for them to be informed about, and to comprehend changes in Federal Policy and programs relevant to the PA/VR effort. Among such areas, and problems described are: child care in all its ramifications; the circumstances under which some income of public assistance recipients can be disregarded in computing their public assistance payments; the Work Incentive Program; reporting on PA/VR clients by the public VR agency; and the definition of behavioral disorders used by public VR agencies in determining whether people with such handicaps are eligible for their services.

Experience gained in the operation of PA/VR projects and in the basic welfare and rehabilitation programs is cumulative in improving the art and skill to reduce barriers and to advance the PA/VR cooperative efforts to rehabilitate more disabled people. Some of this experience has brought to light certain substantive issues which are significant to the successful provision of services to the disabled welfare recipient. It is the purpose of this section to clarify and delineate these problem areas through a careful examination of Federal regulations, policies and guidelines.

The material on training is particularly pertinent because it is through effective training programs that staffs can be continually informed about agency policies, about criteria for the referral and acceptance of clients, and about resources for providing services.

Monitoring and evaluation are equally important activities in that they enable State projects and programs to measure how well they are attaining their goals and provide information that will help them to modify and improve their program operations.

Better mutual understanding by PA/VR staffs of all the topics covered in this section can contribute to a wider pooling of program resources and thus give public assistance clients maximum support in their efforts to use vocational rehabilitation as a route to reducing dependency and attaining self-support.

BEHAVIORAL DISORDERS

Experience with the PA/VR expansion grant projects indicates that some VR agencies have tended to consider behavioral disorders as a new classification of disability in order to serve non-disabled socially disadvantaged people. Under Federal requirements, this is not permissible; a behavioral disorder must be identified as a physical or mental disability. Neither receipt of public assistance nor status as a public offender in and of itself makes an individual eligible for vocational rehabilitation services.

A clarifying statement on this point has been prepared by the SRS Rehabilitation Services Administration.* Sections of this statement which are pertinent to determining the eligibility of public assistance recipients for VR services are as follows:

In order to develop a common understanding of certain basic principles for State agencies to apply eligibility criteria and to establish acceptance procedures as consistently as possible for individuals with behavioral disorders, it is important to review the Vocational Rehabilitation Regulations and VR Manual, Chapter 16, Section I, Part III (which describe the basic eligibility requirements). Section 401.1(i)(1) of the Vocational Rehabilitation Regulations defines a handicapped individual as...*any individual who has a physical or mental disability and a substantial handicap to employment, which is of such a nature that vocational rehabilitation services...may reasonably be expected to render him fit to engage in a gainful occupation, including a gainful occupation which is more consistent with his capacities and abilities.* The term physical or mental disability is defined in Section 401.1(o) of the Vocational Rehabilitation Regulations as...*a physica- or mental condition (underscoring supplied) which materially limits, contributes to limiting or, if not corrected, will probably result in limiting an individual's activities or functioning. It includes behavioral disorders characterized by a pattern of deviant social behavior or impaired ability to carry out normal relationships with family and community which may result from vocational, educational, cultural, social, environmental, or other factors.*

Note that the term "behavioral disorder", while not specifically defined by the Regulations, is subsumed under the definition of "physical or mental disability".

Clarification of what is meant by behavioral disorders is provided in Chapter 16, Section I, Part III, of the Vocational Rehabilitation Manual, as follows:

...behavioral disorders may be, but are not necessarily, medically diagnosable conditions. Their presence will be established by either a psychiatric or psychological evaluation, whichever is appropriate.

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*Program Instruction, RSA-PI #73-18 Feb. 15, 1973

Individuals with behavioral disorders exhibit a condition having aspects distinguishable by a pattern of deviant behavior or inability to carry out normal relationships with family and community...

A behavioral disorder is present, when, through an evaluation, it is determined that an individual's behavior significantly deviates from what is considered normal or that his ability to carry on normal relationships with family and community is significantly impaired.

An individual with a behavioral disorder exhibits abnormal behavior which persists over a period of time and manifests itself in various settings such as in school, on the job, before the courts, and in the family. In some instances, it may be necessary to supplement psychiatric or psychological evaluations with reports from a variety of examiners and observers such as teachers, employers, probation officers, social service agencies, or police. Such incidents and behavior as family quarrels, arrests, truancy, idiosyncracies, or mannerisms do not, in themselves, constitute a behavioral disorder but may be suggestive of the existence of such a disability.

Factors such as cultural and social deprivation, chronic poverty, public offense, illiteracy and educational deficit, and long-term unemployment do not, in themselves, constitute behavioral disorders, but may contribute to the formation of a behavioral disorder.

With respect to the eligibility of the public offender for vocational rehabilitation services, the Rehabilitation Services Series Number 67-18, entitled "Public Offenders: Eligibility and Determination of Rehabilitation Potential", issued September 28, 1966, clearly indicated that:

...before the State agency may provide vocational rehabilitation services, the public offender must meet the three basic conditions of eligibility...The public offender, as a public offender, therefore, may not be considered categorically eligible for rehabilitation services, but must have his eligibility established on the basis of an individual evaluation as in the case of any applicant for services...Although studies have shown that public offender populations are characterized by a relatively high proportion of mental retardation, emotional disturbance, and physical disability, there is clearly a sizeable group of public offenders whose disability is essentially behavioral...Where behavioral disorders are involved, a psychiatric or psychological evaluation must be obtained in accordance with section 401.22(e)(2), now section 401.32(2) of the Vocational Rehabilitation Regulations.

It is clearly evident from the Regulations cited above as well as by the explanations quoted from Chapter 16, Section 1, of the Vocational Rehabilitation Manual and by the Rehabilitation Service Series Number 67-18, that in serving persons with behavioral disorders, the basic eligibility criteria for vocational rehabilitation services must be met. Such individuals, in the absence of a physical or mental disability, therefore, are not eligible for services under the Vocational Rehabilitation Act.

NEED DETERMINATION IN PUBLIC ASSISTANCE

THE STATE AGENCY STANDARDS of NEED

Under the Social Security Act and its pursuant Federal regulations, the State agencies are required to establish methods for determining who is financially needy. This requirement applies to each of the public assistance programs-aid to families with dependent children (AFDC), old-age assistance (OAA), aid to the blind (AB), and aid to the permanently and totally disabled (APTD), and also to the combined adult program of aid to the aged, blind, and disabled (AABD).

The methods must include establishment of a State standard, expressed in money amounts, to be used as a measure of need. The standard may be identical for all programs, or it may differ for each of the programs. The standard represents the cost of those basic living needs that the State wishes to recognize as essential for all applicants or recipients under the assistance programs. The common consumption items of everyday living usually included are: food, clothing, shelter, and utilities. Some States have also included such items as household supplies, personal care items, transportation, and recreation.

State agencies are permitted to identify special needs as part of their standards. Special needs are usually defined as those needs that are essential for some persons but not for all, and that must therefore be determined on an individual basis. The State must specify the circumstances under which special needs would be recognized. Like the basic needs, special needs can be identical for all the programs or they can differ for each program.

Only once in the history of the Social Security Act has Congress required States to adjust their standards of need. In the 1967 Amendments to the Social Security Act, States were directed to adjust their AFDC standards to reflect fully any changes in living costs since the standards were last established. States were not, however, required to pay the full standard as adjusted to July 1969 costs.

State agencies have complete authority for identifying and specifying the content and the money amounts of the need standards. Consequently, for anyone working with a public assistance agency, it is important to understand: what the State standard is; what items of basic needs it includes; what items it omits; what, if any, special needs are available; under what circumstances an individual would be eligible for such special needs.

Policy

An individual or an agency must also understand all policy which modifies the State's standards. For example, assume that the State agency's expressed money amount for shelter is "as paid" to a specified maximum amount: the State agency also has policy which provides that if shelter is already being supplied by another person, such as a parent or other relative, then the agency does not include a money amount for this item in its determination of need. Federal regulations prohibit any duplication in items of need or money amounts.

Budgeting

The money amount of the standard may be expressed as a flat amount--that is, a specified dollar amount, by family size, for all items included in the standard. It may also be expressed as a money amount for a group of items or a money amount for each item included in the standard. No two States have established identical standards or money amounts, and few if any have established similar amounts for the groups of items within the standards. Essentially, it could be assumed that each State's standard and the money amounts for the items included reflect the community conscience concerning the items and the money considered essential for needy persons.

Federal regulations require a uniform Statewide standard expressed in money amounts. Justifiable area cost differentials within the State are acceptable only for shelter, and only if the State can substantiate such shelter cost differentials.

TREATMENT OF INCOME AND RESOURCES IN DETERMINING NEED

The Social Security Act and the pursuant Federal regulations require that all income and resources be taken into consideration in determining need and the amount of the payment, unless certain amounts are specifically authorized to be disregarded. Consequently, all income and resources of the individual must be identified.

Property Limitations

The State Agency can, if it so chooses, specify the amounts and types of real and personal property, including liquid assets, that may be reserved for current and future needs of the individual receiving assistance. For example, the agency may permit retention of the home, with or without limitations on its value. Limitations on personal effects, personal property in the home, an automobile, and income-producing property are also at the discretion of the State agency. Thus, property limitations, like income limitations and standards of need, vary from State to State.

Federal Policy

Federal Policy permits States to allow an individual to retain up to $2,000 of real and personal property, including liquid assets. States wnich have adopted this policy have varying limitations on reserves, and the limitations may vary between programs within a State. Current

records indicate that no State, at present, permits the maximum amount of $2,000 per person.

INCOME DISREGARDS, PASS-ALONGS, AND SET-ASIDES

The Social Security Act and Federal regulations provide for certain income disregards, pass-alongs, and set-asides--that is, income which shall not be taken into consideration in determining need and the amount of the assistance payment. These provisions can be divided into two groups, mandatory and optional. (See Appendix G, for legal and regulatory citations.)

The mandatory provisions are:

1. Under the Uniform and Real Property Acquisition Policy Act of 1970, any payment made to an assistance recipient under Title II of that Act must be disregarded as income and resources. Such payments may include monies to buy a new home, for additional rent, moving costs, to locate a business, etc.

2. For Aid to the Blind applicants and recipients only, additional income necessary to fulfill a plan for achieving self-support shall be disregarded for a period not in excess of 12 months.

3. Disregards from OASDI income include two $4.00 pass-alongs for OAA, AB, and APTD applicants and recipients. The first pass-along, related to the 1969 Social Security increase, directed that an individual must have $4.00 more monthly income, from OASDI and public assistance combined, than otherwise would have been received from March 1970 through December 1973. More recently, an additional $4.00 monthly pass-along, beginning with November 1972 and extending until the adult programs are federalized in January 1974, was directed by the Social Security Amendments of 1972 in relation to the 20% OASDI increase provided by Public Law 92-336.

4. Public assistance grants cannot be reduced because of rent reductions resulting when a public housing authority applies the income-to-rent ratio authorized by the Brooke Amendment to the Housing Act of 1937.

5. Per capita judgment payments to two Indian tribes, the Gros Ventre and the Blackfeet of Montana, must be disregarded.

6. For AFDC only, the first $30 and 1/3 of the remainder of the gross earned income must be disregarded.* This disregard is only for recipients, or for persons who have received assistance in any one of the four previous months. For an AFDC applicant who has earned income, the family must be eligible without the earned income disregard. The determination would be as follows: from the family's gross earnings, the State agency will subtract the expenses reasonably attributable (as defined by the State agency's policy) to the earning of income. The difference, plus any other income, is applied against the State's full standard to determine if need exists. If this difference is less than the full standard, then the person is eligible for the disregard. The State agency then applies the dis-

*There is no disregard for the unemployed father who goes into full-time employment

regard of the first $30 plus 1/3 of the remainder and the expenses attributable to the earnings of income. The remainder, plus any other income, is subtracted from the State payment level.

7. Also disregarded is all of the earned income of each dependent child receiving AFDC who is a full-time student (note: this pertains to a receiving child, not an applicant's child), or all the earned income of each dependent child who is a part-time student, but not a full-time employee, and who is attending a school, college, university, or a course of vocational or technical training designed to fit him for gainful employment (this also includes participants in the job corps program). For the earning child, the State agencies are not required to recognize any expenses attributable to the earning of income.*

8. For Aid to the Blind applicants and recipients, the first $85 per month of gross earned income plus 1/2 of the remainder must be disregarded.

9. The educational disregards are applicable to both applicants and recipients in all assistance programs. These disregards encompass loans and grants, such as scholarships obtained and used under conditions that preclude their use for current living costs. An example would be a G.I. loan for going to school, when the G.I. loan is enough to pay only for tuition, books, school fees, and other educational costs and there are no monies left over for current maintenance costs.

10. Any grant or loan to any undergraduate for educational purposes made or insured under any program administered by the Commissioner of Education under the Higher Education Act is disregarded. Consequently, State agencies must determine the source of such a grant or loan.

11. Not applicable to AFDC, but applicable to OAA, APTD, and AB, the training incentive payments and expense allowances made to an applicant or recipient under the Manpower Development and Training Act must be disregarded. For AFDC, the Manpower Development and Training Act incentive payments and expense allowances are considered as income to which the $30 and 1/3 earned income disregard applies.

12. For AFDC only, the $30 monthly incentive payment and the reimbursement of training-related expenses under the WIN program are fully disregarded. These payments, like those of MDTA, are made by the Department of Labor.

13. Other income exclusions or disregards are the value of home produce produced by an applicant or recipient and utilized by him for his household consumption. Home produce includes both animal and vegetable products.

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*State agencies are directed not to inquire as to the amount of earnings of any child under 14 years of age.

14. The value of the bonus coupon allotment under the Food Stamp Act and the value of the U. S. Department of Agriculture donated foods are disregarded.

15. Benefits received under Title VII, the Nutrition Program for the Elderly, under the Older Americans Act, are disregarded.

16. Not a true income disregard, but for applicants and recipients of all programs, any expenses reasonably attributable to the earning of income shall not be taken into consideration in determining need. State agencies' policies for "any expenses reasonably attributable to the earning of income" vary by State, and could vary by program. The Federal requirements, as a minimum, specify the following expenses: mandatory payroll deductions, such as Social Security taxes, other taxes, union dues, etc.; transportation costs to and from work; the additional costs of lunches at work; uniforms, tools, and materials needed for the job; and child costs incurred because of employment, if not otherwise provided.

The optional provisions are:

1. For AFDC only, the State may disregard not more than $5 per month per person of any income of applicants or recipients.

2. For AFDC only, the State may provide that all or any portion of family earned income or any other family income may be set aside for future identifiable needs of a dependent child.

3. For OAA, APTD, and AB only, the State may disregard not more than $7.50 per month of any income of applicants or recipients.

4. For OAA and APTD applicants and recipients, the State may disregard, of the first $80 of earned income, not more than the first $20 plus not more than 1/2 of the remainder. The State may disregard less than these amounts.

5. For AB only, the State may provide for an extension of the mandatory 12-month period for a period up to 36 months for the disregard of income and resources to fulfill a plan for self-support.

6. For APTD only, the State may provide for the disregard of income and resources needed by a disabled person for self-support, and may, for a period not in excess of 36 months, disregard such additional income and resources as are needed for fulfilling a plan for self-support, but only with respect to those periods during which the recipient is substantially undergoing vocational rehabilitation.

7. State agencies may establish a policy whereby assistance from other agencies and organizations will not be deducted in determining the amount of assistance to be paid. However, there can be no duplication between the other assistance and that provided by the public assistance agency. This policy is often referred to as complementary program relationships.

8. State agencies may provide for reasonable proportions of income from businesses or farms to be held so as to increase future capital assets.

9. After identifying all available income, resources, and potential resources, the State agency may permit allocation of an individual's income for the support of his dependents; however, the amount that is authorized to be allocated cannot exceed the amount of the dependents' needs as determined by the State's need standard. State agencies are required to recognize only income actually available for current use, and only currently available resources.

DETERMINING THE AMOUNT OF THE ASSISTANCE PAYMENT

State agencies use the budget method for determining both financial eligibility for assistance and the amount of the payment. One column of the budget represents the State standard of need; the second column represents available income; each is totaled. The difference between the sum of the income and the sum of the needs represents the budget deficit. Like those for the assistance standard, the methods for determining the amount of the assistance payment can vary between programs within the State and do vary between States. The method for determining the amount of the assistance payment must, however, be uniformly applied Statewide for each program. The most common methods currently being used by States to determine the amount of the assistance payment are:

Meeting Need in Full

In States where all countable income is subtracted from the agency's defined assistance standard and the State does not impose any maximum or apply any percentage reductions, need is described as being met in full.

Maximums

In some States where all countable income is subtracted from the agency's defined assistance standard, the payment (which would be the deficit) is limited by imposed maximums. Maximums can be imposed by legislative or administrative authority. Maximums may be: (a) a specified maximum amount by family size; (b) a specified maximum amount for all family sizes; (c) a specified maximum amount by number of persons in the family, or (d) a combination of (a) (b) and (c) above.

Example (a) Specified Maximum Amount by Family Size.

The State agency regulation provides that the amount of the assistance payment is the budget deficit or the following maximums, which ever is less.

Family Size		Family Size	
1	$100	6	$250
2	$130	7	$275
3	$160	8	$300
4	$200	9 or more	$325
5	$230		

If the budget deficit for a family of 4 was $250, the payment would be the maximum $200; if the budget deficit was $120, the payment would be $120.

Example (b) Specified Maximum Amount for All Family Sizes.

The State agency regulation provides that the amount of the assistance payment is the budget deficit or overall family (regardless of family size) maximum of $200, whichever is less. Assume the budget deficit is $250; the payment would be the $200 maximum.

Example (c) Specified Maximum Amount by Number of Persons in the Family.

The State agency regulation provides that the amount of the assistance payment is the budget deficit or the applicable maximum specified below, whichever is less.

Family	Maximum
For one adult and one child	$60
For each additional child or adult add	$20

Assume a family of 4 (1 Adult + 3 Children); the budget deficit is $200, the maximum, and therefore the payment, would be $100.

Example (d) Specified Maximum Amount by Number of Persons in the Family up to an Overall Maximum Amount for Any Family Size.

The State agency regulation provides the same as (c) above, and further provides that the amount of the assistance payment for any family size shall not exceed $180.

Percentage Reductions

In several instances, State agencies, usually because of insufficient funds, have reduced either the standard or the budget deficit on a percentage basis. The method and the percentage must be applied uniformly Statewide. More than a single percentage reduction is not acceptable. However, a State may limit payments by applying both a maximum and a percentage reduction.

Example (a) State Agency Applies a Percentage Reduction to the Agency Defined Assistance Standard.

Assume that the State defined AFDC standard expressed in money amounts, is:

Family Size		Family Size	
2	$150	6	$350
3	$200	7	$400
4	$250	8 or more	$450
5	$300		

The State agency decides to reduce that standard to 80% of need. The reduced standard would be:

Family Size		Family Size	
2	$120	5	$240
3	$160	6	$280
4	$200	7	$320
		8 or more	$360

All countable income would be applied to the reduced standard.

Example (b) State Agency Applies a Percentage Reduction to the Budget Deficit.

The State agency policy provides that payment will be 80% of the deficit. Income is applied to the agency's full standard. Assume a State with an assistance standard in (a) above, the State standard for a family of 4 is $250. If the family has zero income, the deficit is $250 and 80% of the deficit would be $200, the payment level.

SUMMARY

Under the Social Security Act and pursuant regulations, each State specifies its Statewide standard expressed in money amounts; each State identifies its method of payment. Statewideness, uniformity, objectivity, and equity are mandatory requirements. A State agency must apply the mandatory disregards. A State agency has choices with regard to reserves, income to be set aside, complementary program relationships, and other optional disregards. A State agency has discretion in determining the amount of the payment and in applying maximums and percentage reductions.

In working with a State public assistance agency, cooperation and understanding is built by knowing: 1) your agency; 2) its policies; 3) what the agency can do; 4) what it cannot do; 5) that what it does in one program may not necessarily be what it would do in another program; 6) that the standard and the method of payment could vary between programs; 7) the options pertaining to disregards which the State has chosen to implement; 8) that the agency is required to consider all available income and resources in determining need; 9) that the agency is required to evaluate all potential resources; and 10) that the public welfare agency has concurrent responsibilities to applicants and recipients of assistance, to its own State government, and to the Federal government.

CHILD CARE SERVICES*

A serious barrier to the rehabilitation of many disabled recipients of public assistance is the lack of satisfactory child care services. First priority for such services usually goes to able-bodied clients who could take jobs or job training immediately if arrangements were made for the care of their children. Moreover, it is mandatory that the welfare agency provide child care services to such clients under the WIN program, whereas the provision of child care services is not required in the PA/VR effort. When funds staff of facilities are in short supply the disabled client's need for child care services is the one that is most apt to be neglected.

The value of providing care for the children of disabled clients, however, far outweighs the reason for not providing it. There is ample evidence that for the disabled client, no less than for the able-bodied client, the ability to become self-supporting often hinges upon solving the child care problem. If PA/VR projects are to realize their full potentialities for rehabilitating these clients, they will need to place far greater emphasis upon the provision of child care services than they have done to date. Federal laws and regulations strongly support the development of such service, and there are various methods of financing it.

LEGAL AND ADMINISTRATIVE SUPPORT

In the laws that it has passed and in reports relating to those laws, Congress has clearly indicated that it holds public welfare agencies accountable for social services necessary to support job training and employment of public assistance recipients, including those who are disabled. Some Sections of Titles X, XIV and XVI of the Social Security Act specifically emphasize the provision of services that will help people to become self-supporting. Various regulations for AFCD issued by the Department of Health, Education and Welfare are directed toward the goals of self-care and self-support and specify "provision of services necessary to deal with personal and family barriers which prevent or limit (attainment of stable employment)." In addition, Section 401 of Title IV-A furnishes services--"to help maintain and strengthen family life."

FINANCIAL SUPPORT

Public welfare agencies are primarily responsible for providing child care services to PA/VR clients, and Federal funds may be used to pay 75 percent of the cost. Although the Revenue Sharing Act of 1972 has placed dollar ceilings on the amounts of Federal aid that States can receive for social services, in most States this ceiling will not be

*Since this paper was written revised Regulations have been proposed. When published in final form, these Regulations will govern service delivery. Differences, if any, should be noted.

less than the amount they spent in 1972. In fact, the ceilings would permit most States to receive more Federal funds for social services than they have actually requested. Moreover, the unrestricted Federal funds made available to States under the Revenue Sharing Act are a new source of funds that could be tapped for child care services.

If the welfare agency does not have the resources, VR expansion grant funds can be used to finance child care services for project clients. This is a residual resource only. The VR agency is not, nor should it be, staffed with child welfare workers or family service workers since its focus is on rehabilitation of the individual. Services to the family, including child care, which help the client to participate in and respond to rehabilitation, are first and foremost a responsibility of the welfare agency, irrespective of the source of funding.

In view of the limitation of social service funds, it is particularly important for future legislative and appropriation purposes that the welfare agency keeps track of the range of supportive social services needed, their cost, and how much additional money is required to provide them.

TYPES OF CHILD CARE FACILITIES

Child care may be provided in a day care center, a family day care home, a small group home, or in the child's own home. Which facility is best for any individual child depends upon his and his parents' particular needs and desires.

Each type of facility can fulfill the primary purpose of child care service which is to give care, supervision and guidance during the parents' absence. Each type can provide quality care, that is, care which meets the intellectual, emotional, physical and social needs of the child according to his particular age and stage of development. Each can provide a home base within which the child functions and from which he fans out to the larger society.

Workers with special skill and knowledge are required to help parents plan for the particular type of care that will best meet their children's needs. Consideration must be given to such things as easy accessibility of the facility, the age of the child, whether he needs child care on a regular or intermittent basis, and most importantly, what setting is most likely to promote his healthy growth and development.

For children in need of child care services because their parents want to enter a vocational rehabilitation program, other kinds of care may be needed than child care on a regular basis. If the parents have intermittent appointments for screening, evaluation or medical care, it may be necessary to help find and pay for short-term care or drop-in center care. Special short-term group programs for school age children during such a time may need to be found. The agency will have difficulty retraining child care resources if they are used only intermittently or for very few hours a day. These are not child care services in the usual sense, but to ignore this kind of need can defeat the adult trying to enter a rehabilitation program.

Because care outside of their own homes may be a way of life for many children during most of their childhood, and because it is a part-time substitute for child-rearing by the parents, the arrangements need to be comprehensive in nature and superior to other types of day-time programs.

Features of the different types of child care facilities which influence choice are described below.

Day Care Centers. A good day care center is the facility that best fits the needs of many children between the ages of three and five because this is the age-period when they are beginning to socialize and enjoy the company of their peers.

One of the first things to consider in selecting a day care center is whether it is licensed or approved as meeting required standards for out-of-home child care. Federal, State, and/or local governments have set requirements that centers must meet in order to receive support and/or licensure from one or more of these governmental bodies.

Safety and sanitation are not the only factors in standard-setting and licensing. There may also be requirements for adequate health and social services; for meeting the nutritional needs of the children; for assuring that the number and kinds of staff are sufficient to give children the individual attention they need; for providing on-going staff training; and for involving the parents in the center's plans and programs. Whether required or not, these are factors to consider in selecting a day care center.

Other marks of a good day care center include playthings that stimulate imagination and learning, a daily program having some disciplined activity, some time for the child to be alone and some freedom of choice about what he wants to do.

Family Day Care, Small Group Home, Care at Home - For different reasons, infants, toddlers, and school-age children often need care in a family setting rather than in an organized day care center. Babies and toddlers need cuddling and personal attention from one person to build up their sense of trust and security. Often younger children do not thrive in the stress and confusion of the day care center where many children are kept together for many hours. School children, after five or six hours in school, may need more freedom than the formal day care center can usually offer. They want to participate in the neighborhood fun, but they also need and want the security of having a home base to come to after school.

Like the day care centers, the homes where children are cared for should meet safety, sanitation and nutritional standards, provide adequate space for the child's rest and play, and be able to give the children the individual attention and the play opportunities suitable to their ages.

The physical and emotional health of the person who gives the care must be good, and she should be able to show medical evidence that she is free from tuberculosis and other infectious diseases. She must be able to support and strengthen the role of the child's own mother and not try to fill that role herself. She must have special interest and

aptitude for dealing with children in the age group she is serving. For example, pre-teens and early adolescents need someone who understands the signs of their beginning emancipation: to regress at times, to rebel, to be like his peers (sometimes rude, defiant, dirty, irresponsible; sometimes expansive, cooperative, friendly, and compliant).

Some of the advantages that family homes have over day care centers for some children were well expressed by one woman in the following letter which recently appeared in the WASHINGTON POST:

As caught up as we are with getting people to work and off the welfare rolls, we seem to have lost sight of one of the most important aspects of the problem, namely the children of working mothers. The answer for these children so far is the day care center.

The most important formative years of a child's life are his pre-school years; and now there will be no "pre-school" years. For essentially, day care centers are schools and will become even more so as requirements for the "teacher" will increase, and we will need more buildings, each bigger and more lavishly equipped than the last---.

However, a youngster of two to four years of age needs to be in a home, close to and like his own home. Why can we not find homes in or near their own neighborhood where the maximum number of children to be cared for is, say four per mother or father who would be paid and subsidized if necessary as are our present day care centers. It would employ a person hopefully doing something he or she loves and knows best, in his own home thereby saving on extra clothes, bus fare, etc. But most of all the child could live in a home situation where his schedule could vary and where he would have a substitute mother or mother with whom he could develop a close relationship and be with children from his own neighborhood.--Finding enough of the right kind of homes seems overwhelming. But having a kindergarten child with 5 years previous school experience is not only overwhelming but ridiculous--children need homes--need to be a person in his own right, not one of 30--no matter how hard day centers try, they can't replace the home and the personal relationships of a mother or father.--

SOCIAL SERVICE RESPONSIBILITIES

Clear lines of communication between welfare and VR agencies on matters that relate to child care, to the family situation, as well as to client goals, have bearing upon the total rehabilitation plan. However, the major responsibility for providing family and child care services, or for handling any related problems, rests with the welfare agency. This agency has a long history of finding stable family situations for children in foster care and has workers who have special skills in developing placement opportunities for children in good, creative homes where they will receive love, care, and guidance. They also are skilled in assessing group care facilities.

Preparatory Services - A parent needs the social worker's help in making the dicision to enter a child in a day care program. She has the right to know about all the types of care available and to have an opportunity to discuss the pros and cons of each facility in relation to the individual needs of her child. She must be comfortable with her decision. Otherwise she may feel guilty or resentful about the additional demands that the child-care arrangement involves and

she may react by either over-protecting or rejecting the child and criticizing the people who are caring for him.

In the initial planning for child care, mother should be helped to be aware of all resources that could be used, such as care of the child for a temporary period during illness or unavoidable absence of the caretaker. Having a "back-up plan" in the event of unexpected contingencies will insure the continuity of mother's training or employment, and may be a needed resource if the child plan should break down, due to one or a variety of causes. When this occurs, the "back-up plan" may be used temporarily until the worker can assist the mother to evaluate the cause of the breakdown and locate another suitable plan for care of the child.

Planning also involves helping the mother to understand and assume responsibilities that are directly related to child care services. The parent must recognize her responsibility for cooperating with the day care center or day care home so that she and the caretakers will be working together, rather than at cross-purposes, in advancing the child's development. The method of paying and what the payment includes, such as food, toys, and trips, should also be discussed since eventually the parent, rather than the agency, will have to pay for the care.

Preparing children to accept day care is basically the mother's responsibility but may also require counseling and guidance by the social worker. If the child is old enough to understand, he should be given a full explanation of the reason for the placement and an opportunity to get to know and trust those who will be providing the service. All children need continuing assurance that the mother will return each day. In addition to giving verbal assurance, the mother should return promptly at the appointed time or call if she is delayed. Without adequate preparation for the day care program, a child may feel abandoned by the mother and become withdrawn or rebellious. He needs evidence of continuing parental love and the security of his own home in order to make the most of his day care placement.

Problem-Solving. Now and then problems will arise that require the social worker's help. For example, if someone takes care of the child in his own home, the mother may need help in learning how to be a good employer. She must understand that the caretaker is in the home primarily to assure the care and well being of the child and should not be expected to assume responsibility for running the household. At times, a mother may fear that the caretaker will usurp her role and that she will lose the child's affection. Jealously and competition between mother and caretaker may call for skilled counseling with both. Such things as a child's need for a medical examination or followup medical services, behavior problems, and various facets of care at home and in the day care program can create problems if they are not discussed so that everyone understands and agrees upon a course of action. Cooperation of social worker, parent, and child care facility staff can strengthen the child-parent relationship.

The mother may need continuing service, even after she becomes self-supporting, giving her an opportunity to evaluate the child's placement, to discuss her satisfactions and dissatisfactions with it, and

helping her to assess her physical and emotional capacity to work and still have some time for her children.

Improving Quality of Service. The social worker can provide many services to those who care for the children. Helping with relationships is only one aspect. The agency's homemaker service might be used to teach a child's caretaker how to prepare nutritious meals and other housekeeping skills. Payment of incentive wages for this training is another way the welfare agency might help to upgrade the quality of in-home care.

Training Programs. If the welfare agency staff members who are serving PA/VR clients are not equipped with the skills and knowledge to handle child care services, the agency will need to provide in-service training. This responsibility could be assigned to a welfare agency staff member with the requisite qualifications, or arrangements might be made with a local child care agency. The in-service training program* should equip the social worker with:

- Knowledge about the types of child care, the standards required for each, and the ability to interpret these standards to parents.

- Knowledge about the developmental needs of children as a guide to developing a suitable child care plan.

- Knowledge about and ability to evaluate the adequacy and limitations of the available child care facilities.

- Understanding of parental rights involved in placement of the child in child care, of the needs, feelings and problems of children and parents in regard to care for use in planning and preparation for placement or for having a caretaker in the home.

- Ability to carry out the financial and social responsibilities of the agency in relation to child care and the PA/VR program.

Training should also be provided for clients identified by welfare and/or VR workers as being suitable for, and interested in, careers in child care as operators of family day care or small-group homes, as providers of in-home care, or as paraprofessional staff members in day care centers.

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*See "Child Care and Guidance," Office of Education, DHEW.
See "WIN Training Guide" for relevant items on training public agency personnel.
Consult Directors of Home Economics in State Departments of Education.

ADMINISTRATIVE RESPONSIBILITIES

There are many unresolved problems that prevent welfare agencies from playing a vital role in helping their communities develop genuinely adequate child care facilities for all children who need them, including the children of disabled parents in PA/VR programs. Major roadblocks include: lack of State and local funds to match Federal funds; lack of adequate Statewide plans for child care; lack of an adequate staff of skilled workers; poor communication with other agencies with whom the welfare agency has agreements on provisions of child care.

Probably, the greatest roadblock to the effective provision of child care services is the passive acceptance of the role of the welfare agency as merely a purchaser of child care services that already exist in the community. In reality, the welfare agency should assume active leadership in the delivery of child care services. There are some basic principles which, if they are included in the role of the welfare agency, will assure a steady upgrading of quality and quantity of child care. These are: 1) genuine recognition that the future of children in welfare families rests upon the quality of opportunities they have for healthy growth and development; 2) child care or day care is the service needed by more welfare families than any other single service; 3) it takes skill and knowledge to plan for the particular type of care that meets the individual needs of each child.

An agency imbued with concern for the children who are its responsibility will make a comprehensive plan for the delivery of child care services, a plan that includes:

- Assessment of need and potential need.
- Provision for the care of children whose parents have special needs such as the need for rehabilitation.
- Assessment of current available resources in terms of both quality and quantity.
- The orderly, progressive development of facilities.
- A staff training program for welfare agency workers.
- A training program for those who provide child care services.
- A career ladder and incentive plan for the providers of child care services.
- Cooperation with other agencies, with clear delineations of each agency's responsibility.
- Administration of the child care program with sufficient resources to carry out the program's functions.
- Participation in community planning for the provision and utilization of child care resources.
- Provision of staff services to advisory committees to enable them to become dynamic planning arms of the welfare agency.

IMPLICATIONS OF THE AMENDED WIN PROGRAM

The Federal legislation which established the Work Incentive Program (WIN) to provide job training and placement for persons receiving or applying for aid from the Aid to Families with Dependent Children (AFDC) program was amended in December, 1971, by Public Law 92-223. This has resulted in some significant legal and administrative changes which affect both welfare and vocational rehabilitation agencies.

The changes made by law are summarized in an excerpt from the Handbook on the WIN program issued by the Department of Health, Education, and Welfare. (See Appendix H). Major administrative decisions regarding PA/VR is expressed in Regulation 45 CFE 233.11 (6) (b)-issued by DHEW which reads:

> *Individuals who have been determined to be exempt from registration (for WIN) on the basis of incapacity will be referred to the appropriate State vocational rehabilitation agency.*

The potential impact of this regulation on the PA/VR effort to rehabilitate disabled recipients of public assistance is obvious. The regulation means that, in areas where there are WIN projects, all incapacitated people who apply for, or are receiving AFDC, including those who volunteer for the WIN program, must automatically be referred to VR. This will create a substantial pool of AFDC applicants and recipients from which VR agencies can draw suitable candidates for their rehabilitation services. Experience has shown that of all the people served by the Federally-aided public assistance programs, those in the AFDC program have the greatest potential for rehabilitation. They are younger, generally better educated, and probably more motivated. However, experimentation and ingenuity are needed so that the opportunity offered by the new regulation may be realized with the least disruptive effects upon both welfare and VR agencies.

New procedures under the amended WIN program (hereafter referred to as WIN-II) require establishing new relationships, or modifying old ones. This applies not only between welfare and VR agencies but also to the WIN programs that are operated by manpower agencies (usually USES offices) under guidelines from the U. S. Department of Labor, the Federal agency that administers the WIN program.

This paper describes procedures and relationships that affect welfare and VR agencies. For further clarification, see Appendix I which contains sections from DHEW's "WIN Handbook and Management Information Manual" that relate to PA/VR projects. Also included are suggestions for new working relationships to expedite the different client flow of the WIN II program. (See flow chart in Appendix J)

REFERRAL TO VR AND FEEDBACK

Under the first WIN program, social service staff of the public welfare agency referred potentially employable AFCD recipients to WIN. Under WIN-II, staff of the income maintenance unit of the agency (IMU) has this responsibility and makes referrals to VR of people who are exempt from WIN on grounds of incapacity.

A form which IMU can use for this purpose has been designed with input from the Rehabilitation Services Administration staff members (See Appendix K and L). This form enables the VR agency to inform the IMU of the welfare agency about the disposition of the cases that were referred. VR must provide this information because IMU is required to report on all such referrals (See Appendix M). It is also good operational practice for IMU to notify VR of any subsequent changes in the status of clients whom VR accepts for service.

Of immediate interest to both VR and welfare agencies is how to handle expeditiously the large number of referrals that can be anticipated as a result of the new WIN regulation. Without advance planning by both VR and welfare agencies, thousands of AFDC recipients might descend upon the VR agency. Since relatively few would prove to be both eligible and willing to accept VR service (acceptance is voluntary), this would result in a tremendous waste of staff time and energy, not to mention the possible waste of clients' time. One way to prevent this is to have IMU make a "paper referrak" to VR (after IMU has determined that the client meets the WIN definition of incapacity). It is then incumbent upon VR to take the initiative in arranging for a prescreening of these referrals so that only the people who are most likely to be accepted for VR service will be asked to visit the VR agency in person. See Appendix I for further details about "paper referrals".

Procedures for "Prescreening" Referrals. In deciding which of all the incapacitated people referred to them should be offered rehabilitation services. VR staff will find it advantageous to work closely with the social service staff of the welfare agency. Not only can they be helpful in making the assessment of rehabilitation potential, but, after cases are accepted for VR services, the social work staff will be working with the VR counselors. They will help to develop the joint PA/VR plan, give social service information to the counselor, and provide social services to the clients. All of this will be expedited if staff or both agencies begin to work together at the prescreening stage. Two methods of establishing possible new relationships that will help to assure social worker-counselor teamwork during the prescreening process merit consideration:

1. Assign VR staff to work at the welfare agency's office (more appropriate for populous areas) or have them periodically visit the welfare agency. Both the VR and the welfare agency should be involved in planning a suitable arrangement.

2. Have all IMU's in the areas of the State where there are WIN programs send all referrals of incapacitated persons to a central point - local or Statewide - where VR staff could prescreen them. The referrals that seemed feasible for rehabilitation would then be sent to the appropriate VR office for followup. Staff in this

VR office would contact the social service staff in the local welfare agency. Together, they would make a further assissment of the cases referred and make arrangements for the delivery of necessary social services to those accepted by VR.

Incapacity Verification. A new relationship between welfare and VR agencies may develop, for IMU has the option to contract* with VR to verify AFCD client incapacities, determined by the WIN, not the VR definition, of incapacity (see page 56). The contract could cover verifications of all such persons or could be limited to a selected group.

Under this arrangement, those referred to the VR for incapacity verifications would be put into a "temporary exemption" category (see Appendix M) and VR would have a maximum of 60 days to complete the verification. All verifications would have to be performed according to IMU standards and at costs agreed to by IMU and VR. A model for such contracts is now being developed by the Federal agencies concerned with PA/VR projects and will be sent to State welfare and VR agencies for their consideration. The model contract could, of course, be modified to meet the particular circumstances of each State.

There are a number of advantages in having IMU contract with VR to make incapacity verifications. For example, a VR agency could evaluate the person's rehabilitation potential at the same time that it verified his incapacity thus, in essence, prescreening him. Other advantages are that it would relieve IMU of the task of verifying some or all claimed incapacities and would provide early identification of persons with a potential for achieving self-support through VR services.

Even if it arranges for VR to verify WIN incapacity exemptions, the IMU will continue to be responsible for making the official determination of incapacity exemption. This will be done after considering the report and recommendations of the incapacity-finding submitted by VR.

SERVICES TO WIN REGISTRANTS

Some incapacitated people may not qualify for exemption under the WIN definition of incapacity and therefore are required to register for WIN . There are opportunities to serve this -roup also through PA/VR programs and thereby to open up new interagency relationships.

One such opportunity occurs when people first register. They are put into a "registrant pool" until a WIN appraisal team can meet with them, individually, to determine how the WIN program can help them to become

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*This would actually be a subcontract since the Department of Labor contracts with the State public welfare agency for this service.

self-supporting. While they are waiting for this meeting with the appraisal team, the registrants receive whatever services they need from social workers in the welfare agency. In providing these services, a social worker might identify a client who could profit from VR services and would be eligible for them because the VR definition of incapacity is broader than the WIN definition. Such a person could then be jointly assessed by PA/VR staff and become a PA/VR client until such time as the appraisal team met with him and decided that some other plan should be made. (The appraisal team might decide to refer him to VR, in which case he would continue as a PA/VR client.)

There are also opportunities to serve WIN registrants after they have met with the appraisal team. Because some registrants have little potential for employment in the current labor market, they will be returned to the registrant pool and attention will then be given to others with better employment potentials. While in this pool, registrants could be screened by PA/VR staff to determine whether they mignt benefit from rehabilitation services and would be eligible under the VR definition of disability and handicap to employment. This definition differs considerably from the WIN definition of incapacity.

The VR definition is: *Substantial handicap to employmeans means that a physical or mental disability (in light of attendant medical, psychological, educational, cultural, social or environmental factors) impedes an individual's occupational performance by preventing him from obtaining, retaining, or preparing for, a gainful occupation consistent with his capacities and abilities.*

The WIN definition is: *A person with a medically determinable physical or mental impairment which, by itself or in conjunction with age, prevents the individual from engaging in employment or training under WIN, and which is expected to exist for a continuous period of at least three months.*

Another group of registrants who may be served through PA/VR programs are those who are referred to VR by the appraisal team because the team has decided that they could be better served by VR than by WIN.

STAFF RELATIONSHIPS

Although certain social workers are specifically designed to serve WIN registrants, they serve only the clients who have been taken out of the registrant pool to receive special services under the WIN program. Therefore, it is the non-WIN social service staff in the welfare agency with whom the VR staff will be working when they serve WIN registrants (whether drawn from the registrant pool or referred to VR by the WIN appraisal team) as well as when they serve people who have been exempt from WIN registration because of their incapacities.

WIN ORGANIZATION AND PROCEDURES

To make the best use of possible new relationships inherent in the WIN-II program, some basic information about the organization and operation of WIN programs is necessary. Following is a brief summary of such information.

Administrative Units - Both welfare and manpower agencies (usually USES) have units that are specifically responsible for WIN projects. (WIN is not a Statewide program.) The welfare agency in an area where there is a WIN program must set up a separate administrative unit (SAU) to handle its part of the WIN program. Insofar as feasible, the social workers in SAU work only in the WIN program to prepare clients for, and serve them, in WIN job training and placement services.

Registration - Except for eight categories of people who are specifically exempt under the new legislation, all individuals who are applying for, or are receiving, AFDC are required to register for the WIN program; otherwise they cannot receive AFDC payments.

WIN registration and exemption requirements have been defined by the U. S. Department of Labor and it is basically responsible for registration. However, since WIN registration is an AFDC eligibility requirement financial aid to eligible people is expedited by having welfare agencies handle the registration. The Department of Labor (DOL) contracts with the State public welfare agencies for this service. DOL pays not only for the cost of the registration procedure, but also for the costs of screening AFDC recipients and applicants to determine which ones must register, verifying claims for exemption from registration, and conducting fair hearings. At the latter persons who refuse to register for WIN can present their cases for claiming that they are exempt from this requirement. (As of November, 1972, the Department of Labor was alloting welfare agencies $18 per case for verifying incapacity exemptions.)

Appraisal Team - The appraisal team appraises the employment potential of registrants and decides which ones should be immediately served by the WIN program.
The team must include staff from the WIN Manpower agency and the welfare agency's SAU. However, the possibility of a new relationship exists in the expansion of this appraisal team to include VR staff. The decision to ask VR to participate should be made jointly by SAU and the WIN Manpower agency. This could be a standing invitation to VR staff or the invitation could be extended only when it appeared that VR could make a contribution to decisions about specific cases. The VR member of the appraisal team could:

- Identify persons registered for WIN for whom a VR service might be needed for certification (see certification section below). This service might be financed by VR or purchased from VR by SAU if approved by the WIN manpower agency.

- Identify persons registered for WIN who might be better served by a full range of VR services. This might result in the person being referred or "suspended" to VR. (See section on "Suspended cases" below).
- Identify persons for whom a VR-type assessment and/or work evaluation would be helpful. This service could be purchased from VR by the WIN Manpower agency as part of its "employability plan" for the client.

Appendix M is relevant to these activities.

Certification - Certification is a written statement transmitted by SAU to the WIN Manpower agency which signifies that supportive services approved by the WIN Manpower staff have been provided or arranged for and that the registrant is ready for employment or training under WIN. This certification is requested by the appraisal team when it has decided that the registrant is potentially employable in the current labor market. Certification is also made for persons who do not need supportive services to enter WIN Manpower activities. Unemployed fathers must be certified within 30 days after they receive the first AFDC payment.

When the registrant has been certified, he is placed in employment or training. The WIN Manpower agency may provide the job placement or training services itself, may contract for outside services furnished under its direct control, or may utilize other programs, such as Neighborhood Youth Corps, Mainstream, Manpower Development and Training, etc.

Suspended Cases - When some other ongoing program is used to provide job placement or training services to a WIN registrant who has been certified, that individual is "suspended" to the other program. A possible new relationship between VR and the WIN Manpower agency can be established by having certain registrants suspended to VR. The appraisal team could decide that a registrant would be better served by VR than by WIN, then request certification by SAU, and suspend him to VR. However, the WIN Manpower agency does not pay for the cost of services provided by the program to which registrants are suspended.

Registrant Pool - The WIN registrants who make up what is called the "registrant pool" include those who have not yet had a meeting with the appraisal team to determine what needs to be done to help them gain employment and those whom the appraisal team have met with and decided that it would not be feasible to offer job placement or training services immediately. The SAU or VR member of the appraisal team should take the initiative of calling to the attention of non-WIN social service staff those registrants who were returned to the pool who might be likely prospects for PA/VR projects.

Supportive Social Services - There is a difference in the supportive social services available to WIN participants and to those in other self-support programs, such as the PA/VR effort. There is also a difference in the extent of Federal financing of such services.

Under WIN-II, the welfare agency must provide certain services that may be needed for certification and, if the service plan for certification is approved by the WIN Manpower agency, 90 percent of the cost of these services can be financed by Federal funds. The services are: child care, family planning, health related services, medical care (if not available under another Federally-aided program), homemaker services, home management and other functional educational services, housing improvement services, and transportation as needed to make these services available.

Under self-support programs other than WIN (e.g. PA/VR efforts) family planning is the only one of these services that the welfare agency is required to provide. However, the welfare agency may elect to provide

any or all of the other services except medical care. In addition, it may finance education and training for clients.* The Federal share of the cost of social services in these programs is 75 percent.

Opportunities for Service. The scope of social services and employment activities under WIN-II has been expanded and requires higher expenditures. However, as of November, 1972, no WIN appropriation bill for fiscal 1973 had been signed and, like VR and many other programs, WIN has been operating under a continuing resolution passed by Congress. This means that expenditures continue at the same rate as in fiscal 1972. Therefore, from a practical, operating standpoint, it does not seem likely that either the SAU or WIN Manpower agency will be in a position to purchase much service from VR.

A greater PA/VR opportunity arises from the mandatory referral to VR of incapacitated people who have been exempt from WIN and from the screening of people in the registrant pool to find likely candidates for rehabilitation.

OPPORTUNITIES FOR NEW RELATIONSHIPS

Throughout this paper are suggestions for possible new relationships resulting from the WIN-II program which seem to merit joint exploration by State and local welfare and VR agencies and also, where relevant, by manpower agencies such as USES.

In areas where are WIN projects, a matter of paramount importance is the referral to VR of all persons who are exempt from the WIN program because they are incapacitated. Procedures to accomodate this workload must be developed and there should be immediate and continuing discussion between VR and both the income maintenance and social service staffs of the welfare agency to institute and maintain smooth working relationships. PA/VR machinery for this presumably already exists in places where there are both a WIN program and a PA/VR expansion grant project. However, it must be adapted to include the income maintenance unit of the welfare agency since the IMU is responsible for handling WIN registration. (Every State public welfare and VR agency will receive a listing of the locations of WIN and PA/VR expansion grant projects in the State.) In WIN locations where there is no PA/VR expansion grant project, PA/VR machinery will need to be designed so that the two agencies can work effectively together in handling cases that result from the amended WIN program. (See Appendix N)

IMPLICATIONS FOR TRAINING

Whatever the understandings that are reached and the procedures that are developed, they must be translated into the training of staff of both agencies - preferably through joint training programs so that there is mutual comprehension of the system and so that the staffs of both agencies can get to know each other. Procedures should be reduced to writing for training purposes, for ready reference as needed later on, and to clarify relationships among the different agencies and units of the same agency (e.g. between the IMU and the non-WIN social service staff and between the non-WIN social service staff and the SAU - all of which are units of the welfare agency.)

*This may be changed in the revised Regulations on Social Services.

JOINT CASE COUNTING AND REPORTING

Over the years in the PA/VR programs, no records were kept of the total number of clients referred to Vocational Rehabilitation by the Public Welfare Agencies. In addition, quite often, as many or more welfare recipients were referred from other sources as were referred directly by Welfare. In most of these cases there was little or no communication between the agencies and the welfare agency was unaware that clients were receiving rehabilitation services. In many cases, the client's welfare recipient status was unknown to the VR counselor. While the exact percentage will vary from State to State, the percentage of actual welfare client recipients being referred directly to Vocational Rehabilitation by the Department of Social Services ranges from approximately 40 to 60% of the total number receiving services.

One problem in the Joint PA/VR Program is to identify the mutual clients referred to VR by other sources in order that appropriate Joint planning and provision of needed supportive services can be provided by both VR and PW Agencies in order to assist the client in carrying out a rehabilitation plan.

TEXAS PA/VR IDENTIFICATION OF JOINT CLIENTS

The Texas State Department of Public Welfare and the Texas Rehabilitation Commission have entered into a cooperative agreement which enables the two State Agencies to share information and to identify the mutual clients being served and provided services by the two agencies. In this agreement, Joint PA/VR Cases are identified through data processing tape-matching efforts. Many accrued benefits are attributed to such an effort because joint cases are identified in the effort. When the information is available to the VR counselor, he may contact Public Welfare to coordinate the many services available through Public Welfare to the joint client. Such services as Medicaid and the assurance the client has that his Public Assistance Grant will be protected up to a point in the VR process are beneficial.

In fiscal year 1972, this Texas effort made possible the identification of approximately 400 additional "26" (rehabilitated) closures in the PA/VR effort.

The procedure for identifying joint cases in Texas is as follows:

1. The Department of Public Welfare makes available to VR a data processing tape, based on the clients Social Security number and identification. This tape includes the names of all people receiving public assistance during a specified period of time. The first tape-matching

effort revealed 800,000 names on DPW roles and approximately 400,000 or 50% had Social Security numbers. A second tape-matching effort some four months later revealed that 80% of the cases had Social Security numbers. Other information obtained from the Welfare tape include case name, welfare case number, welfare budgeted job number, client address, amount of grant, type of grant, and date of application for grant.

2. The ADP Welfare tape is matched with the VR tape. All Social Security numbers that match with the VR tape are printed out with the Social Security number, the name of the client, VR status, and an indication of whether it is coded as a public assistance case.

3. A print-out is generated from this information on all cases not coded as public assistance cases. This information is printed out by VR Region, Supervisory Unit, and Counselor caseload. The information provided to each counselor caseload on this print-out is the same as those items of information indicated in step one above.

4. These print-outs are sent to the appropriate counselors for action. The counselor up-dates the coding on each RSA 300 form and verifies the information with the Public Welfare Department. The counselor begins at this time, to coordinate the client services with Public Welfare.

5. On the state level, the two VR/Welfare Program Specialists retain a data process card for each case as a control to determine whether the counselor has updated his case information within a specified period of time.

Two additional alternatives to this system may be considered in the future to simplify this process:

- Have a video terminal at the VR central office level linked with the Public Welfare computer. Stationed at the terminal would be an individual who would query the public welfare computer on all new RSA-300's. This individual would determine whether this case is receiving Public Assistance and would send to the appropriate VR Counselor this information. The counselor would then begin coordinating services with Public Welfare. On a periodic basis, the individual would update the entire caseload to determine whether or not any of the older VR cases had begun receiving Public Assistance and would query the Public Welfare Computer on denied Public Assistance cases. Appropriate notes would be sent to the appropriate counselor, based on this information.

- The second and probably the best alternative, is to link the VR and Public Welfare computers together electronically. In each VR office, a video unit would be located where VR staff could query the Public Welfare computer on all new and existing VR cases to determine their Public Assistance status. (Attached is a copy of the report generated by the cross-matching of tapes).

MARYLAND IDENTIFICATION OF JOINT PA/VR CLIENTS

In Maryland, identification of joint PA/VR clients is based on the R-13 Statistical Record Card which is used in lieu of the RSA-300.* On the R-13 welfare recipients can be identified in one or more of six block areas from information available to the counselor at some stage in the rehabilitation process. The block areas are as follows:

Block #10 - Referral Source (Code "40")
Block #24 - Monthly Assistance At Referral
Block #28 - Primary Source of Support
Block #33 - Monthly Public Assistance At Closure
Block #42 - Federal Special Program Identification
Block #43 - State Agency Special Program Identification

The PA/VR Client Identification Procedure is as follows:

1. A monthly print-out is generated from the computer where all this information is stored. Any client statistical record card with appropriate information in any one or more of the six blocks is kicked out and the print-out is generated from the cases so selected, by counselor and district.

2. Information obtained on each client from the print-out is as follows:

   Client Social Security Number (Case number)
   Client Name
   Client Status (current)
   Referral Source
   Number of Dependents
   County of Residence
   Primary Disability
   Monthly Public Assistance At Referral
   Monthly Public Assistance at Closure
   Weekly earnings at Closure
   D.O.T. Number
   Work Status at Closure
   Reason for Closure ("08", "28", "30")
   Federal-State Program Identification
   Date of Referral
   Status Date (date placed in current status)

3. Monthly Print-Out is summarized by the Staff Specialist, Public Assistance, in the VR State Office and a monthly summary report is distributed to the following:

   a. Region III, RSA
   b. State Headquarters
   c. Regional Directors
   d. District Supervisor
   e. Dept. of Social Services PA/VR Coordinator
   f. Secretary of Dept. of Labor and Social Services

4. Individual Counselor print-outs are distributed monthly to the counselor, casework supervisor and the Regional Director to assist the counselor as a case management tool.

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*Copies available from ICD-RUL

5. When the VR Monthly Welfare Client print-out is completed, the cards are made available to the Department of Social Service and DSS prepares a monthly VR/PW client print-out by county for distribution to each county Administrative Unit. In this manner, each county DSS Unit is provided a complete list of all welfare clients receiving rehabilitation services. These print-outs can then serve as a basis for the VR counselor and the DSS caseworker to coordinate their respective agency services to assist the client in carrying out a rehabilitation program. Under the cooperative program, DSS is to provide supportive social services throughout the time that a joint client is receiving rehabilitation services.

RECTIFYING RECORD GAPS

From the experience in Texas and Maryland* programs as well as many other states, it is most obvious that the Vocational Rehabilitation Programs in most states are working with many more PW Clients that have not been identified as such in the past. One of the problems facing the States, is not only to refer and work with more welfare recipients, but to identify those with whom they are already working.

The method to be devised by each State in better identification of potential or active VR/PW Clients, will depend on the facilities available to the State, and the Agencies' ability to utilize these facilities.

Among the many additional ways which can be used to assist in more adequate identification of VR/PW Clients are the following:

- More adequate identification and documentation by field counselors of the source of financial support for the client.

- Identification of former recipients during the prior two years who are being served as VR Clients in the Mental Hospital, Correctional Institution, Drug Abuse and other special VR Units.

- Identification of clients in the VR/Educational Units who are in AFDC families.

- Identification of Foster Care clients receiving VR Services.

INFORMATION EXCHANGE ON REFERRAL AND CASE PROCESS

The essence of an informational referral-progress exchange system is already in place in a few jurisdictions.** Forms for this are designed to bridge existing gaps in communication between the interested agencies and to enhance their cooperation. It is understood that these records could be altered for varying State and local needs.

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*Copies of the Maryland R-13 Statistical Record Card and a monthly print-out are available from ICD-RUL.

**See Appendix D - Examples Of Joint Forms.
See also ICD-RUL "A Catalog of PA/VR Joint Forms," publication pending.

JOINT TRAINING PROGRAMS FOR PA AND VR STAFFS

It is through the State's joint PA/VR training efforts that the gap between program formulation and implementation is bridged and meshed with cross-agency participation at all levels. This means that trainers must face squarely, and come to grips with, their own State's problems if they are to construct training programs which are not superficial, but are relevant to their State's needs. This, admittedly, places training staff in an awkward position since they may be faced not only with cross-agency problems but with intra-agency differences on issues relating to joint participation and to meeting the needs of public assistance recipients. Precisely because trainers are caught in that bind, they are in the best position to look at problems objectively and to help "work both ends toward the middle" within agencies, as well as across them, through their training efforts.

A review of PA/VR training materials from various States shows that a wide range of topics has received emphasis in one or more training sessions. However, problems associated with joint efforts represent an area of across-the-board concern. Examples of this include the subject of agency attitudes toward clients -- as indicated by the common myths about welfare clients such as, "All welfare recipients are lazy and don't want to work."

Training sessions have called attention to the inherent differences in the VR and welfare agencies, such as:

- VR is a "closed system" with controlled intake - it can limit its services to those who seem to have the greatest rehabilitation potential. Welfare is an "open system" - it must serve all who apply and qualify for public assistance.

- While VR can select for service those public assistance recipients who have good prospects for becoming independent, the welfare agency is left with large numbers of clients whose prospects are far less hopeful.

- PA recipients with vocational potential represent a quite small percentage of the total PA caseload. Therefore, they are a lower priority of concern to the PA staff than to the VR staff that is committed to their rehabilitation.

- Even when a VR agency is able to close a case as being rehabilitated, this may not lighten the PA caseload. If the client earns so little that he still qualifies for public assistance or if the rehabilitation simply enables the client to care for himself or to carry out home tasks, the welfare agency must continue to serve him. With ever-

increasing caseloads, welfare agencies may be reluctant to embark upon cooperative PA/VR services to clients who will continue to be dependent upon PA after they have been rehabilitated by VR.

It is a safe assumption that any time two agencies have program variations in interest and emphasis, there will be cross-agency myths, misunderstandings and problems. Perhaps because both welfare and VR are in the business of helping people, they seem to have a tendency to regard the problems involved in joint participation as disconcerting instead of inevitable. PA/VR joint training must convert any such subjective interpretations to objective analysis.

Trainers must ask themselves what kind of training session is most appropriate to deal with a particular area of cross-agency relations. They must decide, for example, whether workshops in communication skills, sensitivity, group dynamics, and similar programs aimed at breaking down barriers will be more or less effective than sessions which take another focus. Such alternative directions might include interpretation of program requirements which are legislatively or federally mandated, with the goal of joint solutions arrived at through some process such as the decision-making model. The appropriate type of training will differ, depending on the level at which the problem occurs, or on the personal biases of staff. Also, trainers must deal with any problems that exist within an agency which could affect relationships with the jointly participating agency.

The most important component of a good joint working relationship is program commitment by the State's directors of welfare and VR. Without their support, any joint relationship -- and any training program -- is at best mediocre.

Assuming strong to moderate State support, determining the precise areas in which training is needed, involves a careful and critical examination at every level within and across agencies. It is not uncommon to hear personnel from either welfare or VR state that their problem exists at a particular level, e.g. that middle-management personnel or that staff in a particular office are not interested. However, such expressions as "uncooperative" or "not committed to the program" are not adequate explanations of why a training program is needed. After the problem area is delineated, trainers must seek out and define the real reasons for that problem, determine what type of training will meet the need, and design a training session to fill that need.

In looking at a particular level within and across agencies, with the aim of joint participation, the trainer must find the answer to many questions, such as:

- Do the agencies recognize and respect program differences? If not, what kind of information do they need to explain the reasons for these differences?

- To what degree do agencies recognize their commonality in the broad profession of helping people? Is it lack of knowledge or an attitudinal problem that keeps them apart?

- To what extent does the VR counselor understand that the reason the welfare caseworker may sometimes seem uncooperative is because his heavier client load allows him less time for each client?

- To what extent does welfare understand that VR's commitment to work with PA clients offers welfare one means of working toward a solution to one part of its overall problem?

- How can VR help welfare staff receive satisfaction from a cooperative effort which results in successful rehabilitation? VR alone did not rehabilitate over 50,000 PA recipients during fiscal year 1972 -- VR and welfare cooperated to achieve this goal. How can caseworkers receive credit?

- To what extent are certain problems the result of personality conflicts? Are they based on fact or misunderstanding? Is it attitudinal? Was it caused by a lack of skills? or knowledge?

- Does the problem exist in one local office, or is it statewide and symptomatic of middle - or top - supervisory problems?

Every trainer has his own list of problems which need to be studied. Once analyzed, and looked at in terms of possible solutions, training sessions can be planned, and methods of dissemination considered. Most of the current literature on training methodology only states that training needs must be defined in general; then specific objectives, with adequate criteria for evaluation, must be developed. Little information is available to show how these objectives can fit into an overall, comprehensive program.

All prospective training must be viewed in terms of overall needs. Training resource materials, for example, are valuable for planning purposes but they should be scrutinized and adapted so that the projected training fills a specific State's needs. Training sessions which successfully meet one State's needs may or may not be directly applicable to other States. (Appendix O lists a short representative bibliography of materials that are valuable as resource documents.) A review of applications for Federal training grants shows diverse needs, ranging from staff skills development to administrative considerations. Each State must assess its overall needs including all phases of training. This means each State should formulate a comprehensive training program.

TYPES OF TRAINING NEEDED

Once training needs are identified, they can be analyzed by different levels within the State. A further breakdown into types of training needed at these levels can be made. For example, they can be classified into three interrelated areas:

1. Knowledge. This includes such things as program information, priorities, goals, and related data which are pertinent for a particular program and/or time period, and which should be provided to both Welfare and Vocational Rehabilitation staffs for adequate program operation.

2. Skills. This includes staff development such as in-service training to improve on-the-job performance, e.g. case development, interviewing techniques, communication skills, educational coursework, etc., which is aimed at upgrading staff.

3. Attitudes. This reflects an individual's interpretation of reality and includes both agency-related work attitudes and individual personal biases. These two types of attitudes compromise a total attitudinal "set" affecting (a) the client, (b) the respective agency, and (c) the jointly participating agency.

The measure of a training program's success is its ability to provide the proper "mix" of appropriate knowledge and skills to produce the desired attitudes. (Conceptually, this can be represented by a triangle with knowledge and skills at the base, leading to attitudes at the apex.) A training program can be based on a large number of carefully designed, executed, and evaluated objectives. Yet it may still fail to foster joint participation between the agencies because the program did not consider the varying knowledge and skill needs of the various levels of agency staff.

Looking at training needs in this scheme may help trainers formulate better objectives by analyzing training needs by type of need.

A review of available training materials shows that considerable time is spent in joint training in the area of knowledge dissemination. One area which is not evident in these documents is that of advance preparation of participants for training sessions. Trainers should consider the advantages of such a procedure, particularly when it involves solving broad problems within and across agencies, e.g. program implementation. Providing too much knowledge-type material at joint training sessions can 1) waste valuable training time in extended explanations and 2) create spontaneous reactions rather than carefully thought out replies and queries since participants rarely have time to fully digest the information. When advance preparation is provided -- and followed up -- each agency is more likely to have considered various problem areas in depth; and a better working knowledge of problems and possible alternatives provides a broader base for a joint consensus.

The principle of advance preparation is illustrated by the procedures used first by Cheyenne Indians and later by Dag Hammarskjold at the United Nations. When a joint tribal agreement was required, the Chief of all Cheyenne tribes first discussed the issue with the various tribal chiefs on an individual basis. He carefully laid the groundwork for a group discussion and consensus or compromise before bringing tribal chiefs together. Hammarskjold used the same method to work out problems among nations. This effect can be achieved in training by adequately preparing participants in advance -- even to the extent of within-agency sessions, followed by cross-agency contacts to clarify issues at various levels. Advance preparation also provides a way to make maximum use of time allowed for joint sessions.

At some point in time, the problem of joint participation must be faced and resolved if this two-agency effort is to reach optimal effectiveness. As one State director put it, "Eventually you have to put the skunk on the table." Some of the questions PA/VR trainers must consider are:

- Where does cross-agency cooperation and participation get hung up? At what level or levels does it occur within and across agencies? What are the consequences of non-participation and non-cooperation? To what extent are these consequences known? What knowledge and skills at these different levels are needed to assist in cross-agency program implementation?

- To what extent do cross-agency myths exist? At what level or levels are these myths prevalent? What is the best strategy for disspelling these myths?

- How does PA/VR training tie in with the State's overall training program? Is training carefully planned to meet specific objectives based on a comprehensive State training plan? If not, how can a comprehensive plan be formulated? e.g. survey of knowledge and skill needs at all levels for all facets of agency and cross-agency operation.

- To what extent are training sessions planned so that participants can get the maximum benefit? Is sequential or "phased" training appropriate to take participants logically from point A to point Z without omitting necessary intermediate steps? Would advance preparation of participants make the sessions more meaningful? If so, what advance preparation is necessary?

- To what extent can a State benefit from training materials used in other States? How can these be adapted to meet a specific training objectives?

Each State has its own pertinent questions which must be asked and answered. Evading any issue served only to postpone, and perhaps compound, the problems of training for joint participation..

EXAMPLES OF TRAINING PROGRAMS

Well thought-out, planned training workshops and meetings have been the cornerstone of the first year of operation of the PA/VR Expansion Projects. In general, the lack of detailed in-service training materials makes it difficult to transmit specific training techniques. However, the following examples provide an overview of project training approaches. Readers are invited to consult the resources of the ICD Information Center for source materials to follow up the questions raised by these summaries.

Alabama

After a period in which the training staff and the case services staff of both the PA/VR agencies met to identify and define specific train-

ing needs, the following training program was developed:

The training staff of the two agencies, the rehabilitation counselor educators from the two State universities, and a rehabilitation facilities counselor educator from a university were enlisted to serve as the professional teaching staff. Several specialists who were knowledgeable in the field of the rehabilitation of the disabled public assistance recipient were invited to serve as consultants and to help conduct a program of three institutes. Each institute was designed for a specific purpose and attempted to reach a specific level of operations within the two agencies.

Institute I - "Institute on Relationships and Communications" for top-management personnel in rehabilitation and welfare agencies and in the rehabilitation facility.
Purpose: To identify problems and to study ways to improve the working relationships and understanding of top-level supervisory and management personnel in the vocational rehabilitation agency, the welfare department and the vocational rehabilitation facility in order to improve the services to handicapped public assistance recipients and their families and thereby increase the numbers of rehabilitated public assistance recipients.

Institute II - "Institute on Working Relationships and Communications" for first line supervisory personnel in rehabilitation and welfare facilities in eight county PA/VR Programs.
Purpose: To identify problems and to study ways to improve the working relationships and understanding between vocational rehabilitation services and the State Department of Welfare in an effort to strengthen services to disabled public assistance recipients and their families.

Institute III - "Institute on Cross Training for Agency Direct Service Staff" for VR counselors, welfare social service workers, rehabilitation facility vocational evaluators, and vocational counselors in eight county areas encompassing PA/VR Special Programs.
Purpose: To identify problems and to study ways to improve the working relationships and understanding between the vocational rehabilitation agency and the State Department of Welfare in an effort to strengthen services to disabled public assistance recipients and their families.

Arizona

The State of Arizona has an inter-agency committee concerned exclusively with in-service training. This committee consists of training personnel from the Division of Vocational Rehabilitation, the Department of Public Welfare, the Department of Vocational Education, and the Arizona Employment Service Agency. The objectives of the Arizona PA/VR Training Program are to provide an in-service, inter-disciplinary program to train PA/VR manpower in an understanding of one another and the identified population to be served. This objective would be attained through a multi-media approach to training. This approach was chosen because it lends itself best to meeting the training needs of all functional staff levels and rural staff needs. Extensive use will be made of video tape in the initial joint PA/VR Training sessions

which will consist primarily of small group interaction. In this way the training program can be "packaged" for future use in other areas, particularly in the more remote areas of the State.

Nevada

The following material from the State of Nevada is illustrative of an overall methodology to assess the PA/VR training needs and to provide a long-range program of differential training components geared to individual needs. It incorporates techniques for goal-setting, assessment of needs, plan development, resource procurement, conduct, and evaluation of training.

Training assessment packages have been mailed to each staff member serving in a supervisory capacity. Packages contained:

- A training needs assessment instrument to be completed by the supervisor assessing his own training needs.

- Training needs assessment instruments to be completed by the supervisor assessing his subordinates' needs.

- Training needs assessment instruments to be completed by supervisor's subordinates assessing their own needs.

The training officer and pertinent members of the administrative staff have utilized tabulated data and all other relevant existing data to formalize individual training plans for each staff member of the Rehabilitation Division.

Activities to be carried out in the near future include:

Individualized In-service Training - In order to upgrade counselors in remote rural offices, programmed instructional material and audio cassette record players (3 each) will be procured.

Procurement of a video recording and playback setup will permit extremely valuable training feedback for counselors. Specialized training on an individual and small unit basis, using programmed materials from the University of Southern California's Research and Training Center in Los Angeles, or tapes prepared by the Central Office Training Staff will also be provided. These tapes will be played on tour by the project director, as a supplement to the conducted training.

Workshops and Seminars - Workshops prepared and presented by staff will include "Rehabilitation of the Public Assistance Recipient" given in cooperation with the Welfare Division, and the following workshops given exclusively to the rehabilitation staff: "The Management by Objectives Process", "Performance Evaluation", and "Preparation of Job and Position Descriptions".

Staff-procured seminars in which the lesson plan and course content are specified by the program director, but in which an expert will be retained to present the material, will deal with "The Impact of Impending Legislation" and "Your Responsibility under the Civil

Rights Act of 1964".

Limited In-State, Out-of-State, and Out-of-Agency Training - Consideration is being given to the idea of holding specialized mini-institutes such as the University of Southern California's Institutes in Low Back Pain, Alcoholism, Drug Abuse and Addiction, Diabetes, Cancer, Cerebral Palsy, Renal Disease, and Spinal Cord Injury; or the University of Oregon seminars related to mental retardation.

Three Full-Scale Staff Conferences - At these conferences the administration will discuss, and receive immediate feedback from the staff, such topics as current and pending legislation and the effectiveness of coordination between rehabilitation staff and other agencies in joint efforts such as rehabilitation of public assistance recipients. These conferences will be designed to resolve operational or philosophical problems by face-to-face encounters. One session will be held in cooperation with the Welfare Division.

College and University Courses - In some cases, established college or university courses will be used to accrue specific, job-related benefits for the employee and the agency.

Evaluation Phase - Evaluation of the effectiveness of the training program will be achieved by comparing the statement of needs with the degree to which training is meeting them; by determining whether the training has improved employee relationships and performance; by finding out how employees rate specific training; and by evaluating employee performance.

West Virginia

A comprehensive and detailed in-service training manual has been prepared for the PA/VR Program. The table of contents of the manual is listed in Appendix P.

This material is particularly significant in that its manner of presentation is for the most part "generic" and therefore can be applied to other PA/VR situations in other States. It is well-written and would appear to be a much-in-demand resource document for other States who are beginning to make long-range plans for PA/VR training programs.

USE OF PACKAGED TRAINING

One way to stretch training dollars and increase the amount of time available for joint discussion and resolution of issues is to develop multi-media packaged training. Most content material is adaptable to one or more types of packaging. This approach has several advantages:

- Preserves valuable training information in a form that allows it to be reused and repeated as necessary.

- Can be widely distributed at low cost.

- Allows flexible scheduling for individual or group use during regular working hours or in the evening without requiring travel and time

away from the office.

- Provides a way to standardize information. This eliminates the omissions and errors which sometimes occur in verbal presentations.

- Can be used to provide advance information to participants in joint training sessions. Providing participants with sufficient prior knowledge allows them to come to joint training sessions with sufficient background information to provide a more critical and realistic examination of issues which are of joint concern.

One of the simplest and least expensive forms of packaged training is the slide-tape combination. Equipment requirements and skills are minimal and most of the equipment can be found among agency staff, if it is not owned by the agency. Essential equipment includes: (1) a cassette tape recorder and blank tape cartridge; (2) a camera capable of making color slides (35 mm or instamatic) and film; and (3) a slide projector and, if possible, a screen. If staff resources or the training budget permits, much more sophisticated equipment can be used including better cameras, dissolve units for projection, and packaging folders. These are luxuries and are not required to prepare a reasonably professional-looking program. Slide-tape programs have the advantage of being easily revised, with the cassettes being reusable.

The most worrisome part of preparing a packaged program of this type is in scripting and selecting material for slides. However, the time involved should not be much greater than is usually spent in preparing a verbal presentation. Because it can be inexpensive, it is a technique that can be used at all agency levels.

One decision that must be made is on special art work. Most slide materials can be prepared by hand lettering, using colored felt marking pens, and by incorporating actual photographs or other illustrations. Unless there is artistic talent available within the agency, it will be necessary to buy special art work; however, whenever budgets permit, some sort of art work should be included to "dress up" the presentation.

Other packaged programs can be prepared using TV tapes or film. This medium is particularly effective for demonstrations that involve live subjects. Equipment for these presentations is expensive and more complicated than audio recorders and slide projectors and agencies or their staff members are less likely to own it. Therefore, slide-tape training capability is easier to establish. (The use of a wide range of media is limited only by budget.)

In planning to construct slide-tape programs, use subject matter which is not available from other sources. For example, many skills training programs are already available which have direct applicability to VR and Welfare, e.g. the 16-set series on understanding client behavior from the Research and Training Center at Institute, West Virginia. Someone within the agency is more likely to be capable of interpreting agency-related materials and converting the information to script than is an outside contractor. In PA/VR training, packaged programs could be constructed through the joint effort of staff from each agency on areas of joint concern, with individual agency effort directed toward

programs which deal with the respective agencies' issues. For example, a joint effort might be to design a program reflecting Welfare/VR interfaces, while an individual agency effort could be concerned with agency role. Both programs would have cross-agency applicability. (See Appendix Q for detailed procedures for preparing a slide-tape program.)

PROGRAM ASSESSMENT

WHY DO IT?

The increasing emphasis in business and government on program accountability, cost-benefit ratios, and effectiveness of service has resulted in greater attention being given to the program accountability of all Federally-aided programs.

Although the State-Federal vocational rehabilitation program has long enjoyed their confidence, both Congress and the Executive Branch of the Federal government are now, to an increasing extent, requesting specific information about the program: costs, data on clients served, persons rejected for service, and other details. Over a million dollars annually has been made available to the Secretary of HEW. This in turn is disbursed in part to RSA to conduct evaluation studies. Many of these studies will of necessity involve inquiries into State programs, interviews with counselors, and review of case survey data on rehabilitation clients.

It is absolutely essential that the Federal agency (RSA) obtain data that will enable it to ascertain the continuing effectiveness of services provided by the States in order that it can assure Congress of its own accountability in determining efficient and effective delivery of services. Since the program is a State-Federal partnership that is interdependent, States must have effective methods of furnishing the Federal agency, as well as their own appropriating bodies, with the necessary information.

The development, or improvement, of evaluation units in all State VR agencies is needed and a primary goal of RSA is to help State agencies obtain such units. These units will give VR agencies increasing ability to improve their management information systems and their evaluation capabilities. The units can more readily cope with Federal and State requests for information,as well as requests from outside researchers and contractors, than can be evaluation Systems which many VR agencies are currently using. Evaluation units will also enable the State VR agencies to gather information and data that are needed for making program and priority decisions. As State agencies expand their staffs and gain skills, the evaluation units can be a mechanism for determining agency goals and program needs and for ensuring efficiency in program management.

All levels of government are in a most critical period, with increasing competition for the Federal and State tax resources. The ability to plan, evaluate, and implement the VR program in the most effective manner will determine not only program growth, but also the agencies' ability to become increasingly effective in their services to clients.

CONSIDERATIONS IN ASSESSING PROGRAMS

Program assessment is poorly understood. The terms are not always clear and

may even have different meanings to different people. When an administrator wants an assessment of a program,he has two fundamental techniques to chose from - the opinion of an expert in the field or the collection and analysis of hard program data. Having decided which technique he will use he must decide the level at which the assessment will be conducted. Will the program be 1)monitored - that is reviewed with no value judgement offered, 2)evaluated - that is reviewed with a value judgement offered or will 3)a special study be done on specific programs or problems which review the problem and then offers an analysis or opinion for improving program activities. Figure I illustrates specific methods of analysis that maybe used with each technique and level at assessment. The starred terms in the chart represent what is presently and popularly called Program Evaluation.

PROGRAM EVALUATION

Program evaluation is a value judgment and there are two levels to it: 1.) evaluation for program effectiveness, impact or worth; 2) evaluation of program components for specific factors such as effort, efficiency, and quality.

Types of Evaluation for Program Impact. The first level in program evaluation is to determine what programs are worthwhile or "work best". This is evaluation for program effectiveness or impact. Three popular methods exist in vocational rehabilitation agencies today: 1) a social research approach which selects optimum goals and then establishes methods for measuring these goals against standards of worth; 2) the systems approach which compares how well a program used its resources with the benefit it generates for society; 3) the ever-popular engineering approach which employs the followup study "to find out what happens afterwards."

Types of Evaluation of Program Components. Having once determined that a program is worthwhile, it is then necessary to determine the second level, that is, why it is worthwhile or why it is more effective that other programs. This is done by breaking a program into program components - such as program management and case management - and applying value factors to each component. There are many factors that may be applied. Some of these include:

- Effort - What was done? e.g. number of clients served - quantity.
- Efficiency - Ratio between effort and performance.
- Productivity - A value judgment of the extent of output compared to effort. This is part of the evaluation of efficiency.
- Quality - A judgment based on professional standards of the way work was accomplished.

Figure II illustrates the inter-relationships of theoretical concepts, types and levels of evaluation, to a proposed Program Evaluation Model.

Measures Used in Program Evaluation. Once a model for evaluating programs is agreed upon, measures which will produce criteria, indices and standards must be established for the purpose of comparing the performance of program components. Presently many of the currently maintained administrative yardsticks comprise a compendium of such measures. Examples include -case flow, rates of clients seen/accepted and successful closures/ total closures. Given these measures, documentation of specific program activity or "hard data" suitable for the purposes of evaluating program components is compiled.

FIGURE I

Some Methods of Analysis Used in Program Assessment

TECHNIQUES	MONITORING	EVALUATION	SPECIAL STUDIES
FACT FINDING (expert opinion)	1. On-site visits 2. Program review 3. Delphi Method +	1. On-site visits 2. Program review 3. Delphi Method + 4. Visionary + 5. Panel consensus+ 6. Consultants 7. Revelation +	1. On-site visits 2. Program review 3. Delphi Method + 4. Visionary + 5. Panel consensus 6. Consultants 7. Revelation +
DATA GATHERING (research technique, & standards)	1. Program review 2. Case flow standards (in-put out-put) 3. Case Closures/ 100,000 pop. 4. Vocational rehabil-itation statistics 5. Leading indicator +	*1. Program review *2. Program research *3. Systems analysis *4. Consultants *5. Life cycle + *6. Diffusion index + *7. Leading indicators + (standards)	1. Program review 2. Program research 3. Operation research 4. Consultants 5. Historical and Statistical analogy 6. Life cycle

*Methods popularly included in "Program evaluation"

+For definitions and discriptions of these methods, see Program Evaluation Manual, to be published by ICD-RUL, June, 1973.

FIGURE II

A Proposed Model for Porgram Evaluation, and its Origins

ORIGINS		
Concept	Type	Levels
Social Research Approach	Effectiveness in reaching goals	I Worth
	Effort Performance Technique Quality	II Why
Systems Analysis Approach	Effectiveness in allocating resources	I Worth
	Documentation of program functioning in areas of program and case management	II Why
Industrial Engineering Approach	Follow-up of closed client cases, 1 year later	I Worth
	Referral Evaluation Diagnosis Plan formation & implementation Training Placement	II Why

PROPOSED
Program Evaluation Model

By combining elements from Levels I & II of the Social Research and Systems Analysis Approaches, a Program Evaluation Model is derived.

Measure of Effectiveness +			
Program Components	Effort	Efficiency	Quality
Program Management			
Case Management			

Level I Worth

Level II Why

Level II of the Industrial Engineering Approach is included in the model as part of Program Management.

Figure III illustrates some measures that can be used to develop hard data for evaluating the effectiveness of program components. It represents the second level of the proposed model for program evaluation.

SUMMARY

Two points of discussion are presented 1) a justification for program evaluation and 2) some definitions and theoretical inter relations fundamental to understanding program evaluation. The reason for the current emphasis on Program Assessment is the ever increasing competition for tax dollars. With unbiased documentation, i.e., program evaluation, vocational rehabilitation will be able to better justify its present use of Federal money. The second topic discussed is a theoretical definition of what is acceptable as program evaluation, general considerations, types of evaluation for impact and types of evaluation of program components; and measures used in program evaluation.

FIGURE III

Some Examples of Measures Used in Program Evaluation

PROGRAM COMPONENTS	Factors in Program Evaluation		
	EFFORT	EFFICIENCY	QUALITY
1. Management functions	1.# of forms to be filled out	1.# of forms to be filled out -rehabilitations/cost -average utilization of counselor time	1.Staff turnover -counselors case mix -outside committee activities -counselors/clients
2. Funding, accounting & budgeting	2.# of interagency fund transfers	2.Funds transferred into and out of VR	2.Sources and types of funding
3. Community linkage	3.#of referral sources -#of interagency agreements	3.Waiting time for services contracted out	3.#of referrals from each source -VR's utilization of agreements
4. Staffing	4.#and types of staff	4.Staff turnover	4.Experience of staff
5. In service training	5.# of courses	5.Times/month	5.Subject content
6. Program Service Delivery	6.Utilization of each service	6.Unit cost/service -rehabs/clients seen -average time in status -clients closed	6.Accepted clients/ referred clients -comprehensiveness of services available -average weighted closure -time in placement -job relatedness to voc rehabs
7. Counselor Preformance & Case Management	7.#of clients seen #of interviews time with clients	7. rehabs/clients seen -average time in status -unit cost/service -rehabs/costs -clients closed in all status clients seen -utilization of counselor time	7.Accepted clients/ referred clients -average weighted closure -measurement of employment satisfaction -measurement of employment satisfactoriness -job relatedness to voc rehab

Research Utilization Laboratory

ICD Rehabilitation and Research Center
(INSTITUTE FOR THE CRIPPLED AND DISABLED)
340 EAST 24TH STREET / NEW YORK, NEW YORK 10010 / (212) 679-0100

Wednesday, December 6, 1972

8:30 a.m.
Registration. . . . . .Lobby, 2nd floor
Koffee Kanteen. . . . . .Cafeteria
9:00 a.m.
General Session. . . . . Auditorium
Chairman: FRED SACHS,Assistant Commissioner,Program Management, SRS-DHEW

Introduction & Greetings
SALVATORE DIMICHAEL,Director,ICD Rehabilitation & Research Center
ELMER SMITH,Regional Commissioner, SRS, Region II
9:30 a.m.
"Priorities, Service & Providers"
Moderator: ANN REED, Coordinator, PA/VR Programs, Department of Employment and Social Services, SSA, Baltimore, Md.

Discussants:THOMAS COLLINS, JR., VR Counselor III, Cambridge, Md.
WILLIAM GEORGE, Case Worker, DSS, Cambridge, Md.
FLOYD W. WILLEY, Social Service Aide, DSS, Cambridge, Md.
10:15 a.m.
"PA/VR Status Paper" - Videotape

JOHN TWINAME,administrator,SRS-DHEW,Washington, D.C.
PHILIP RUTLEDGE,Deputy Administrator & Commissioner CSA,SRS-DHEW
RICHARD LONGMIRE,Associate Administrator,Planning,Research&Train.SRS-DHEW
DAVID HURWITZ,Acting Dpty Commissioner,Assistant Payment Admin.SRS-DHEW
EDWARD NEWMAN,Commissioner,Rehabilitation Services Administration SRS-DHEW
10:30 a.m.
Coffee Break
10:45 a.m.
"What's New?" Helen Hamer & Miriam Stubbs (substitutes)
~~WILLIAM BEAN, Assistant Director,Policy Research & Legislation,RSA-DHEW~~
~~MICHIO SUZUKI,Commissioner for Program Management, CSA-DHEW~~
11:45 a.m.
Agenda Overview & Charge to Work Groups
FRED SACHS,Assistant Commissioner Program Management, SRS-DHEW
GEORGE ENGSTROM,Chief,Division Research Utilization,SRS-DHEW
12:15 p.m.
Lunch - Cafeteria, 2nd Floor
Group Leaders Lunch - Library Stack Room, 2nd Floor
1:30 p.m.
General Session. . . . . Auditorium
"PA/VR Interviews of Welfare Recipients" - Videotape
Work Group Orientation:
ISABEL ROBINAULT, Supervisor, ICD-RUL
2:10 p.m. MARVIN WEISINGER, Associate Supervisor, ICD-RUL
Coffee Pick-up
2:15 p.m.
Concurrent Work Groups - Session I
4:45 p.m. See conference participant list for room assignments
Meeting of Group Leaders & Central Committee. . . . . Auditorium
6:00 p.m. Dutch Treat Social Hour: Park Suite, 2nd Floor, HOTEL GRAMERCY PARK 21st Street & Lexington Avenue, NYC

Thursday, December 7, 1972

8:30 a.m.
Stipend Arrangements etc. . . . . Registration Desk
Koffee Kanteen. . . . . Cafeteria
9:00 a.m.
General Session-"WIN". . . . . Auditorium
Chairman: HELEN HAMER,Chief,Program Development Branch,Self Support Div.,CSA-DHEW

Discussants:RICHARD FINNEGAN,Program Coordinator,WIN,Dept. of Public Welfare, Mass.
SOL RICHMAN,Rehabilitation Program Specialist,PA/VR,DHEW
PAUL RILLING,Director,Tri-County Project, Peoria, Ill.
JOHN A. WHITE, Ass't. Director, Program Payments Standards,APA-DHEW

10:00 a.m.
Coffee Break
10:15 a.m.
Concurrent Work Groups - Session II
12:30 p.m.
Lunch - Cafeteria, 2nd floor
Group Leaders lunch - library, 2nd floor
1:30 p.m.
General Session-"Monitoring & Evaluation". . . . . Auditorium
Chairman: MILTON SHURR, Program Analyst,Evaluation and Monitoring Branch,RSA-DHEW
Discussants:CAROL BENNETT,Resource Analyst, ICD-RUL
JOHN MUTHARD, Program Director,RRRI, Florida
2:25 p.m.
Coffee Pickup. . . . . .Registration Desk
2:30 p.m.
Concurrent Work Group - Session III
5:00 p.m.
Meeting of Group Leaders & Central Committee. . . . . Auditorium

Friday, December 8, 1972

8:30 a.m.
Stipend Arrangements etc. . . . . .Registration Desk
Koffee Kanteen. . . . . .Cafeteria
9:00 a.m.
General Session. . . . . Auditorium
Chairman: FRED STEINIGER,Assoc. Regional Commissioner,Assistant Payments,SRS-Ga.
"Target Issues: Training Implications & Unidentified Issues"
Discussants: 3 group leaders
9:45 a.m.
"Welfare & VR Myths"
Moderator: STEPHAN CORNETT,Deputy Regional Commissioner,State Programs,Reg.IV,SRS
Discussant: 3 group leaders
10:15 a.m.
Coffee Break
10:30 a.m.
Charge to Regional Meetings:Follow-thru for Training
MIRIAM STUBBS,Director,Div.Planning&Management Assistance,RSA-DHEW
Regional Meetings

I&II-Auditorium	III-AV Studio	IV-Library
V-Conf.Room 1st floor	VI-Room 301	VII-Room 622
VIII-Room 622	IX-Room 623	X-Conf.Room 6th Floor

Closing Remarks
12:15 p.m. BETTY BELLAIRS,Ass't.Director,SSS,Dept.Human Resources,Div.Family & Child Service, Ga.
FRED SACHS,Ass't. Commissioner, Program Management, SRS-DHEW
MILTON SHURR,Program Analyst,Evaluation & Monitoring Branch,RSA-DHEW

ADJOURNMENT

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December 6-8, 1972
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FEDERAL ALLOCATIONS FOR SOCIAL SERVICES

APPENDIX C

	Revenue Sharing Act, Sect. 111	Total Used In FY 1972	Total Sought by States for FY1973
Totals	$2,500,000,000	$1,597,773,506	$4,652,203,000
Alabama	42,140,087	11,571,325	135,000,000
Alaska	3,901,962	4,204,059	18,471,000
Arizona	23,351,021	2,648,529	6,304,000
Arkansas	23,747,267	3,273,092	8,750,000
California	245,732,851	219,841,833	273,007,000
Colorado	28,297,473	18,908,218	29,732,000
Connecticut	37,001,637	8,028,378	22,212,000
Delaware	6,783,184	12,570,049	26,361,000
Dist. of Col.	8,980,162	10,602,981	20,520,000
Florida	87,149,646	42,559,626	113,572,000
Georgia	56,666,945	31,751,657	206,472,000
Hawaii	9,712,655	1,200,788	2,588,000
Idaho	9,076,411	1,544,330	24,571,000
Illinois	135,076,426	116,250,775	211,603,000
Indiana	63,522,377	5,920,974	14,775,000
Iowa	34,612,411	10,111,032	12,809,000
Kansas	27,109,223	6,210,576	7,414,000
Kentucky	39,606,862	12,634,934	30,024,000
Louisiana	44,661,312	16,786,266	34,875,000
Maine	12,353,879	6,347,757	6,665,000
Maryland	48,659,273	20,556,397	415,721,000
Massachusetts	69,477,069	15,243,096	95,952,000
Michigan	109,035,932	26,855,978	108,912,000
Minnesota	46,774,292	20,653,000	72,375,000
Mississippi	27,168,984	1,755,131	269,393,000
Missouri	57,063,191	12,594,619	16,910,000
Montana	8,632,165	2,959,950	3,270,000
Nebraska	18,308,821	7,566,425	12,564,000
Nevada	6,326,938	1,623,453	1,480,000
New Hampshire	9,256,409	2,693,855	4,857,000
New Jersey	88,446,133	36,616,198	415,944,000
New Mexico	12,786,125	3,738,262	32,404,000
New York	220,497,089	666,588,830	854,850,000
North Carolina	62,597,887	17,981,988	50,904,000
North Dakota	7,587,676	3,333,605	3,957,000
Ohio	129,457,731	19,517,478	92,050,000
Oklahoma	31,623,190	14,060,340	48,496,000
Oregon	26,196,494	24,317,217	25,152,000
Pennsylvania	143,180,347	57,883,857	106,469,000
Rhode Island	11,621,636	6,625,410	15,802,000
South Carolina	31,995,186	5,947,651	176,224,000
South Dakota	8,151,920	2,377,346	2,929,000
Tennessee	48,395,026	14,183,651	227,625,000
Texas	139,854,630	53,500,629	179,468,000
Utah	13,518,368	4,007,875	5,250,000
Vermont	5,546,696	2,433,568	2,599,000
Virginia	57,195,189	16,163,219	31,954,000
Washington	41,335,595	43,985,593	90,571,000
West Virginia	21,382,290	7,118,059	16,771,000
Wisconsin	54,265,968	37,748,206	58,500,000
Wyoming	4,141,959	584,344	608,000

R-PW 1A

STATE OF HAWAII
DEPARTMENT OF SOCIAL SERVICES
AND HOUSING

REFERRAL AND FEEDBACK FORM

PART 1

(1) NAME OF DISABLED INDIVIDUAL			(2) ADDRESS	DATE
(3) BIRTHDATE / /	(4) SOCIAL SECURITY NO. — —	(5) ☐ MALE ☐ FEMALE	(6) TELEPHONE NO.	VR CASE NO.
(7) DISABILITY (DESCRIBE)			(8) VOCATIONAL REHABILITATION STATUS ☐ Currently in referral/applicant case load ☐ Currently in extended evaluation caseload ☐ Currently in active caseload	
(9) REMARKS (IF ANY)				
(10) VRSBD WORKER'S NAME			(11) SECTION	TELEPHONE NO.

PART 2 (FEEDBACK TO VRSBD)

(1) IM WORKER'S NAME	UNIT	TELEPHONE NO.	DATE
(2) SOCIAL WORKER'S NAME	UNIT	TELEPHONE NO.	PWD CASE NO.

(3) PUBLIC ASSISTANCE STATUS

☐ OAA ☐ AFDC

☐ AB ☐ AFDC - UP

☐ APTD ☐ GA

☐ OTHER

Monthly amount of assistance _____

Date of last application _____

NOTE: The major elements of this snapset (Referral and Feedback Form) are on pages 86 thru 88). Part 1 and Part 2, as shown above, comprise the first page of this snapset.

The material on pages 86 and 88 is in duplicate in the snapset.

VR-PW 1A

STATE OF HAWAII
DEPARTMENT OF SOCIAL SERVICES
AND HOUSING

REFERRAL AND FEEDBACK FORM

PART 1

(1) NAME OF DISABLED INDIVIDUAL			(2) ADDRESS	DATE
(3) BIRTHDATE / /	(4) SOCIAL SECURITY NO. — —	(5) ☐ MALE ☐ FEMALE	(6) TELEPHONE NO.	VR CASE NO.
(7) DISABILITY (DESCRIBE)			(8) VOCATIONAL REHABILITATION STATUS ☐ Currently in referral/applicant case load ☐ Currently in extended evaluation caseload ☐ Currently in active caseload	
(9) REMARKS (IF ANY)				
(10) VRSBD WORKER'S NAME			(11) SECTION	TELEPHONE NO.

PART 2 (FEEDBACK TO VRSBD)

(1) IM WORKER'S NAME	UNIT	TELEPHONE NO.	DATE
(2) SOCIAL WORKER'S NAME	UNIT	TELEPHONE NO.	PWD CASE NO.

(3) PUBLIC ASSISTANCE STATUS

☐ OAA
☐ AB
☐ APTD
☐ AFDC
☐ AFDC - UP
☐ GA
☐ OTHER

Monthly amount of assistance _____

Date of last application _____

PART 3 (TO BE RECORDED, AS APPROPRIATE, ON COMPLETION OF REFERRAL PROCESS)

(1) THE INDIVIDUAL WAS:

DATE

☐ Declared eligible for vocational rehabilitation services

☐ Declared eligible for extended evaluation

☐ Not accepted for the following reason:

- ☐ Unable to locate or contact; moved
- ☐ Handicap too severe or unfavorable medical prognosis
- ☐ Refused services or further services
- ☐ Death
- ☐ Institutionalized
- ☐ Transfer to another agency
- ☐ Failure to cooperate
- ☐ No disabling condition
- ☐ No vocational handicap
- ☐ Other

R-PW 1A

STATE OF HAWAII
DEPARTMENT OF SOCIAL SERVICES AND HOUSING

REFERRAL AND FEEDBACK FORM

PART 1

(1) NAME OF DISABLED INDIVIDUAL	(2) ADDRESS	DATE
(3) BIRTHDATE / /	(4) SOCIAL SECURITY NO. — —	(5) ☐ MALE ☐ FEMALE
(6) TELEPHONE NO.	VR CASE NO.	

(7) DISABILITY (DESCRIBE)

(8) VOCATIONAL REHABILITATION STATUS

- ☐ Currently in referral/applicant case load
- ☐ Currently in extended evaluation caseload
- ☐ Currently in active caseload

(9) REMARKS (IF ANY)

(10) VRSBD WORKER'S NAME	(11) SECTION	TELEPHONE NO.

PART 2 (FEEDBACK TO VRSBD)

(1) IM WORKER'S NAME	UNIT	TELEPHONE NO.	DATE
(2) SOCIAL WORKER'S NAME	UNIT	TELEPHONE NO.	PWD CASE NO.

(3) PUBLIC ASSISTANCE STATUS

- ☐ OAA
- ☐ AB
- ☐ APTD
- ☐ AFDC
- ☐ AFDC - UP
- ☐ GA
- ☐ OTHER

Monthly amount of assistance _____

Date of last application _____

PART 3 (TO BE RECORDED, AS APPROPRIATE, ON COMPLETION OF REFERRAL PROCESS)

(1) THE INDIVIDUAL WAS:

DATE

- ☐ Declared eligible for vocational rehabilitation services
- ☐ Declared eligible for extended evaluation
- ☐ Not accepted for the following reason:
  - ☐ Unable to locate or contact; moved
  - ☐ Handicap too severe or unfavorable medical prognosis
  - ☐ Refused services or further services
  - ☐ Death
  - ☐ Institutionalized
  - ☐ Transfer to another agency
  - ☐ Failure to cooperate
  - ☐ No disabling condition
  - ☐ No vocational handicap
  - ☐ Other

PART 4 (TO BE RECORDED AT TIME OF CLOSURE)

(1) THE INDIVIDUAL'S CASE HAS BEEN CLOSED AS:

DATE

☐ REHABILITATED

(a) Wages per week $ _____

(b) Job Title _____

(c) Employer _____

☐ Full time ☐ Part time ☐ Family worker

☐ NOT REHABILITATED OR ☐ NOT ACCEPTED FROM EXTENDED EVALUATION;

FOR THE FOLLOWING REASON:

- ☐ Unable to contact/located; moved
- ☐ Handicap too severe
- ☐ Refused services or further services
- ☐ Death
- ☐ Institutionalized
- ☐ Transfer to another agency
- ☐ Failure to cooperate
- ☐ Other

c

TO: _____

_____

Maryland State Department of Education
Division of Vocational Rehabilitation
Baltimore, Maryland 21218

REPORT OF CASE CLOSURE

Your No. _____

Name _____ Address _____

Employed ☐

Full time	Part time	
☐	☐	Competitive employment
☐	☐	Sheltered workshop
☐	☐	Homemaker or family worker
☐	☐	Self employed

Terminated ☐

- ☐ Failed to continue services
- ☐ Progressive impairment
- ☐ Died
- ☐ Moved out-of-State
- ☐ Other _____

Rejected ☐

- ☐ Impairment too severe
- ☐ Declined service
- ☐ Lack of motivation, education, or skill
- ☐ Lack of transportation or employment opportunities
- ☐ No employment handicap
- ☐ Working ---no service needed
- ☐ Other _____

Remarks _____

_____ _____ _____

Counselor Office Date

b

TO: _____

_____

Maryland State Department of Education
Division of Vocational Rehabilitation
Baltimore, Maryland 21218

REPORT OF CASE ACCEPTANCE

Your No. _____

Name _____ Address _____

Client has been accepted for Vocational Rehabilitation Service Date _____

Needed services such as counseling, physical restoration, training and placement are being planned and arranged for.

Approximate time required _____ (weeks or months) Services requiring coordination between agencies _____

_____

_____ _____ _____

Counselor Office Date

a

TO: _____

_____

Maryland State Department of Education
Division of Vocational Rehabilitation
Baltimore, Maryland 21218

ACKNOWLEDGMENT OF CASE REFERRAL

Your No. _____

Name _____

Address _____

Appointment given (Date) _____ Collecting additional information ☐

NOTE:

The material on page 89 is in duplicate on original form.

_____ _____ _____

Counselor Office Date

R-4C 7/71-17M

FORM 123
(REV. 10-70)

GEORGIA DEPARTMENT OF FAMILY AND CHILDREN SERVICES
AND
GEORGIA DEPARTMENT OF EDUCATION — OFFICE OF REHABILITATION SERVICES

SOCIAL AND REHABILITATION REFERRAL AND PLAN FORM

I. REFERRAL TO:	ADDRESS:						DATE:
FROM:	ADDRESS:						COUNTY DFCS & PHONE NUMBER:
CLIENT'S FULL NAME (LAST, FIRST, MIDDLE):	APP. REC.	BIRTHDATE:	RACE:	SEX:	EDUCATION:	MEDICAL & SOCIAL REPORT:	
ADDRESS:		PHONE NUMBER:	USUAL OCCUPATION:				
DIRECTIONS:							
VR CASE NUMBER:	MEDICAID NUMBER:	SOCIAL SECURITY NUMBER:	PREVIOUS REFERRAL DATE:				
APPARENT PRIMARY DISABILITY:							

II. SCREENING PROCESS FOR JOINT PROGRAM:

☐ SCREENED IN
☐ SCREENED OUT REASON:_____ CODE ☐

CASELOAD NUMBER ☐

SIGNATURE OF DFCS CASEWORKER _____ DATE _____ SIGNATURE OF VR COUNSELOR _____

III. SOCIAL SERVICES (DFCS):

A. PROBLEMS:_____

B. PLANS: ☐ (1) FINANCIAL ASSISTANCE: TYPE_____ AMOUNT $_____ DATE OF CERTIFICATION:_____

☐ (2) MEDICAID SERVICES: THIS RECIPIENT HAS ENTITLEMENT TO COVERED MEDICAD SERVICES ON DATE:_____

☐ (3) SOCIAL SERVICES:_____

IV. REHABILITATION SERVICES (VR):

VOCATIONAL OBJECTIVE:_____

A. PROBLEMS:_____

B. PLANS: ☐ (1) DIAG. ☐ (2) EVAL. ☐ (3) EXT. EVAL. ☐ (4) MED. SERV. ☐ (5) TRAINING ☐ (6) COUN. & GUIDANCE

☐ (7) JOB PLACEMENT & FOLLOW-UP ☐ (8) SERVICE FOR FAMILY MEMBER

V. OTHER AGENCY SERVICES:

VI. FOLLOW-UP SERVICES:

SIGNATURE OF DFCS CASEWORKER _____ DATE OF JOINT PLAN _____ SIGNATURE OF VR COUNSELOR _____

SNAP FORM 3 PARTS (1) **TO COUNTY DFCS** (2) VR Counselor (3) St.Off.ofRehab.Serv.

STATE OF LOUISIANA
STATE DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION

REFERRAL AND INFORMATION FORM

DE 2999 - 13

(1) Name of Disabled Individual	(2) Address: Street and City
(3) Birthdate: (4) ☐ Male ☐ Female (5) ☐ White ☐ Non White	Source of Support: ☐ W. Comp. ☐ Wages Amount per Month $_____ ☐ Family ☐ Other
(6) Person Making Referral:	(7) Public Assistance: ☐ APTD ☐ OAA ☐ AFDC ☐ GR Case No._____ Amt. Per Week $_____
(8) Date of Referral:	(11) Nature of Disability:
(9) Soc. Sec. No.	
(10) Medical Report Attached ☐ Yes ☐ No	
(12) Name and Address of Referring Agency:	(13) V.R. Office and Address
(14) Remarks:	

NOTE: The major elements of this Referral and Information Form are shown on pages 91 to 94. Part 1, as shown above, comprises the first page of this snapset.

The material on page 94 is in duplicate on original snapset.

STATE OF LOUISIANA
STATE DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION

REFERRAL AND INFORMATION FORM

DE 2999 - 13

(1) Name of Disabled Individual	(2) Address: Street and City
(3) Birthdate: (4) ☐ Male ☐ Female (5) ☐ White ☐ Non White	Source of Support: ☐ W. Comp. ☐ Wages Amount per Month $_____ ☐ Family ☐ Other
(6) Person Making Referral:	(7) Public Assistance: ☐ APTD ☐ OAA ☐ AFDC ☐ GR Case No._____ Amt. Per Week $_____
(8) Date of Referral:	(11) Nature of Disability:
(9) Soc. Sec. No.	
(10) Medical Report Attached ☐ Yes ☐ No	
(12) Name and Address of Referring Agency:	(13) V.R. Office and Address

(14) Remarks:

PART I

The Referred Individual:

(1) ☐ Has Been Placed in The Referral Load and:

(A) ☐ Accepted for: ☐ 6-Month Extended Evaluation; ☐ 18-Month Extended Evaluation

(B) ☐ Accepted for VR Services

(C) ☐ Not Accepted for Extended Evaluation or VR Services for The Following Reason Checked:

☐ Unable to Contact or Locate, Moved, or Died ☐ Handicap Too Severe
☐ Refused Services ☐ No Disabling Condition
☐ No Vocational Handicap ☐ Other, _____

(2) ☐ Is Already Receiving Evaluation Services Under: ☐ 6-Month Ext. Eval., ☐ 18-Month Ext. Eval.

_____ _____
Counselor's Signature Date

STATE OF LOUISIANA
STATE DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION

REFERRAL AND INFORMATION FORM

DE 2999 - 13

(1) Name of Disabled Individual

(2) Address: Street and City

(3) Birthdate:

(4) ☐ Male ☐ Female

(5) ☐ White ☐ Non White

Source of Support: ☐ W. Comp. ☐ Wages
Amount per Month $_____ ☐ Family ☐ Other

(6) Person Making Referral:

(7) Public Assistance: ☐ APTD ☐ OAA ☐ AFDC ☐ GR
Case No._____ Amt. Per Week $_____

(8) Date of Referral:

(9) Soc. Sec. No.

(10) Medical Report Attached ☐ Yes ☐ No

(11) Nature of Disability:

(12) Name and Address of Referring Agency:

(13) V.R. Office and Address

(14) Remarks:

PART I

The Referred Individual:

(1) ☐ Has Been Placed in The Referral Load and:

(A) ☐ Accepted for: ☐ 6-Month Extended Evaluation; ☐ 18-Month Extended Evaluation

(B) ☐ Accepted for VR Services

(C) ☐ Not Accepted for Extended Evaluation or VR Services for The Following Reason Checked:

☐ Unable to Contact or Locate, Moved, or Died
☐ Refused Services
☐ No Vocational Handicap
☐ Handicap Too Severe
☐ No Disabling Condition
☐ Other, _____

(2) ☐ Is Already Receiving Evaluation Services Under: ☐ 6-Month Ext. Eval., ☐ 18-Month Ext. Eval.

Counselor's Signature _____ Date _____

PART II

VR Services Planned or Provided:

(1) Treatment. ☐ Medical; ☐ Psychiatric; ☐ Surgical; ☐ Dental

(2) ☐ Prosthetic Device (3) ☐ Hospitalization

(4) Training: ☐ Vocational; ☐ Pre-Vocational; ☐ Personal Adjustment No. Months _____ Date _____

(5) Maintenance: No. Weeks_____ Amount Per Week $_____ Beginning Date_____

(6) ☐ Tools; ☐ Initial Stock; ☐ Equipment; ☐ License

(7) ☐ Placement (8) ☐ Services Delayed

Counselor's Signature _____ Date _____

STATE OF LOUISIANA
STATE DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION

REFERRAL AND INFORMATION FORM

DE 2999 - 13

(1) Name of Disabled Individual

(2) Address: Street and City

(3) Birthdate:

(4) ☐ Male ☐ Female

(5) ☐ White ☐ Non White

Source of Support: ☐ W. Comp. ☐ Wages
Amount per Month $_____ ☐ Family ☐ Other

(6) Person Making Referral:

(7) Public Assistance: ☐ APTD ☐ OAA ☐ AFDC ☐ GR
Case No._____ Amt. Per Week $_____

(8) Date of Referral:

(9) Soc. Sec. No.

(10) Medical Report Attached ☐ Yes ☐ No

(11) Nature of Disability:

(12) Name and Address of Referring Agency:

(13) V.R. Office and Address

(14) Remarks:

PART I

The Referred Individual:

(1) ☐ Has Been Placed in The Referral Load and:

(A) ☐ Accepted for: ☐ 6-Month Extended Evaluation; ☐ 18-Month Extended Evaluation

(B) ☐ Accepted for VR Services

(C) ☐ Not Accepted for Extended Evaluation or VR Services for The Following Reason Checked:

☐ Unable to Contact or Locate, Moved, or Died ☐ Handicap Too Severe
☐ Refused Services ☐ No Disabling Condition
☐ No Vocational Handicap ☐ Other, _____

(2) ☐ Is Already Receiving Evaluation Services Under: ☐ 6-Month Ext. Eval., ☐ 18-Month Ext. Eval.

_____ _____
Counselor's Signature Date

PART II

VR Services Planned or Provided:

(1) Treatment. ☐ Medical; ☐ Psychiatric; ☐ Surgical; ☐ Dental

(2) ☐ Prosthetic Device (3) ☐ Hospitalization

(4) Training: ☐ Vocational; ☐ Pre-Vocational; ☐ Personal Adjustment No. Months _____ Date _____

(5) Maintenance: No. Weeks_____ Amount Per Week $_____ Beginning Date_____

(6) ☐ Tools; ☐ Initial Stock; ☐ Equipment; ☐ License

(7) ☐ Placement (8) ☐ Services Delayed

_____ _____
Counselor's Signature Date

PART III

Case Closed:

(1) ☐ Rehabilitated, Status 26

(A) Wages Per Week $_____ (B) ☐ Full-Time; ☐ Part-Time; ☐ Family Worker

(C) Name of Employer_____ (D) Job_____ Code_____

(E) All Services Planned Provided: ☐ Yes; ☐ No

(2) ☐ Not Rehabilitated: ☐ After Services Initiated, Status 28
☐ Before Services Initiated, Status 30

For The Following Reason:

☐ Death
☐ Unfavorable Medical Prognosis
☐ Declined Further Services
☐ Failure To Cooperate
☐ Client Institutionalized
☐ Unable To Locate or Contact, or Left Area
☐ Transfer To Another Agency
☐ Other,_____

(3) ☐ From Extended Evaluation, Status 08

_____ _____
Counselor's Signature Date

Factors to be Considered	4 Point Value	3 Point Value	2 Point Value	1 Point Value	Point Value
1) Age	18 - 35	36 - 50	50 - 60	60 - Over	
2) Educational Achievement	12 - over	8 - 12	6 - 8	5 - Under	
3) Vocational Training	Formal Training in Vocational	Formal Training in other Vocation	Aptitude for Training	Training not Feasible	
4) Possession of skills or capable of acquiring	Recognized skilled Craftsman	Possesses some skills/experience	Training: Selected jobs, can acquire skills	Suitable only for unskilled labor, domestic, etc.	
5) Work record-past five years	Continuous employment-five years	Employed four out of five years	Irregular, seasonal, part-time	Never worked or no substantial work history	
6) Attitude toward work	Positive attitude toward work	Strongly motivated for work	Passive but cooperative	Negative, uncoop doesn't follow-up	
7) Mental ability	High	Average	Low	Limited Retarded	
8) Physical Limitations	Minor Limitation	Moderate Limitation	Severe Limitation	Multiple Limitation	
9) Medical Prognosis	Stable	Improving	Progressive	Rapidly progressive non-reversible, guarded	
10) Physical work ability	Sedentary	Light	Moderate	Heavy	
11) Mental abilities to work	Decision making, supervision, responsibility	Some responsibility no supervision required	No responsibility for other routine work tasks need regular supervision	Only repetitive work tasks need constant supervision	
12) Availability for work	Not isolated from potential job opportunities by area or residence	Not isolated from potential work opportunities or is amenable to resettlement	Isolated from potential work opportunities but can arrange transportation	No transportation available and not amenable to resettlement	
13) Social Adjustment	No social or family problems detrimental to rehabilitation	Social-cultural background conducive to motivation/self-improvement	History: non-acceptable/behavior, e.g., criminal acts, alcoholism, etc.	History: non-acceptable behavior; un-cooperative in treatment	
	Supportive casework services provided	Adequate child care arrangements and Homemaker Services	Amenable to treatment and counseling	Counseling or casework services	

Excellent 39-52
Good 27-39
Fair 20-26
Poor 1-19

MARYLAND PA/VR SCREENING CRITERIA FOR EVALUATING VOCATIONAL REHABILITATION POTENTIAL

Factors to be Considered	Positive Factors with Weighted Value of 2 Points	Positive Factors with Weighted Value of 1 Point	Total Column (1)	Negative Factors Weighted Value of 2 Points	Total Column (2)
Age	18 - 35	35 - 50		50 - over	
Education achievement	12 - over	8 - 12		Under 8	
Vocational training	formal training in vocation	formal training in other vocation		no formal training	
Special skills	recognized skilled craftsman	recognized semi-skilled craftsman		No special skills	
Attitude toward work (interest)	Positive	Passive		Negative	
Aptitudes--mental	High	Average		Limited	
Abilities--physical	Minor limitation	Moderate limitation		Severe limitation	
Medical prognosis	Good	Stable		Guarded	
Work record past 5 years	Continuous employment, 5 years	employed 4 out of 5 years		irregular seasonal part-time	
Work history evaluation	normal progress, advancement, pay increases, etc.	consistent employment with no progress		poor record no progress	
Demands of work performed (physical)	Sedentary	Moderate		Heavy	
Demands of work performed (mental)	Decision making supervision responsibility	Some responsibility no supervision required		No responsibility for others routine tasks	
		GRAND TOTAL		GRAND TOTAL	

If total weighted values in Column 1 outweights those in Column 2, case should be referred as having Vocational Rehabilitation potential.

TABLE OF WEIGHTED VALUES
FOR EVALUATING VOCATIONAL REHABILITATION POTENTIAL
Missouri

SCREENING-IN AND SCREENING-OUT CRITERIA FOR WELFARE REFERRAL TO VOCATIONAL REHABILITATION

NEW HAMPSHIRE

It should be noted that in listing any screening criteria, that such criteria can only be used as a guideline for referring Welfare clients to V.R. This is so because each individual "case" must be judged on its own merits by a competent trained individual. We are dealing with human beings and therefore, no case is "black and white."

SCREEN-IN CRITERIA

1. The presence of a physical or mental disability.
2. The existence of a substantial vocational handicap.
3. The expectation of being employable.
4. Disabled worker applicants under age 35, unless contraindicated by the evidence such as items shown under the automatic screen-out criteria.
5. Applicant who is age 35 to 60; has eighth grade education or above; has fairly stable employment history with a non-rapidly progressive impairment; and has not expressed an unwillingness to be referred for V. R. services.
6. File reflects desire to work.
7. Primary condition, which has favorable prognosis, can be corrected or other medical treatment.
8. File contains definitive evidence that applicant can benefit from V.R. services; e.g., statement from physician or evaluation center.
9. Continuing disability where client shows rehabilitation potential because of:
   a. Improvement in condition
   b. Motivation towards employment has increased.
10. Working despite impairment when applicant is obviously underemployed.

SCREEN-OUT CRITERIA

1. Terminal stage illness.
2. Advanced age coupled with severe organ and system impairment of such nature as to preclude job placement.
3. Long-standing neurological and/or psychiatric impairment not responding to treatment, substantiated by poor employment and social histories.
4. Applicant totally uncooperative, will not keep appointments, furnish information, etc.
5. An older worker with a significant impairment and record of performing arduous unskilled labor for at least 35 years, having a marginal education with no transferable skills, etc.

Fair Rehabilitation Potential:

I. Disability:
A. General Factors: These should be generally the same as in the case of a client with good potential, except that a client with part-time work capacity would fall in this category.
B. Some Specific Considerations:
1. Mental Retardation - An I.Q. between 50 and 65 would cause the client to be placed in this category.
2. Mental Illness - A client, to be considered fair potential might or might not be in treatment and could be showing some symptoms but they should not be of a severe nature or occur frequently.
3. Alcoholism - It should be the same as with a client with good rehabilitation potential.
4. Epilepsy - Grand mal seizures could be as frequent as once a week, if accompanied by a reliable aura.
5. Chronic Brain Syndrome - A mild loss of memory, understanding, concentration or perception would place client in this category.
6. Pulmonary Tuberculosis- A work tolerance between 4 and 8 hours per day.
7. Arthritis - Mild to moderate crippling, with approaching stability.
8. Cancer - A life expectancy between three and five years.
9. Cardiac Conditions - American Heart Association Classification of III - C.

II. Age: Ages between 50 and 60.

III. Work History:
1. Recency - A work history within the past 5 years.
2. Stability - Somewhat irregular, with moderate amount of job change.
3. Type - unskilled, semi-skilled, moderately arduous.
4. Progress - No particular progress necessary.

IV. Recency of Dependency on Public Welfare: Between one and five years would place a client in the fair category.

V. Education: Below 10 grades.

VI. Aptitudes: Below average.

VII. Motivation: No recent attempts at employment, but the client still sees himself as a worker, has realistic goals, and wants to return to work.

VIII. Accessibility to Employment: This must be the same as with clients who have good potential.

IX. Family Problems: There are family problems of a practical, medical, or psychological nature which are capable of being solved.

X. Child Care: The picture here must be as it is with a client with good potential.

Poor Rehabilitation Potential:

Any one of these factors is enough to classify the client as poor potential and rule out referral.

I. Disability:
 A. General Factors:
  1. If the condition is rapidly progressive, whether or not it will be terminal in the near future, potential is poor.
  2. If the limitations of the disability are so severe as to preclude not much more activity then self-care rehabilitation is not possible.
  3. If a combination of disabilities or conditions so weaken a client that only a minimum of energy output is possible, referral should not be made.
 B. Some Specific Considerations:
  1. Mental Retardation - Less than 50 I.Q.
  2. Mental Illness - Severe symptoms of hallucination, delusion, bizarre or anti-social behavior, extreme isolation or withdrawal, or suicidal tendencies. Treatment for such a client should be sought before the idea of rehabilitation referral is entertained, unless it has already been attempted without success.
  3. Alcoholism - Not under control, that is client still drinking and not in treatment.
  4. Epilepsy - Frequent (more than once a week) grand mal seizures.
  5. Chronic Brain Syndrome - Fairly severe loss of memory, understanding, concentration or perception.
  6. Pulmonary Tuberculosis - Less than four hours per day work tolerance.
  7. Arthritis - Severe crippling, or active disease process with quiescence not in sight.
  8. Cancer - Terminal in less than three years.
  9. Cardiac Condition - American Heart Association Classification in the Functional Grouping of IV and III D.

II. Age: Sixty and over

III. Work History: No work history in the last 5 years.

IV. Recency of Dependency on Public Welfare: More than 5 years.

V. Motivation: An adamant and continued expressed lack of interest in rehabilitation and employment.

VI. Accessibility to Employment: If the client lives in a remote area, a significant distance from employment opportunities, without public or private transportation availability, the potential is poor.

VII. Child Care: If child care, in the case of a female client, is impossible, or if client does not want it, rehabilitation is impossible.

SELECTION AND REFERRAL CRITERIA FOR VR/PW CLIENTS - ALASKA

Individuals who are handicapped due to physical, mental or emotional disorders. Mental disorders mean a mental condition which materially limits, contributes to limiting or, if not corrected, will probably result in limiting an individual's activities or functioning. It includes behavioral disorders characterized by deviant social behavior or impaired ability to carry out normal relationships with family and community which may result from vocational, educational, cultural, social, environmental, or other factors. Conditions such as cultural and social deprivation, chronic poverty, public offense, illiteracy, educational deficits, and long-term unemployment do not, in themselves, constitute a disability.

Knowing VR's eligibility criteria established in Item I I.4A, the following would be a guide for selection:

1. Individuals who have potential for worthwhile work period following VR service.
2. Individuals who manifest interest and are motivated toward employment or training.
3. Individuals who had a recent work experience prior to the onset of the disability.
4. Individuals rejected by the Work Incentive programs because of a physical, mental or emotional disability.
5. New applicants and recipients.
6. Disabled unemployed youth.

The following table provides a profile for the referral and should be used to aid the FCS worker in reaching a decision on whether the recipient is a person who could benefit from OVR services. Where the recipient possesses a positive profile, he should be referred for OVR services unless there are overriding factors contra-indicating referral. Where, however, the characteristics present a negative picture, referral should not be made unless there are explicit compensating factors, i.e., strong motivation for work.

SCREENING TABLE

	Excellent	Good	Guarded
AGE	Under 36	36-50	Over 50
ACADEMIC LEVEL OR EQUIVALENT	12 and up	8 - 11	Below 8
ATTITUDE TOWARD WORK (MOTIVATION)	Positive	Passive	Negative
APTITUDE - MENTAL	High	Average	Limited
ACTIVITY LEVEL-PHYSICAL LIMITATIONS	Minor	Moderate	Severe
APPLIED MEDICAL PROGNOSIS	Favorable	Stable	Guarded
ACTUAL WORK HISTORY	Stable	Fair	Poor
ACTUAL WORK PERFORMED	Light	Moderate	Arduous

EXPLANATION OF FACTORS

Age - Chronological age.

Academic Level or Equivalent - Actual grade level achieved or equivalent.

Attitude Toward Work (Motivation) - General impressions of individual's interest in working from file evidence including work record, individual's statements about his desire to work, comments, or observations by interviewers from personal contact about this attitude toward work.

Aptitude - Mental - Consider any psychological reports, level or work attained, level of education, and individual's ability to comprehend and express himself.

Activity Level - Physical Limitations - Evident from medical reports, vocational assessments, and observations.

Applied Medical Prognosis - "Favorable" means a minor impairment or a moderate impairment which is expected to improve. "Stable" means moderate or severe impairment expected to remain at present level of severity. "Guarded" means moderate to severe impairment which is expected to be rapidly progressive.

Actual Work Performed - This factor may not be relevant in cases of individuals of school age, mothers, or home caretakers.

PRIORITIES FOR REHABILITATION

There shall be no priorities established other than the selection criteria shown in the previous section.

REFERRAL PROCESS

FCS worker refers in writing all cases which appear to be eligible for VR services. Included with the referral will be a copy of their social and medical information. This information will be sent to the VR office nearest to the recipient's home. This does not apply in Anchorage as the VR counselor will be housed with the Welfare eligibility worker.

VR refers clients to FCS for a determination of eligibility to receive public assistance. Pertinent case information is submitted with each referral. The rehabilitation plan will also be submitted if it has been formulated.

ARKANSAS

PA/VR-2

SELECTION CRITERIA
REHABILITATION PROGNOSIS

	Excellent (2 points each)	Good (1 point each)	Guarded (0 point each)
Age	____Under 30	____30-45	____Over 45
Education Level (Equivalent)	____Above 12	____8-12	____Under 8
Attitude toward work	____Positive	____Probable	____Negative
Attitude toward welfare	____Negative	____Probable	____Positive
Physical Abilities	____Minor Limitation	____Moderate (Except Treatment)	____Severe
Work History	____Stable	____Sketchy	____None-Except Student
Work Performed	____Skilled	____Semi-skilled	____Unskilled-Except Student
Welfare Application/Recipient	____Less than 3 mos.	____Less than 12 mos.	____More than 1 yr.
Mental Abilities	____Possesses work skills	____Trainable	____Not trainable
Soc. Family Problems	____None	____Remedial	____Severe (non-correct)
Dependents	____Two or less	____Three or four	____Five or more
	____TOTAL	____TOTAL	GRAND TOTAL ____

PA/VR-2 Form will be completed by Project staff on each case referred by Social Services Office. Based on information available, a check will be placed on the most appropriate space; such as Excellent, Good, or Guarded, for each of the eleven criteria. The scores will be totaled allowing two points for each item checked excellent, one point for each item checked good, 0 points for each item checked guarded. The cumulative score will be placed on the line Grand Total.

The first three cases that have a cumulative score of 15 to 22 will be screened into the Project. The fourth case will be referred to the regular counselor. The first case that has a cumulative score of 7 through 14 will be screened into the project and the next three cases will be referred to the field counselor. In effect then, this will mean that 75% of those that fall within the excellent prognosis, and 25% of those that fall within the good prognosis will be screened into the project. Those cases that have a cumulative score of 6 or less will be determined ineligible and automatically screened out. All school drop-outs of AFDC families, as well as recent graduates of AFDC families will automatically be screened in. This form will be made in duplicate and one copy filed in the case record. The second copy will be transmitted to the Research and Training Office in Fayetteville.

MASSACHUSETTS REHABILITATION COMMISSION-

DEPARTMENT OF PUBLIC WELFARE

CASE IDENTIFICATION GUIDELINES

To assist Welfare Department service staff in quickly identifying those Welfare recipients who should be considered for referral to the Massachusetts Rehabilitation Commission - Welfare Department project team, priority consideration should be given to the following:

1. Physically, mentally, or emotionally disabled AFDC and DA recipients who specifically request vocational rehabilitation services.

2. New applicants for Disability Assistance of AFDC whose applications for Public Assistance indicates the presence of a physical, mental, or emotional disability.

3. Incapacitated fathers on AFDC.

4. Physically, mentally, or emotionally disabled children of teenage years from AFDC families.

5. Other physically, mentally, or emotionally disabled family members in AFDC families

6. AFDC recipients who have been deemed inappropriate for the W.I.N. Program due to the presence of a disability.

7. General Relief clients who are very likely to be transferred to the D.A. or AFDC categories in the near future, and who are physically, mentally, or emotionally disabled.

8. Disability Assistance clients who have been reviewed by the State Medical Review Teams, and who have the potential for rehabilitation, have already been referred through that channel. However, if any such clients were not referred and they show significant improvement between reviews, they should be considered for referral.

The above-described types of clients will not automatically be accepted for referral by the Expansion Project counselor-social worker team. They should be discussed with the team for further screening by them and decisions on whether or not referral should transpire.

MASSACHUSETTS REHABILITATION COMMISSION
Department of Public Welfare Expansion
PROJECT FOR DISABLED WELFARE CLIENTS

Case Selection and Referral Criteria:

Good Rehabilitation Potential:

All of the factors below which are preceded by an asterisk (*) must, as a minimum, be essentially as described in order for a client to be classified as having good potential.

*I. Disability:

A. General Factors:

1. The disability, if not improving or capable of being improved, should at least be stable or capable of being stabilized.

2. The degree of disability and its limitations should be such that it does not prevent mobility, particularly getting back and forth to rehabilitation services and eventual employment.

3. The degree of disability and its limitations should be such that it does not prevent the client from working a full day on at least a sedentary job, without endangering the continued stabilization of the disability.

B. Some Specific Considerations:

1. Mental Retardation - The I.Q. should not be less than 65.

2. Mental Illness - The client should be relatively symptom free. That is, there should be no obvious hallucinations, delusions, bizarre, or anti-social behavior or verbalization, extreme isolation or withdrawal, or suicidal tendencies. If client is in treatment and showing significant progress the outlook would look even more optimistic.

3. Alcoholism - The client must have maintained sobriety for a minimal period of 3 months and be in some kind of treatment program, either Alcoholics Anonymous or another program. However, the three months of sobriety must not have been in a hospital or other controlled environment to show good potential.

4. Epilepsy - Seizures must be petit mal, or if grand mal they should be nocturnal only or at least as infrequent as once a month.

5. Chronic Brain Syndrome (including residuals of stroke) - All or most of memory, understanding, concentration, and perception must have been retained.

6. Pulmonary Tuberculosis - Work tolerance should be eight hours, by medical examination.

7. Arthritis - Reasonable stability or soon approaching stability should exist as long as severe crippling has not taken place.

8. Cancer - The condition must be arrested, with life expectancy anticipated for at least 5 years.

9. Cardiac Condition - American Heart Classification should be I-B, II-A, II-B, II-C, II-D, or III-B.

10. Drug Addiction - Clients with this problem should not be referred through this channel. The Massachusetts Rehabilitation Commission accepts these referrals only from the Division of Drug Rehabilitation within the Department of Mental Health.

*II. Age: Good potential would call for age 50 or under.

III. Work History:

*1. Recency - There should be a work history up to the time of application for assistance or the onset of disability, and its duration should be consistent with the period of time commencing with the client's entry into the labor market.

*2. Stability - The work history should be continuous and regular, with a minimum of job change.

3. Type-Semi-professional, clerical, skilled, or sedentary work usually indicate better potential.

4. Job Progress - Advancement to supervisory or more skilled work in the past would show better potential.

*IV. Recency of Dependency on Public Welfare: One year or less on Public Assistance rolls indicate better potential. Exceptions to this, however, are young clients who have been in AFDC families.

V. Education: Completion of 10 grades or better in the case of a mentally retarded client would place a client in the good potential category.

*VI. Aptitudes: This would include general level of intelligence as well as any indication of special capacities, intellectual or psychomotor which might increase rehabilitation potential. The aptitudes should be at least average.

*VII. Motivation: If the client's verbalized self-expectations and self-perceptions are in the area of employment, and go beyond passive acquiescence to the idea of "rehabilitation services," the outlook may be good. If he has shown through action, such as job seeking or a recent attempt at work, that he is motivated, the outlook is even better.

*VIII. Accessibility to Employment: If the client lives in an area which is near the industrial and business areas of his community, this is a positive factor. If he does not, but transportation is available, the picture would also be favorable.

IX. Family Problems: A client with good potential will be from a family configuration where there will not be severe family problems of a practical, medical, or psychological nature. If such problems do exist, but are in the process of being resolved in a short time, the outlook can still be favorable.

*X. Child Care: If a female client is to be deemed to have good potential, there must be a certain possibility of obtaining care for her children, and the client must be agreeable to this solution.

MANDATORY AND OPTIONAL INCOME AND RESOURCE DISREGARDS
TITLE I, IV-A, X, XIV, XVI

Law	45 CFR SRS Program Regulations	INCOME DISREGARDS Mandatory	AFDC	OAA	APTD	AB	AABD
Social Security Act	233.20(a) (3) (iii)	1. No inquiry of the amount of earnings of a child under 14years of age.					
Social Security Act 2(a)(10) 402(a)(7) 1002(a)(8) 1402(a)(8) 1602(a)(14)	233.20(a) (3) (iv)	2. Any expenses reasonably attributable to the earning of income.	X	X	X	X	X
	233.20(a) (3) (iv)	3. Loans and grants, such as scholarships, obtained and used under conditions that preclude their use for current living costs	X	X	X	X	X
	233.20(a) (3) (iv)	4. Home produce of an applicant or recipient, utilized by him and his household for their consumption.	X	X	X	X	X
Public Law 88-524 as amended	233.20(a) (4) (ii)	5. The value of the bonus coupon under 1964 Food Stamp Act, as amended.	X	X	X	X	X
Public Law 480 (83rd Congress) 1954	233.20(a) (4) (ii)	6. The value of the U. S. Dept. of Agriculture donated foods (surplus commodities).	X	X	X	X	X
Public Law 91-646	233.20(a) (4) (ii)	7. Income received under Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.	X	X	X	X	X
Public Law 90-575	233.20(a) (4) (ii)	8. Any grant or loan to any undergraduate student for educational purposes made or insured under any program administered by the Commissioner of Education under the Higher Education Act.	X	X	X	X	X

Law	45 CFR SRS Program Regulations	INCOME DISREGARDS Mandatory	AFDC	OAA	APTD	AB	AABD
Social Security Act 402 (a)(8)(A)(i)	233.20(a)(11)(ii)(a)	9. All earned income of AFDC dependent child:full-time or part-time student who is not a full-time employee attending a school, college, or university, or a course of vocational or technical training designed to fit him for gainful employment; includes participants in the Job Corps Programs.	X				
Social Security Act 402(a)(8)(A)(ii)	233.20(a)(11)(ii)(b)	10. The first $30 of the total of earned income (gross) for a month of all other individuals whose needs are included in the family grant, plus one-third of the remainder of their earned income for the month.	X				
Social Security Act 402(a)(19)(D)	233.20(a)(11)(i) 233.20(a)(11)(v)(b)	11. The $30 monthly incentive payment and reimbursement of training related expenses made by the manpower agency to any participant in institutional and work experience training program under the WIN program.	X				
Social Security Act 1002(a)(8)(A) 1602(a)(14)(A)(i)	233.20(a)(10)(i)	12. The first $85 per month of earned income plus one-half of earned income (gross) in excess of $85 per month.				X	X
MDTA of 1962 as amended	233.20(a)(5)(ii)	13. Training incentive payments a and expense allowances made to an individual or to any other person under the MDTA of 1962, as amended.		X	X	X	X
Public Law 91-172 Section 1007	233.20(a)(11)(iv)(d)(2)	14. The two $4 pass-alongs, or if less, of OASDI increase (under P.L.91-172 and P.L.92-603) per month.(Effective thru Dec.,1973 only)					

Law	45 CFR SRS Program Regulations	INCOME DISREGARDS Mandatory	AFDC	OAA	APTD	AB	AABD
		(Maybe accomplished through increase in amount of assistance payment)		X	X	X	X
Social Security Act 1402(a)(8)(B)	233.20(a)(10)(2)	15. Such additional income and resources as are necessary to fulfill a plan for a period not in excess of 12 months. (As an option, such additional income and resources may be disregarded for an additional period not in excess of 24 months (for a total of 36 months) as specified in the State Plan.				X	X
Public Law 92-213	233.20(a)(2)(vii)	16. Public assistance grants shall not be reduced because of the application of the income to rent ratio (Brooke Amendment) Housing Act of 1937 as amended.		X	X	X	X
Public Law 92-254	233.20(a)	17. Per capita judgement payment to Cros Ventre Tribe and Blackfeet Tribe of Montana.		X	X	X	X
Public Law 92-258	233.20(a)	18. Benefits received under Title VII, Nutrition Program for the Elderly, Older Americans Act.		X	X	X	X
		OPTIONAL					
Social Security Act 2(a)(10)(A)(i) 1002(a)(8)(C) 1402(a)(8)(A) 1602(a)(14)(D)	233.20(a)(4)(i)	1. Not more than $7.50 per month of any income of persons claiming assistance.			X	X	X
Social Security Act 402(a)(8)(B)(i)	233.20(a)(4)(i)	2. Not more than $5.00 per month of any income of persons claiming assistance.		X			

Law	45 CFR SRS Program Regulation	INCOME DISREGARDS Mandatory	AFDC	OAA	APTD	AB	AABD
Social Security Act 2(a)(10)(A)(ii) 1402(a)(8)(B) 1602(a)(14)(B) 1602(a)(14)(C)(iii)	233.20(a)(8)	3. Of the first $80 per month, not more than $20 per month plus one-half of the next $60 of earned (gross) income.		X	X		X
Social Security Act 1002(a)(8)(B) 1602(a)(14)(A)	233.20(a)(10)(ii)	4. For a period, not in excess of 36 months, disregard such additional amounts of other income and resources as are necessary to fulfill a plan for achieving self-support but only with respect to the periods which are substantially devoted to vocational rehabilitation by the individual.				X	X
Social Security Act 402(a)(8)(B)(i)	233.20(a)(11)(iii)	5. All or any portion of the earned or other income to be set aside for future identifiable needs of a dependent child.	X				
	233.20(a)(3)(ii)	6. Allocate the income of a recipient as is necessary for support of his dependent (s). This support must not exceed the total amount of the dependent(s) needs as determined by the agency's Statewide standard.	X	X	X	X	X
	233.20(a)(3)(i)	RESOURCE DISREGARDS - OPTIONAL The value of a home. Personal and household effects. Automobile and income producing property, providing that all net income from such property is accounted for under the State policies governing income and resources. Maximum of $2,000 per individual including the amount of real and personal property, including liquid assets.	X	X	X	X	X

This Handbook will describe all the processes in the WIN program, identifying which agency, or part of which agency, is responsible for what action. A separate manual will cover the WIN Management Information System.

24. Changes in WIN Made by the 1971 Amendments

The Work Incentive Program was amended December 28, 1971, by Public Law 92-233. The intent of the amendments was "improvement of the Work Incentive Program" based on experience with the program and the findings of evaluation studies. The principal changes effected by the new law are the following:

On the Public Welfare Side

1. Increase of Federal matching to 90% for self-support social services under WIN.

2. Diminution of the State non-Federal contribution from 20% to 10% (in cash or in-kind) of the cost of specified manpower operations under WIN.

3. Mandated establishment of separate administrative units (SAUs) in the State agency (at the State and local levels) to perform services, to the maximum extent feasible, only in connection with the administration of the WIN Program.

4. The term "referral" (to the manpower agency for WIN) is no longer used and is replaced by the words "registration" and "certification." Registration of non-exempt persons for the WIN program is a condition of eligibility for receiving AFDC and is a procedure between income maintenance staff of the State agency and staff of the WIN manpower agency. Instead of welfare agencies determining who is appropriate for referral, the Act specifies who must register and who is exempt. Criteria for exemption and the registration procedure are established by the Department of Labor. Certification is the responsibility of the social service staff. Certification is the provision of, or arrangement for, self-support services if and as needed, to the recipient who has been registered, and signifies to the manpower agency that the individual is ready to enter employment or WIN manpower activities. The net effect of these changes is that social service staff no longer screens recipients for their appropriateness for WIN activities but does develop self-support service plans for those registered for whom certification is requested, and delivers the necessary supportive services for certification and during the individual's participation in WIN.

5. All individuals except those identified in Section 402(a)(19)(A) of the Social Security Act must register for WIN. This means that

mothers (except for those exempted under this section) are now required to register. Only two of the exemptions are different from those in the original WIN program: (1) a mother or other relative of a child under the age of six who is caring for the child; and (2) a mother or other female caretaker of a child if a male in the family who must register is registered.

6. The amendment specified that staff of the separate administrative unit will participate with the manpower agency in the development of employability plans for individuals.

7. The law also specifies that the separate administrative unit will participate with the manpower agency in Statewide operational planning for WIN and approve this final Statewide Operational Plan.

8. A new sanction has been created. Starting July 1, 1973, the Federal share of assistance payments will be reduced with respect to any State for any fiscal year by one percentage point for each percentage point by which the number of individuals certified to WIN is less than 15% of the average number of individuals in such State who, during such year, are required to be registered for WIN.

9. There will be an allotment of WIN social service funds to the States on an equitable basis. This comes from a closed-end appropriation.

10. Assistance payment funds will no longer be used to subsidize wages under special work projects which have been eliminated from the WIN program. There is no disregard of the $30 plus one-third of the earnings from the public service employment which replaces special work projects.

11. Responsibility for paying for training-related costs, <u>including transportation</u>, has been transferred from the State agency to the WIN manpower agency.

<u>On the Labor Side</u>

1. Special work projects have been replaced by public service employment which does not entail use of public assistance payments.

2. Starting with fiscal year 1973, no less than 33 1/3 percent of the funds made available to the Department of Labor for WIN must be expended for on-the-job training and public service employment.

3. Job placement may also be augmented by a provision in the new revenue act (P.L. 92-178) which allows a 20 percent tax credit to employers who hire WIN "graduates."

4. Starting with fiscal year 1973, there will be a new formula for allocating at least 50 percent of the funds made available to the Department of Labor for WIN. For fiscal years 1973 and 1974, each State shall receive funds in ratio to the average number of AFDC recipients receiving aid in the January preceding the fiscal year to the average number of such recipients during January in all the States. In fiscal 1975, and thereafter, the ratio is based on the average number of registrants for WIN in the State in the preceeding January as compared with the average number of WIN registrants in all the States.

5. Labor Market Advisory Councils must be set up by the Department of Labor in areas with a significant number of persons registered for WIN in order to identify and advise on the types of jobs available or likely to become available in the area served by the Council. Industry, labor and public service employers from the area to be served must be represented on these councils.

6. Recipients may not be placed in any institutional training program under WIN which is not related to jobs which exist or are likely to become available as advised by the Labor Market Advisory Council.

7. Where previously the WIN manpower agency provided a program for individuals referred to WIN, it now provides a program for registrants whom it selects from the registrant pool.

8. The WIN manpower agency is to accord priority in selecting registrants in the following order, taking into account employability potential: (a) unemployed fathers; (b) mothers who volunteer; (c) other mothers and pregnant women under 19; (d) dependent children and relatives who have attained age 16 and who are not in school or engaged in work or manpower training; (e) all others certified to WIN.

9. The WIN manpower agency must develop, jointly with the separate administrative unit of the State welfare agency, a Statewide Operational Plan for WIN.

10. The plan must describe how WIN will be operated at the local level, indicate for each area within the State the number and types of positions which will be provided for training, on-the-job training, and for public service employment, the manner in which information provided by the Labor Market Advisory Council will be used, and the establishment of administrative responsibility for the various activities and functions of the plan.

11. The Statewide Operational Plan must be approved by the WIN manpower agency, the separate administrative unit of the State welfare agency, and the joint committee in the Regional offices of DOL and DHEW.

12. Employers providing public service employment may be paid no more than 100 percent of the cost of providing such employment to an individual during the first year of such employment, 75 percent of the costs during the second year, and 50 percent of the costs during the third year of such employment of the individual.

13. The WIN manpower agency has the responsibility (transferred from the welfare agency) to make payments to WIN trainees for training-related costs, including transportation.

14. The Department of Labor is authorized to provide technical assistance to providers of employment or training to enable them to provide these to WIN participants.

Other outcomes of the 1971 Amendments

1. The WIN regulations of the Department of Labor are to be issued jointly by it and DHEW. This has been accomplished.

2. The regulations provide for (a) a National Coordination Committee whose purpose is to establish uniform reporting and similar requirements for the administration of the manpower activities of WIN; and (b) a Regional Coordination Committee for each region to review and approve Statewide Operational Plans.

70.7
Referral to Vocational Rehabilitation

Maximum use of the Vocational Rehabilitation (VR) agency should be made to provide services to persons who are exempt from the WIN program because of incapacity. States may elect to contract with the VR agency to make medical determinations of incapacity, either on a selected basis or for all persons claiming exemption for this reason. In any event, the income maintenance staff must refer to the VR agency those individuals who are exempt from registration because they have been determined to be incapacitated, whether or not they may elect to volunteer for WIN.

The WIN Management Information Manual contains a referral form. However, VR and income maintenance staff may utilize an existing system or devise a new one for referral and feedback to the income maintenance staff on actions taken on the case.

The VR agency may elect to out-station staff in the income maintenance intake unit. These VR specialists can interview persons determined to be incapacitated to identify those with rehabilitation potential, obtain additional social information, seek out records of physical or psychological evaluations, prepare VR referral forms, and establish linkage with a social service worker (not in SAU) for continuing activity on the case.

Acceptance of referral for VR services is optional with the individual.

12.2
IM Referral to Vocational Rehabilitation (IM-2)

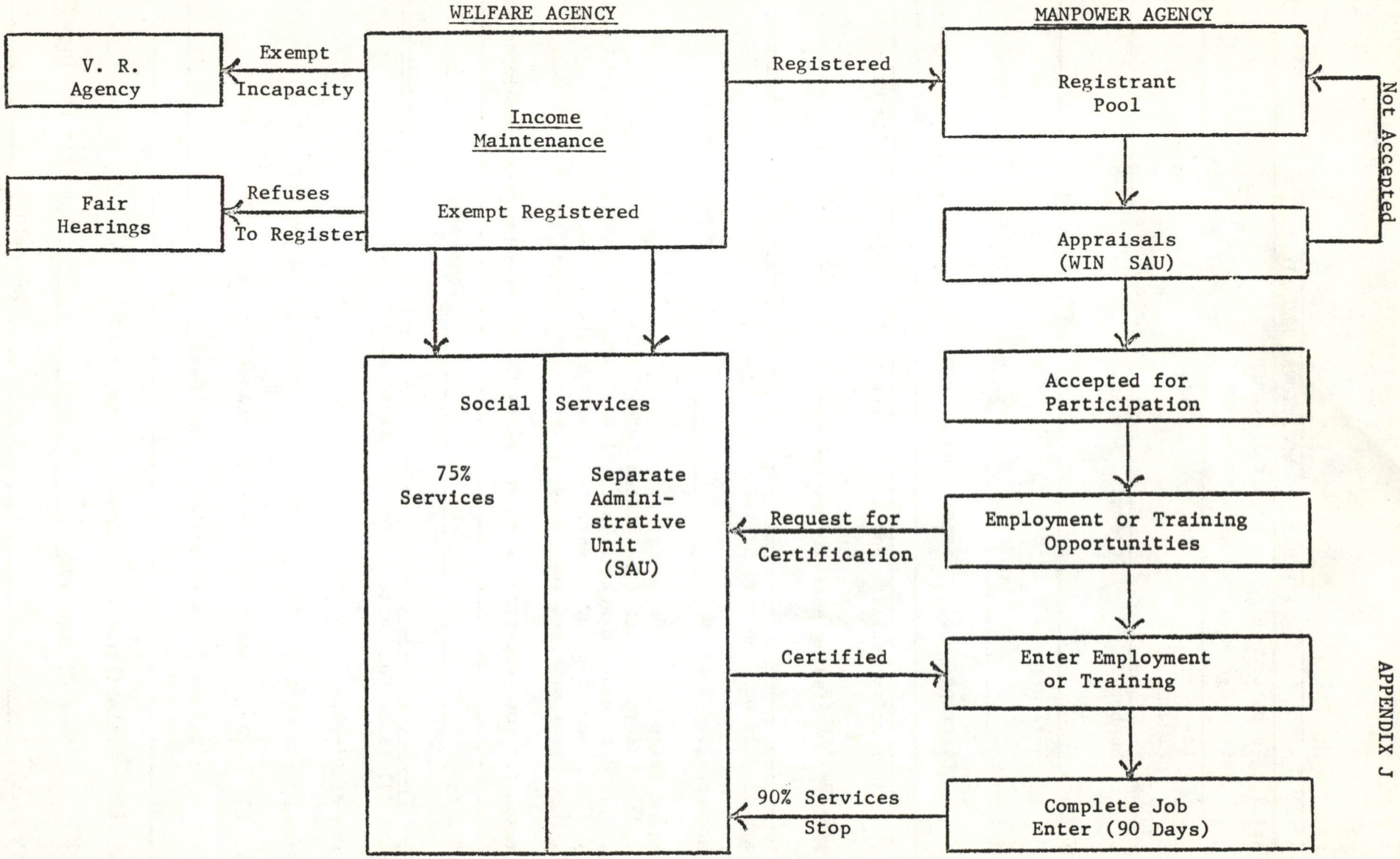
The purpose of this form is to insure that the maximum number of individuals who have been determined to be exempt from registration in WIN because of incapacity, are provided an opportunity to participate in a rehabilitation program to help restore them to independence. The SRS/WIN Program Regulations require a referral to Vocational Rehabilitation of all such incapacitated individuals.

General Instructions. The "IM Referral to VR" form has been developed as a three-part form to help insure the proper and timely exchange of essential information at three key points during the rehabilitation process. 1) at time of referral, to transmit information on an incapacitated individual from the IM office to the VR agency; 2) at the time of initial action by the VR office to inform the IM office of acceptance or non-acceptance; and 3) at time of closure, to inform the IM office of the final action taken by the VR agency on those cases accepted for services.

The IM worker will complete Part I of the form and forward it, along with the other information on the incapacitated individual, to the VR office. Part II of the form will be completed by the VR counselor at the completion of the initial VR action and returned to the IM office. Part III of the form will be completed at time of case closure, for those cases previously accepted from VR services, and returned to the IM office.

Distribution - Copies 1-3: to Control Clerk and on to V.R.
4: IM case file.

CLIENT FLOW - WIN
Section 80.8



IM REFERRAL TO VOCATIONAL REHABILITATION

Part 1 To be Completed by Referral Agency

Name_____ Date of Referral_____
Last First M.I.

Address_____ Case Number_____
Number Street Apt.No.

_____ Soc. Sec. No._____
City State Zip Code

Birthdate_____Sex_____Race____Telephone_____WIN Volunteer ☐

Description of Incapacity as Determined_____

(incapacity decision and any current medical reports should be enclosed)

Referral Agency_____Signed_____
Referral Worker

Part II To be Completed by Vocational Rehabilitation

Date Received From IM_____Date Action Taken_____

Action Taken
1. ☐ screened out (not placed into status 00)
2. ☐ already in active VR caseload (already in status 10 to 24)
3. ☐ accepted for VR services (placed into status 10)
4. ☐ not accepted for VR services (closed in status 08)

Reason for not Accepting Case: (Complete Only if Code 4 Above is Checked)_____

VR Agency_____Counselor_____

Part III To be Completed by Vocational Rehabilitation

Date of Closure _____

Final Action Taken

1. ☐ Closed not Rehabilitated: (Closed in Status 28 or 30)

Reason for not Rehabilitating Case_____

2. ☐ Rehabilitated: (Closed in Status 26)

Name of Employer_____Weekly Earnings $_____

VR Agency_____ Counselor_____

IM 2

ITEM DEFINITIONS and INSTRUCTIONS
(Taken from Pages 215-217)

Part I -- To be completed by the IM worker.

Name	Definitions/Instructions
NAME - ADDRESS	Enter name and address of person referred to VR as it appears in the IM record.
DATE OF REFERRAL	Self-explanatory.
CASE NUMBER	Enter IM case number.
SOCIAL SECURITY NUMBER	Enter person's Social Security Number.
BIRTHDATE	Enter month, day, and year of birth of the person referred.
SEX	Enter "M" or "F" to indicate sex.
RACE	Enter (W)White; (N)Negroe; (AI) American Indian; (O)Oriental; (MA)Mexican-American; (PR) Puerto Rican; and "other" is spelled out.
TELEPHONE	Enter telephone number of person being referred.
WIN VOLUNTEER	Check box if individual is a WIN volunteer.
DESCRIPTION OF INCAPACITY AS DETERMINED	Briefly describe the incapacity shown on the Incapacity Decision paper.
REFERRAL AGENCY	Enter the name (county) of the referring IM Unit.
SIGNED	The Referral worker should be an Income Maintenance worker.

Part II -- To be completed by the VR Counselor

Name	Definitions/Instructions
DATE RECEIVED FROM IM	Self-explanatory
DATE ACTION TAKEN	Enter date applicable to one of the four possible actions.

Item	Name	Definitions/Instructions
1	SCREENED OUT	Enter a check to indicate a case determined to have little or no VR potential, as a result of a careful review of the pertinent information forwarded by the IMU to the VR agency. These screened out cases do not formally enter the VR process and therefore are not placed in VR status 00.
2	ALREADY IN ACTIVE VR CASELOAD	Enter a check to indicate that the case is currently in the active VR caseload i.e., at any point from status 10 to status 24. Do not use this box for cases currently in statuses 00, 02, 04, or 06; when a decision to accept or not accept these cases for VR services has been made, check the appropriate box. Do not use the "Already in Active VR Caseload" box for cases previously closed out but not now in the VR process.

Item	Name	Definitions/Instructions
3	ACCEPTED FOR VR SERVICES	Enter a check to indicate cases placed into status 10 from statuses 02, 04, or 06.
4	NOT ACCEPTED FOR VR SERVICES	Enter a check to indicate cases closed as 08 from statuses 00, 02, 04, or 06.
	REASON FOR NOT ACCEPTING CASES	Write out the reasons that are applicable to Part 2, Item C of Form RSA-300, Case Service Report. Expand upon these reasons, if necessary, especially if the RSA-300 is to show "other" as a reason.
	VR AGENCY	Enter name of agency.
	COUNSELOR	The counselor making the reported action should sign.

Part III -- To be completed by VR Counselor
(Part III to be completed only if item number 2 or 3 is checked in Part II)

Item	Name	Definitions/Instructions
DATE OF CLOSURE		Enter date case was closed from rehabilitation records
1	NOT REHABILITATED	Enter a check mark to indicate a case closed as not rehabilitated in status 28 or 30.
	REASON FOR NOT REHABILITATING CASE	Write out the reasons that are applicable to Part 3, Item K of Form RSA-300, the Case Service Report. Expand upon these reasons, if necessary, especially if the RSA-300 is to show "other" as a reason.
2	REHABILITATED	Enter a check mark to indicate a case closed as rehabilitated in Status 26.
	NAME OF EMPLOYER	Self-explanatory. Enter "homemaker" or "unpaid family worker" if applicable.
	WEEKLY EARNINGS	Enter earnings in the week prior to rehabilitation closure. The amount shown should be the same as in Part 3, Item G of the Form RSA-300, the Case Service Report.
	VR AGENCY	Enter name of agency.
	COUNSELOR	The counselor who closed the case should sign.

HANDBOOK FOR THE WORK INCENTIVE PROGRAM

EXCERPTS

80.4 The Appraisal Interview

Each member of the Appraisal Team carries the expertise of the agency which he represents and is knowledgeable about the services his agency is prepared to offer. However, each member is also a full participant in the total appraisal and planning process. The registrant must also be a full participant in the development of the plan. Feasibility for employment or training must be considered in the light of an understanding of the problems and social service needs; supportive service plans are conditioned by the nature of the employment or training contemplated.

Home registrants will be found to be incapacitated at the appraisal stage even though they were not so identified at intake. Also, the incapacitated who volunteer to register may require VR services.

Wherever feasible, a vocational rehabilitation counselor should be stationed at the WIN appraisal unit. His primary function would be to identify registrants who are possibly handicapped, assess their rehabilitation potential, provide vocational rehabilitation services (or arrange for such assessment and services), and provide appropriate consultation to the WIN manpower and welfare agencies in activities relating to employability plans.

91.8 Selected vocational rehabilitation services means restorative services to correct or substantially modify a physical or mental condition which is a handicap to employment. They include but are not limited to surgery, psychiatric treatment, prosthetic devices, speech or hearing therapy, eyeglasses and visual services and dental care. Such services may be purchased only when the vocational rehabilitation agency is not able to finance them through its own resources.

94.43 Vocational Rehabilitation--Persons with certain mental and physical handicaps may be eligible for services from the State agency administering the vocational rehabilitation program if their handicap is a barrier to employment and there is a reasonable expectation that vocational rehabilitation services may enable the individual to engage in a gainful occupation.

A host of restorative services is available to correct or substantially modify such physical or mental conditions. They include but are not limited to surgery, psychiatric treatment, prosthetic devices, speech or hearing therapy, eyeglasses and visual services and dental care. Such services may be purchased only when they cannot be obtained from the vocational rehabilitation agency without cost to the welfare agency. Then, if approved when certification is requested, they may be purchased at 90 percent matching.

It may be that exposure of the client to the vocational rehabilitation agency for a selected medical service will reveal the need for a more comprehensive vocational rehabilitation program. If this is the case, SAU staff must consult with WIN manpower agency staff. If the facts indicate that the individual should have been exempt, he may be deregistered and referred to the vocational rehabilitation agency.

99. Vocational Rehabilitation Services (see Definitions, Section 91)

Vocational rehabilitation services as a WIN supportive service are therapeutic and restorative services, frequently medical in nature as described in Section 94.

These supportive services should not be confused with other vocational rehabilitation activities such as work adjustment or work evaluation which constitute manpower services. These manpower services may very appropriately be purchased by the WIN manpower agency, but should under no circumstances be requested for certification nor paid for with WIN supportive service funds.

PA/VR TRAINING MATERIALS

STATE TRAINING PROGRAMS

West Virginia. Division of Vocational Rehabilitation. Regional Counselor Training Program. An Outline for a Course of Study; Department of Welfare and Division of Vocational Rehabilitation. Charleston, West Virginia: DVR, 121 pp.

Arizona. Division of Vocational Rehabilitation
Proposed In Service Training Grant on the Rehabilitation of the Disabled Public Assistance Recipient. May 3, 1972. 5 pp.

Nevada. Rehabilitation Division.
Staff Development and Training; General Objectives FY '72-'73 Training Needs Assessment; Request for Course. 13pp.

Maryland. 1115 Demonstration Project.
Training Syllabus for Joint Training Program Between the Department of Social Services and Division of Vocational Rehabilitation, compiled by Anne Reed, 33 pp.

Maine. Bureau of Rehabilitation. Report of Project Daybreak "VR/PA" Initial Orientation. 8 pp.

Tennessee. Division of Vocational Rehabilitation.
VR-PA Joint Training Plan - Tennessee. 41 pp.

RELATED MATERIALS

Florida. University. Department of Rehabilitation Counseling. Vocational Education and Rehabilitation of the Disabled and Disadvantaged; Proceedings of a Regional Training Conference held July 26-29,1970 University of Florida, Gainesville, Florida, edited by R. Dean Taylor and Bruce Thomason. 141 pp.

Assumption College. Institute for Social and Rehabilitation Services. Proceedings of the Conference on Cooperative Planning of Social and Rehabilitation Services for Disabled Public Assistance Recipients. Conference held November 30 - December 2, 1971. George S. Elias, Director. Worchester, Mass., 1971, 132 pp.

ICD. Research Utilization Laboratory. Guide Materials; Public Assistance/ Vocational Rehabilitation Expansion Grant Projects - for Vocational Rehabilitation of Disabled Public Assistance Clients. New York: ICD, 1972, 57 pp.

Bamta, Trudy W., Seminar for Preparing the Disadvantaged for Jobs: A Planning Handbook. Washington,: USGPO, 1972 42 pp.

Northeastern University. Regional Rehabilitaltion Research Institute, Research Utilization Conference on Rehabilitation in Poverty Settings, ed. by Reuben J. Margolin and George J. Goldin. Boston: May, 1969, 308 pp.

Rutgers University. Bureau of Economic Research. Rehabilitating the Welfare Client; Proceedings of the Welfare Rehabitation Institute; New Brunswick, N.J. September 22-24, 1971. 72 pp.

Mankato State College, Rehabilitating the Culturally Disadvantaged; Proceedings of a Regional Conference on Rehabilitating the Culturally Disadvantaged held at Mankato State College, Mankato. Minnesota, August 16-18, 1967, ed. by George E. Ayers. 113 pp., bibliography.

Institute on Rehabilitation Services, Vocational Rehabilitation of the Disabled Disadvantaged in a Rural Setting. Raymond H. Simmons, Chairman, May 17-20,1970. 84 pp.

Wisconsin. Stout State University. Proceedings of the Decature Seminar, ed. by Ronald Fry, Jack Genskow, Arnold Sax. Menomonie, Wisc: November, 1971. 80 pp.

AUDIOVISUAL CUES

Catalog of Audiovisual Materials Related to Rehabilitation
Sections on Disadvantaged, Career Information, etc.
Materials Information Center
Alabama Rehabilitation Media Service
School of Education Auburn University
Auburn, Alabama 36830

PA/VR Interviews of Welfare Recipients,videotape 60 minutes. A frank report of client frustrations, in the clients own words. Distributed by California State Rehabilitation Division, 714 P Street, Sacremento, Calif. 95814. Videotape Digest, 30 minutes available from ICD-RUL, 340 East 24th Street, New York, N.Y. 10010.

Visual Aids For Training, mimeograph, abstracts of films and slides for general rehabilitation. Compiled by Region III, Social and Rehabilitation Service Regional Office,DHEW, 401 N. Broad Street, Philadelphia, Penn. 19108.

Helping: A Behavioral Approach, A 9-set series available from West Virginia Research and Training Center, Institute, W. Va.

Orientation to DFCS Caseworker: Duties and Constraints - VR Counselor Program, 34 units for sound-on-slide equipment developed in cooperation with DVR, Dept. of Human Resources, Atlanta, Ga. 30334.

For further information about availability of material contact ICD-RUL Information Center.

APPENDIX P

West Virginia

PROPOSED OUTLINE FOR JOINT TRAINING DEPARTMENT OF WELFARE AND DIVISION OF VOCATIONAL AND REHABILITATION, AN OUTLINE FOR A COURSE OF STUDY, NOVEMBER,1971, FIRST REVISION: 12/14/71.

Excerpts from table of contents of this document indicates its scope:

I. Philosophy and Purpose
   A. Introduction to the Department of Welfare
   B. Introduction to the Department of Vocational Rehabilitation

II. Role Indentification (Role, Function and Responsibility)
   A. Social Service Worker
      1. Service Worker Technicians
      2. Eligibility Technicians (Medical, Food Stamps, etc.)
   B. Rehabilitation Counselor
   C. Case Aides
   D. Project Director, Supervisor, or Coordinator
   E. Volunteer Workers, Part-time

III. Case Finding and Referral Process

IV. Client Evaluation (Joint Pre-planning)

V. Specific Evaluation (Medical, Psychological, Vocational, Education, Social)

VI. Delivery of Service System

VII. Approaches to Understanding and Motivation

   A. The Culturally Different
   B. Attitudes of Staff and Public Toward Public Welfare Recipients
   C. Attitudes of Clients
   D. Understanding Special Needs and Problems of Clients
   E. Innovative Techniques for Service
   F. Understanding Illness and Disabilities

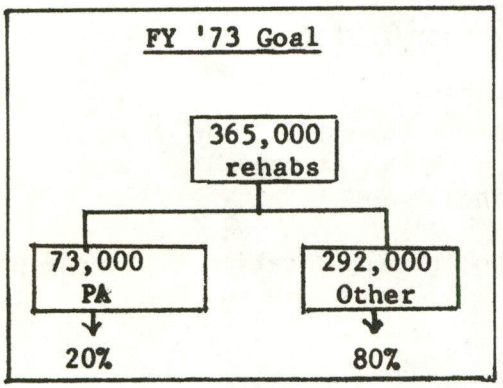
VIII. Community Resources

   A. Welfare Rights Organization
   B. Civic Organization
   C. Organized Labor
   D. Service Club
   E. Agencies Involved with Disabled
   F. Consumer Advocacy and Civic Groups
   G. Rehabilitation Facilities and Workshops

PREPARING A SLIDE TAPE PROGRAM

1. Decide on specific content to be "packaged."
2. Survey agency resources, e.g. equipment, talent, to decide whether art work can be done within the agency or must be contracted out.
3. Review all pertinent documents.
4. Analyze material in terms of organization charts, flow charts, lists, facts, key points, etc.
5. Outline material in sequence, listing all major and minor points to be covered.
6. Script material so that a slide will depict or augment the spoken word, with slides occuring from 10-30 seconds, depending on slide content (a good rule of thumb is the more slides the better).

Example:



The goal for fiscal year 1973 is 365,000 successful rehabilitations, with 73,000 --or 20%--of these being Public Assistance recipients.

Note: This slide could have been depicted by a circle or "pie" with 20% representing a 1/5 slice of the pie--all in living color.

7. Material that does not lend itself to categorical presentation can often be depicted by simple art work, e.g. the caseworker with his bag of services, or a client going to a new job, etc.
8. Plan script to run from about 10-30 minutes (one page of written script takes 3-5 minutes, depending on spacing).
9. After scripting and draft slides are complete, transfer draft slides to 3X5 or 4X7 index cards. (Some people prefer to put slides on cards the first run through, while others prefer to use the left half of the page for drafting the slide and the right half for drafting script.)
10. Read material and show draft slides to a willing staff member who can take notes on questions, comments, criticisms, etc.
11. Review questions and comments and make appropriate script and slide revisions. The number of times this process is repeated will drop as script writers gain experience.
12. When draft slides and text are complete, have the art work done by someone in the agency, or by contract. Art work should be on white paper or art board. Typing paper is satisfactory. Art work should be constructed on a ratio of 3 units tall to 4 units wide for 35 mm cameras (Instamatics take a square negative, so equal units can be used).
13. Photograph slides. When photographing is to be done on a horizontal plane, use a tripod if possible. A vertical plane requires an overhead stand. Distance from slide material is determined only by how art work fits into the camera viewer. For conformity, art work should be approximately the same size for ease in photographing and for print size uniformity.

14. Use a cassette recorder with blank C-30 or C-60 (30 or 60 min.) cartridges to record script.
15. Select a staff member who reads well. ("Auditions" are helpful to find out how voice will reproduce). Record script, using a signal, e.g. beep, to note change of slide.
    Note: On more sophisticated equipment, recorders having a pulsing capability can be programmed for use on projectors having a remote control for automatic slide advance.
16. Label cassettes.
17. Have film developed. When slides are returned, make sure they are numbered in the proper sequence.
18. Prepare a brief set of instructions telling listeners what equipment they will need, with details depending on sophistication of equipment.
19. Review and test out program. Make any last minute revisions in slides or script.
20. When the program is complete, distribute. Extra copies of the slide and tapes can be made as necessary. (Keep an original on file.)

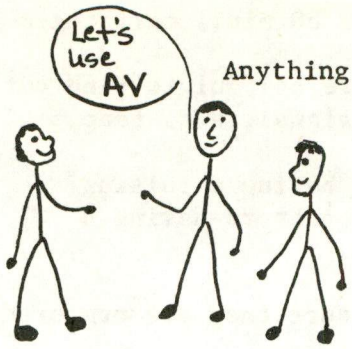
Hints:

1. If sophisticated pulsing equipment is used, record one side of the tape for the automatic slide advance, and the other side for use in regular equipment that requires an audio signal for slide change.
2. Insofar as possible, try to vary the way slide material is presented, e.g. mingle charts, drawings, lists, etc. using color whenever possible. Add music for introduction and closing if you wish.
3. See if you can find a photograph buff in the agency. He can take the slides for you.
4. Don't forget to call in your material if and when it becomes obsolete. Often simple revisions are all that need to be done to update material.
5. For technical assistance on equipment purchasing, advantages and disadvantages of certain recorders, cameras, etc. contact Mr. Tom Mitchell, Research and Training Center, Institute, West Va., Phone 304-348-6340. He also can give you helpful hints on making slides, art work, etc.

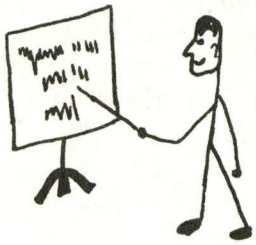
For further information contact Research and Training Center, West Virginia University, Morgantown, W. Va.

SAMPLE SCRIPT

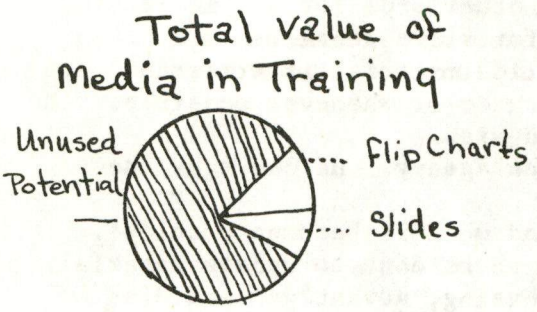
Anything can be made into a slide-tape program



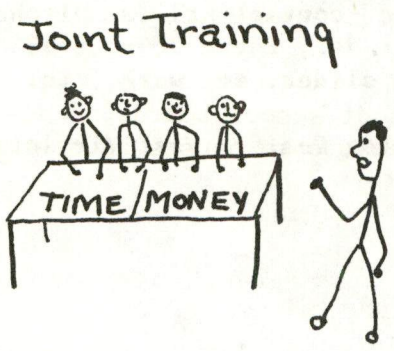
Everyone talks about the advantages of using audio-visual materials



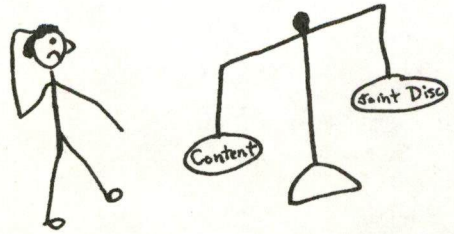
but few people try anything beyond flip charts or slides to accompany a verbal presentation.



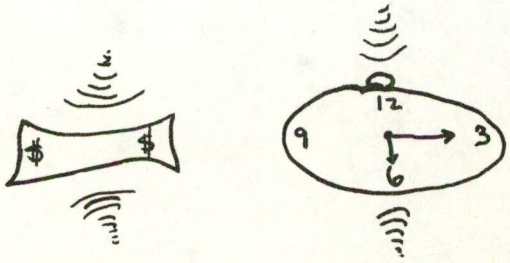
Although this is a very valid use of the media, it does not begin to tap the potential value of this approach for training purposes.



A considerable amount of time and money is invested in bringing together Vocational Rehabilitation and Welfare Staff for joint training purposes.



At the same time, a review of the training material indicates that a large portion of most sessions is spent in providing content-type sessions.



One way to stretch training dollars and increase the amount of time available for joint discussion...etc.

VR PUBLIC INFORMATION HELPS DISABLED IN NORTH CAROLINA*

by Mrs. Betty S. Cranor, Public Information Officer
North Carolina Dept. of Human Resources

- Public sympathy toward disability is real, but too often inactive. One of our goals, then, should be to channel this public opinion and needs, aptitudes, interests, abilities, and goals.
- There is no preconceived mold of services into which a client is thrust. The very concept of rehabilitation connotes a "new life". It is in the search for this "new life" that many additional publics must be identified: medical, paramedical, familial, educational, social and vocational. Similarly, other human service agencies with which we cooperate and coordinate are a most important public.
- VR's public relations program started with audio-visuals---and has more recently turned to a contact-with-media function---objections to accepting our program related less to content than to relationships with people who could convey our message to the general public.
- Coverage was given the Wheelchair and Crutches Tour organized for the Governor's Study Committee on Architectural Barriers---The State's attorney general, along with others who were having their maiden voyages via crutches, or leg braces or wheelchairs---Numerous obstacles were encountered as the group toured the Executive Mansion, Legislative Building etc., followed by newsmen, TV cameras, sympathizers and empathizers---at a statewide luncheon, subsequently held in Raleigh, the Governor called for a greater commitment to end architectural barriers in schools, libraries, hospitals, art galleries, theaters, stadiums, transportation systems, business and industries.
- A coalition of organizations sponsored by Rehabilitation Day at the State Legislative Building giving handicapped people a chance to express a personal "thank you" to Representatives and Senators involved in programs for the handicapped.
- PR also contributes to the decentralization goal. A series of "open houses" for new facilities and several offices throughout the state were attended by mayor, legislators, members of school boards, media representatives etc. Some by-products of these open houses have been:

  A city-county campaign to make all lodging accomodations accessible to handicapped.

  A luncheon hosted by the mayor for industrial business and civic leaders, encouraging them to hire more handicapped.

  A syndicated column "The Handicapped Mailbag" appearing twice weekly in a major newspaper.

  A front-page story about a wheelchair participant who was unable to find overnight barrier-free lodging.

- In addition speaking, writing, editing and production have centered around State Fair exhibits, TV appearances on live shows, awards and citations, publications and letters to editors. These are some of the strategies employed to assist disabled persons overcome their disabilities and ultimately achieve financial independence.

*Excerpts from SRS Information Exchange, Vol. 1, No. 7, Aug./Sept. 1972

WORKING WITH NEWS MEDIA

by John H. Baer, Acting Director, Bureau of Public Education
Pennsylvania Department of Public Works

- Many of the mass media - newspapers, television and radio - sincerely engage in "in-depth" reporting on human service issues and the challenge to us is to offer effective cooperation. This means presenting adequate information in symbols that the receiver will understand and by which his self-interest will be motivated for action.

- Building good news media relationships requires: Being completely honest about information; Providing interesting, timely stories and pictures when newsmen want them and in useful format; Let them decide if an item is newsworthy or how it can be best handled; Don't ask to have unfavorable stories suppressed. Instead lay your cards on the table and if parts of a story may be damaging to the public interest, the media will be found cooperative.

- PR have four parts: 1) Fact Finding, 2) Policy of Planning Development Toward A Course of Action, 3) Communicating Policy, 4) Evaluating Feedback.

- New Releases are basic tools. They should be accurate and contain the important facts in concise terms; boiled down to a few paragraphs for radio and television. If possible, schedule them for AM or PM news cycles a day in advance. At most only two officials should be required to clear releases-the head of the program cited and the head of the agency. Statewide and for regional distribution depends upon the nature of the release.

- "Tip Sheets" should be issued occasionally to media listing the current feature possibilities of your program. Feature tips should also go to TV and radio since they may provide the kernel of a documentary for which the station will need your continued help.

- Schedule news conferences only for major happenings and notify the media of speeches, meetings and ceremonies about a week in advance, follow-up with a phone call the day before. A page of important highlights of a speech or announcement will be more helpful than lengthy duplicates.

- Above all, keep telling the news media what you are doing.

Excerpts from
SRS Information Exchange
Vol. 1, No.7, Aug./Sept. 1972