

ANNUAL CLIENT ASSISTANCE PROGRAM (CAP) REPORT**Fiscal Year 2006**

DESIGNATED AGENCY IDENTIFICATION	
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OPERATING AGENCY (IF DIFFERENT FROM DESIGNATED AGENCY)	
Name: see above	
Address:	
E-mail Address (if applicable):	
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Name of CAP Director/Coordinator: Colleen Miller, Esq.	
Person to contact regarding report: Sherry Confer, LCSW	
Contact Person's phone: (804) 225-2042	
PART I. AGENCY WORKLOAD DATA	
A. Information and Referral Services (I&R): (Multiple responses are not permitted.)	
1. Information regarding the Rehabilitation Act	1263
2. Information regarding Title I of the ADA	427
3. Other information provided	644
4. Total I&R services provided (Lines A1+A2+A3)	2334
5. Individuals attending trainings by CAP staff (approximate)	900
B. Individuals served (An individual is counted only once during a fiscal year. Multiple counts are not permitted for Lines B1-B3.)	
1. Individuals who are still being served as of October 1 (carryover from prior year)	22
2. Additional individuals who were served during the year	51
3. Total individuals served (Lines B1+B2)	73
4. Individuals (from Line B3) who had multiple case files opened/closed this year. (In unusual situations, an individual may have more than one case file opened/closed during a fiscal year. This number is not added to the total in Line B3 above.)	0

PART I. AGENCY WORKLOAD DATA (continued)	
C. Individual still being served as of September 30 (Carryover to next year) (This total may not exceed Line I.B3.)	33
D. Reasons for closing individuals' case files (Choose one primary reason for closing each case file. There may be more case files than the total number of individuals served to account for those unusual situations, referred to in Line I.B4, when an individual had multiple case files closed during the year.)	
1. All issues resolved in individual's favor	30
2. Some issues resolved in individual's favor (when there are multiple issues)	
3. CAP determines VR agency position/decision was appropriate for the individual	
4. Individual's case lacks legal merit; (inappropriate for CAP intervention)	4
5. Individual chose alternative representation	
6. Individual decided not to pursue resolution	6
7. Appeals were unsuccessful	
8. CAP services not needed due to individual's death, relocation, etc.	
9. Individual refused to cooperate with CAP	
10. CAP unable to take case due to lack of resources	
11. Other (Please explain on separate sheet)	
E. Results achieved for individuals (Choose one primary outcome for each closed case file. As stated in Section D, there may be more case files than the total number of individuals served.)	
1. Controlling law/policy explained to individual	18
2. Application for services completed	1
3. Eligibility determination expedited	1
4. Individual participated in evaluation	1
5. IPE developed/implemented	6
6. Communication re-established between individual and other party	4
7. Individual assigned to new counselor/office	
8. Alternative resources identified for individual	7
9. ADA/504/EEO/OCR complaint made	
10. Other (complaint withdrawn)	2
PART II. PROGRAM DATA	
A. Age (As of the beginning of the fiscal year.) (Multiple responses not permitted.)	
1. 21 and under	5
2. 22 – 40	23
3. 41 – 64	45
4. 65 and over	
5. Total (Sum of Lines A1 through A4. Total must equal Line I. B3.)	73
B. Gender (Multiple responses not permitted.)	
1. Females	37
2. Males	36
3. Total (Lines B1+B2. Total must equal Line I.B3.)	73

PART II. Program Data (continued)	
C. Race/ethnicity (Multiple responses are permitted.)	
1. American Indian or Alaskan Native	
2. Asian	2
3. Native Hawaiian or Other Pacific Islander	
4. Black or African American	18
5. Hispanic or Latino	1
6. White	50
7. Race/ethnicity unknown	1
8. Other- - (multi racial/multi cultural)	1
D. Primary disabling condition of individuals served (Multiple responses not permitted.)	
1. Blindness (both eyes)	6
2. Other visual impairments	7
3. Deafness	2
4. Hard of hearing	5
5. Deaf-blind	
6. Orthopedic impairments	8
7. Absence of extremities	
8. Mental illness	21
9. Substance abuse (alcohol or drugs)	
10. Mental retardation	2
11. Specific learning disabilities (SLD)	4
12. Neurological disorders	4
13. Respiratory disorders	
14. Heart and other circulatory conditions	3
15. Digestive disorders	
16. Genitourinary conditions	
17. Speech impairments	1
18. AIDS/HIV positive	1
19. Traumatic brain injury (TBI)	2
20. All other disabilities	7
21. Disabilities not known	
22. Total (Sum of Lines D1 through D21. Total must equal Line I. B3.)	73
E. Types of individuals served (Multiple responses permitted.)	
1. Applicants of VR Program	8
2. Clients of VR Program	40
3. Applicants or clients of IL Program	
4. Applicants or clients of other programs and projects funded under the Act	5
5. Other- - <i>Employees</i> *	20
F. Source of individual's concern (Multiple responses permitted.)	
1. VR agency only	43
2. Other Rehabilitation Act sources only	4
3. Both VR agency and other Rehabilitation Act sources	
4. Employer	25
5. Other-benefits planner	1

PART II. PROGRAM DATA (continued)	
G. Problem areas (Multiple responses permitted.)	
1. Individual requests information	2
2. Communication problems between individual and counselor	17
3. Conflict about services to be provided	15
4. Related to application/eligibility process	9
5. Related to IPE development/implementation	8
6. Other Rehabilitation Act-related problems	1
7. Non-Rehabilitation Act related	3
8. Related to Title I of the ADA	21
H. Types of CAP services provided (Choose one primary service CAP provided for each closed case file. As stated above, there may be more case files than actual individuals served.)	
1. Information/referral	6
2. Advisory/interpretational	25
3. Negotiation	8
4. Administrative/informal review	1
5. Alternative dispute resolution	
6. Formal appeal/fair hearing	
7. Legal remedy	
8. Transportation	
PART III. NARRATIVE (Attach separate sheet(s).) Refer to pages 16-19 of the instructions for guidelines on the contents of the narrative.	

Reports are to be submitted to RSA within 90 days after the end of the fiscal year covered by this report. Please be reminded that you can enter data directly into RSA's Management Information System (MIS) via the Internet. Information on transmittal of the form, including electronic transmission, is found on pages 19 and 20 of the reporting instructions.

Signature and title of designated agency official

Date

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1820-0528. The time required to complete this information collection is estimated to average 16 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-2703. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: OSERS/RSA, U.S. Department of Education, 400 Maryland Avenue S.W, Washington, DC 20202-2800.

**VIRGINIA OFFICE FOR PROTECTION AND ADVOCACY
CLIENT ASSISTANCE PROGRAM (CAP) 2006**

PART III. NARRATIVE

a. Type of agency used to administer CAP:

- 1) External-Protection & Advocacy

b. Sources of funds

Source of funding	Total expenditures spent on individuals
Federal funds	254,823
State funds	0
All other funds (carryover)	162,039
Total from all sources	416,862

c. Budget for current and following fiscal years

Category	Current Fiscal Year (FFY2005)	Next Fiscal Year
Wages & Salaries	247,976	104,383
Fringe Benefits (FICA, unemployment, etc.)	67,301	41,622
Materials/Supplies	1,512	1,571
Postage	897	897
Telephone	5,029	5,029
Rent	3,210	0
Travel	27,875	27,935
Copying	1,758	1,758
Equipment Rental/Purchase	7,237	5,043
Temporary Personnel Services	9,767	9,768
Indirect Costs	31,331	13,140
Miscellaneous	12,969	43,677
Total Budget	416,862	254,823

d. Number of person-years

Type of position	Full-time equivalent	% of year position filled	Person-years
Professional			
Full-time	16	91%	14.55
Part-time	0		
Vacant	1	0	
Clerical			
Full-time	6	89%	5.33
Part-time	0		
Vacant	0		

NOTE: All figures are based on a State fiscal year (July 1, 2005-June 30, 2006)

e. Summary of presentations made:

The following rights related presentations about CAP and other rehabilitation programs and projects were made during the program year:

Date	Type of Event/Title/Topic	Group Addressed	Location	# of Attendees
11/2005	Public Service Announcement in local newspaper	Eastern Shore Residents	Eastern Shore	20,000 readers
1/25/2006	VOPA and CAP Overview and Blindness Related Issues: Department for the Blind and Vision Impaired	Students & Consumers	Richmond, Virginia	4
1/26/2006	Newsletter Article	Girl Scouts	All across Virginia	1,600
2/2006	VOPA PSA: Valley Voice	Valley Voice	Harrisonburg	
2/2006	VOPA PSA: WHRO TV & Radio	Public	Tidewater	
2/2006	VOPA listing on Web page: Virginia Relay	Public	Richmond, Virginia	

Date	Type of Event/Title/Topic	Group Addressed	Location	# of Attendees
3/9/2006	VOPA and CAP Overview: Department for the Blind and Vision Impaired	Consumers & Students	Henrico, Virginia	7
3/10/2006	VOPA Exhibit: Old Dominion University Disability Conference	Consumers & Providers	Norfolk, Virginia	300
3/15/2006	VOPA Overview and Discussion: Appalachian Independence Center	Consumers, Providers CIL	Galax, Virginia	12
3/15/2006	ADA and Employment Rights: John Tyler Community College	Human Resources staff & Counselors	Chesterfield, Virginia	8
3/16/2006	Outreach Activity: Legal Rights: Danville CIL	CIL Consumers	Danville, Virginia	4
3/20/2006	How to Access VOPA	CIL Staff	Hampton, Virginia	15-17
3/22/2006	VOPA Overview and Discussion: Appalachian Independence Center	Consumers, Providers CIL	Bristol, Virginia	8
3/23/2006	ADA and Employment Rights: Mountain Empire Community College	Human Resources, Counselors & Career Counselors	Big Stone Gap, Virginia	9
3/29/2006	ADA and Employment Rights: John Tyler Community College	Human Resources, Counselors & Career Counselors	Chester, Virginia	8
4/19/2006	Outreach Activity: Legal Rights: Danville CIL	CIL Consumers	Danville, Virginia	3
5/20/2006	VOPA Exhibit: Day for People at Norfolk Zoo	Public & other Agencies	Norfolk, Virginia	

Date	Type of Event/Title/Topic	Group Addressed	Location	# of Attendees
7/13/2006	CAP, VOPA, Transition, Posters, AT materials: Questionnaire to see if CAP clients are informed about VOPA: Norfolk DBVI	Norfolk Dept. Blind and Vision Impaired Staff	Norfolk, Virginia	2
7/10-7/14/2006	Grant-Funded Programs: WIPFLI	P&A representatives	Las Vegas, NV	800
9/21/2006	Employment protections of the ADA: Abingdon CIL	CIL Staff	Abingdon, Virginia	14
9/27/2006	Employment protections of the ADA: Norton/Wise CIL	CIL Staff	Wise, Virginia	12

f. Involvement with advisory boards

- 1) VOPA has two Advisory Councils known as the Disabilities Advisory Council (DAC) and The Protection and Advocacy for Individuals with Mental Illnesses (PAIMI) Advisory Council. The Councils' primary responsibility is to advise the protection and advocacy system on policies and priorities to be carried out in protecting individuals with disabilities. This function helps VOPA to identify underserved and unserved Virginians.

The Advisory Councils have both developed and implemented a membership recruitment plan that we hope will increase the diversity of the Councils. There are roles for both Council members and VOPA staff in the plan. In addition, through the web-based survey for annual public input for the priority planning, there was an opportunity to request more information about the Advisory Councils. Council members have taken a very active role in recruiting new applicants. VOPA staff are in the process of reviewing the applications received and responding to other Council related inquiries.

- 2) VOPA monitors the Virginia Department of Education State Special Education Advisory Committee. This committee is required by the federal government as a first step in federal Continuous Improvement Monitoring Process. Discussions have included IDEA Reauthorization and subsequent federal regulation development.

- 3) VOPA served on the State Rehabilitation Council. The State Rehabilitation Council provides advice to the Department of Rehabilitative Services regarding vocational services provided pursuant to Title I and Title VI of the Federal Rehabilitation Act. Membership and duties are constructed according to federal provisions.
- 4) VOPA participates in the Virginia Rehabilitation Council for the Department for the Blind & Vision Impaired. The Rehabilitation Act of 1973, as amended, requires the establishment of a Statewide Rehabilitation Council to be appointed by the Governor. The amendments identify specific organizations to be represented on the Council, and also specify that a minimum of four individuals represent business, industry and labor on the Council as well as current or former applicants for or recipients of vocational rehabilitation (VR) services. The Rehabilitation Council advises the VR program in development of the State plan and completion of the federally required needs assessment. The Council also assists with customer satisfaction surveys, training and/or employment opportunities, and completion of the required Annual Report on the status of VR services in the State. Issues of particular interest to VOPA before the Council in the past fiscal year included Transportation and Transition Services.

g. Outreach to unserved/underserved populations:

- 1) VOPA provides information about the CAP program on our website.
- 2) VOPA provides "Office Hours" at some of the local Centers for Independent Living. Individuals with disabilities are informed of their CAP rights and provided others with legal advice and services when appropriate.

VOPA began the "Office Hours" program in 2002 with the purpose being to provide outreach and education for people with disabilities, as well as to build collaborative relationships with consumers and staff from the agencies who participate in the program. VOPA staff visit 11 Centers for Independent Living (CILs), a state rehab provider, and a private provider.

In March of 2006, VOPA's Executive Director, formed a committee of VOPA staff to review the "Office Hours" program. The committee members contacted all of the current Office hour "host" locations. Representatives of fourteen (14) organizations were interviewed; nearly all face-to-face at the host locations across the state. The other key group surveyed was the VOPA staff who actually provides the "office hours." The committee decided that surveying the clients who come to the service providers would not be effective at this time. The committee decided to wait until both VOPA staff and the service providers are clearly communicating together of what the program is to be. Once the service providers have determined they understand the kinds of issues VOPA handles, VOPA can then survey the clients who come to the service providers to see if this is a program that is meeting their needs. The committee developed a written report that included the committee's observations and recommendations about the Office Hours program. VOPA management and key staff are reviewing and considering the recommendations in FY07.

3) Spanish Speaking Outreach :

VOPA has formed alliances with the Refugee and Immigration Services and has participated in the Henrico Hispanic Coalition and the Richmond Coalition, which includes service providers and members from the Hispanic community. VOPA, through the Neighborhood Development Center, had 1,286 flyers delivered to families of Hispanic origin notifying them of VOPA services.

VOPA has participated with the Coalitions to strengthen its relationships with service providers to people who speak Spanish. VOPA participated in Richmond's Neighborhood Watch "Night Out" and distributed the VOPA brochure in Spanish to help raise awareness in the Spanish community of VOPA's availability.

- 4) VOPA has conducted outreach efforts on the Eastern Shore which VOPA has identified as an unserved/underserved area. Information about VOPA was provided for the following groups: the CIL, the Community Services Board, Shore Memorial Hospital, and at the Eastern Shore Health Fair. Outreach has been provided to the Children's Hospital of the King's Daughters and Old Dominion University (both located in Tidewater, but serve the Eastern Shore). These providers requested and received a large amount of VOPA publications that they were eager to share with consumers. The local newspaper (The Eastern Shore News), ran a public service announcement (PSA) for a week that provided information about and contact information for VOPA. Also, WHRO TV/Radio which reaches the Eastern Shore aired the PSA over the radio. Outreach recipients have included both service providers and consumers. VOPA participated in a Health Fair in Northampton County (Eastern Shore) and distributed VOPA materials to approximately 200 family members and service providers in the area. VOPA also visited the CIL in Northampton County and distributed VOPA materials.

In addition, VOPA had an article published in the statewide Girl Scout newsletter regarding inclusion of those with disabilities that was mailed to members in this area.

- 5) Outreach in the southwestern region of Virginia has included presentations to the following groups: Radford University on self-advocacy; Wytheville Community Services Board on VOPA services and how we can work together in serving clientele; The Appalachian Independence Centers in Galax and Bristol on VOPA services; and On Our Own – Drop in Center in Charlottesville on VOPA services. VOPA has also connected with the Valley Voice who agreed to read a VOPA Public Service Announcement (PSA) on their radio station. In addition, see above regarding the statewide Girl Scout newsletter that was also mailed to members in the southwest area. All of these organizations were very appreciative of the outreach and VOPA has received several requests for information and referral from these organizations as a result of the outreach efforts in this area.

h. Alternative dispute resolutions:

VOPA staff routinely engage in alternative dispute resolutions. VOPA staff assist clients with self-advocacy efforts with other entities at the lowest level of the administrative chain of command. Often, the presence of the VOPA staff encourages the "provider" to more willingly explore alternative dispute resolutions prior to the client and VOPA resorting to more formal or legal remedies. In most cases, more clear and direct communication is the optimum resolution. In all CAP cases, we engage in ADR to the

maximum extent possible. VOPA always conducts significant negotiation prior to even considering litigation. We have offered formal ADR in some cases that seemed to reach a “sticking point” but never had to follow through with it as the cases generally settled. VOPA remains willing to engage in ADR whenever necessary to assist our clients.

In relation to Mediation---VOPA, as advocates/attorneys, would not conduct Mediation, but, when appropriate, would accompany and/or represent a person as an advocate within a Mediation session where there is a separate Mediator. VOPA was not involved in any formal mediation activities this past year. Cases have been settled before that stage.

i. Systemic advocacy:

- 1) Due to VOPA's desire to enhance referrals to CAP and to build on our working relationships with the various DRS and DBVI offices, VOPA developed a “drop in” visit for each of the DRS and DBVI offices in Virginia. VOPA developed a questionnaire/checklist to gather information that would help capture information about CAP referrals. VOPA also ascertained if CAP brochures were displayed where people could see them and how easily available they could be.

Questions asked included:

- 1) When do they provide CAP brochures
- 2) Did the Order of Selection have a great impact on their numbers of referrals and their ability to provide services;
- 3) Do they also give out VOPA brochures?
- 4) Do they need alternate materials in alternate formats-where do they get them?
- 5) Transition services-at what age/grade do they begin to work with students;
- 6) Do they still have counselors go into the schools to speak with the students/potential clients;
- 7) What concerns do they have in working with clients and CAP?

While the project is not totally complete, it is well underway. VOPA has visited 28 DRS field offices and 2 DBVI offices. (There are far fewer offices of DBVI in Virginia than the regular DRS offices.)

- 2) VOPA's role during the General Assembly, and throughout the year, is to be available to educate policy makers about the implications of proposed legislation for people with disabilities in the Commonwealth of Virginia. In the FY06 General Assembly session, VOPA monitored 26 bills from the House of Representatives and Senate of Virginia. We posted a notice on our website identifying these bills and encouraged the public to use the General Assembly's website about other bills. In addition, we received communication from the public about other bills that were of importance to the disability communities in Virginia. These recommendations were explored and some were added to the VOPA list to monitor and track.
- 3) VOPA monitored DRS's compliance with the settlement agreement reached last year. In a few isolated incidents, individual DRS offices did not comply with the agreement. Each incident was resolved after involving DRS Central Office.

- 4) VOPA developed an Employment Clinic to inform people with disabilities and employers about their rights and obligations on issues relating to Title I of the Americans with Disabilities Act. The VOPA Employment Clinic created materials relating to the rights of people with disabilities regarding accommodations, privacy, the interview process, requesting accommodations, as well as other areas, and how to file a complaint if these rights are violated. The Clinic provided presentations in a variety of forums to reach people with disabilities who are working, preparing to work, or simply hoping to work in the future and explain these rights. Through presentations, written materials, self-advocacy guides, and other multi-media projects, The Clinic reached individuals throughout Virginia and created a database of material to allow additional self-education and self-advocacy for Title I of the Americans with Disabilities Act, as well as how to use formal complaint procedures when necessary.

The Clinic included presentations to agencies, employers, schools, and attorneys in order to create a better informed community regarding the rights of people with disabilities, and the obligations of employers. Networking made VOPA services and materials available to other agencies and advocacy groups who work with individuals with disabilities.

Group Addressed	Location	# of Attendees
7 colleges and universities	Virginia	200+
Nations Capital Area Disability Support Services Coalition Conference-Breakout session	DC-included Virginia, Maryland and DC	20
Eggleston Services-supported employment provider	Tidewater VA	40
Centers for Independent Living staff	Abingdon, Norton, Fredericksburg, Roanoke	80
Department of Rehabilitation Services counselors	Leesburg, Roanoke, Abingdon, Harrisonburg	20
VOPA Governing Board	Richmond	15
Continuing Legal Education (Virginia State Bar approved) VOPA staff (attorneys, advocates, administrative staff)	Richmond	35

The presentation included a discussion of different types of discrimination employees or job applicants with disabilities may face, as well as accommodations that may be requested in the workforce, and how to seek relief if discrimination arises in the workplace, or during a job interview. VOPA estimates that we spoke to nearly 500 individuals with disabilities, teachers, administrators, employers, and advocates about employment rights for people with disabilities, and reached several hundred more through dissemination of training materials and fact sheets.

Through the Employment Clinic, VOPA prepared a fact sheet on employment rights under the ADA; VOPA has distributed over 500 copies. VOPA also produced a more comprehensive guide to rights under the ADA that was provided to CIL staffs and about 100 others at various trainings.

VOPA distributed a fact sheet for businesses on tax incentives to make them accessible for people with disabilities, although ultimately that fact sheet was developed via another funding stream.

j. Interesting cases:

VOPA served 73 individuals under the CAP program in FY05.

VOPA represented 45 people who had disputes with the Department of Rehabilitative Services over the provision of vocational rehabilitation. In 17 cases, VOPA ensured that the clients received appropriate services by either advocating for better communication between counselors and clients or by advocating that the client receive a new counselor. In two cases, VOPA advocated for people whose cases had been closed but had not received notice of their right to appeal. In each of those cases, the clients' cases were reopened.

VOPA represented a woman with various orthopedic disabilities and mental illness. She had a disagreement with the Department of Rehabilitative Services (DRS) as to what services they were willing to provide her. Although she had done very well in her vocational evaluation and it was recommended that she return to the field of business, DRS would only approve classes at a local community college rather than classes at a business school. The client also was having difficulty securing adequate transportation.

She contacted VOPA and the CAP advocate intervened on behalf of the client. CAP advocated on behalf of the client, arguing that DRS has a responsibility to help her remove barriers to employment, including transportation to necessary doctors' visits and her college training related to her vocational goal. DRS agreed to work toward arranging an assessment of the accommodations she will need to better enable her to drive.

Also, CAP advocated for the client to receive a new vocational rehabilitation counselor after the relationship between the client and her original counselor became unworkable. After several meetings in which VOPA was involved, and written correspondence by VOPA, DRS matched her with a different vocational rehabilitation counselor. This counselor prepared a package of services for the client that would be workable with her various needs. Client is performing well in her classes and she continues to enjoy a positive working relationship with her VR counselor.

In another case, VOPA represented a woman in her late twenties, who was dissatisfied with the Department of Rehabilitative Services. After being assigned to a third VR counselor, and still no major progress was made, VOPA was contacted. This young lady had been to some extent 'lost' in the system after she graduated from high school.

VOPA was involved in at least four meetings and many e-mail and phone interventions on behalf of the client to help move the process forward. After several meetings, it was determined that all needed to get back to square one in figuring out just what can the DRS do to help her overcome her vocational barriers. There were various 'team' members involved, including the Community Services Board (CSB), a local job development company, the parents, client, DRS and VOPA.

VOPA advocated for the client to receive additional evaluations in order to better guide the process. After the evaluations were done, and with continuing VOPA advocacy throughout the process, the client was able to achieve a placement in employment that will lead to benefits and a good possibility for a secure situation for her.

In a third case, VOPA represented a man who was frustrated with his training program at Woodrow Wilson Rehabilitation Center. The client has a traumatic brain injury which caused him short term memory issues as well as orientation mobility. His TBI had caused him to lose most of his eyesight; thus he was a client of DBVI.

VOPA contacted WWRC to ascertain what accommodations had been put in place for him. WWRC noted that even with accommodation, he was not able to keep up. VOPA reviewed his records from DBVI. With VOPA advocacy, DBVI recommended that they provide the client with a more individualized training approach in his own home environment. This was agreed to by the client

A fourth case involved VOPA representing a woman with low vision who wanted to work. She had contacted DRS in December of 2004. She said her eyes bothered her a lot and she had headaches. DRS sent her to their Ophthalmologist in April of 2005 to determine her visual ability. The Doctor determined that she needed "Prism Glasses".

The client contacted VOPA in August of 2005 alleging that DRS had purchased eyeglasses for her and that those glasses did not help her. She said they made her sicker. She said the Doctor recommends she wear them for 2 weeks so she can use them although she cannot wear them even a few minutes as they make her so dizzy.

VOPA contacted DRS who coordinated another visit to the Ophthalmologist who again told the client to continue wearing the glasses. The Ophthalmologist also told her that she thought the client's vision was changing.

In February 2006, the client saw an Ophthalmologist, at her own expense, she had seen several years ago from John Hopkins Eye Institute. The ophthalmologist stated that not only were glasses not working for her, but they were upside down. VOPA alerted DRS of this information and advocated for DRS to provide the client with new, proper, glass. In April of 2006, DRS agreed to pay for and provide the client with proper eyeglasses.

A fifth client contacted VOPA in January 2006 with complaints about DRS and Woodrow Wilson Rehabilitation Center. The client has Cerebral Palsy and can only use one hand. The client was in computer training at WWRC but was told her computer skills were not strong enough to succeed in the program. VOPA advocated for the client to remain in the program with appropriate AT. At a meeting with the client and VOPA, DRS agreed to provide a "Functional AT Evaluation." This evaluation recommended that the client have her computer stand better situated and that she have one handed software to use with her computer. DRS agreed to provide the software, adaptations and training.

k. On-line information/outreach:

VOPA maintains a website that posts all of our federal grants' priorities, goals, and objectives, including CAP. This website also has the notices for the Board of Directors' and VOPA's Advisory Councils meetings. Job vacancies, announcements, VOPA publications, quarterly newsletters, legislative updates, and disability-related links are also available.

In FY 2006 there were 22,173 VOPA website hits.

As noted above, VOPA posted its legislative updates on-line. During the 2006 General Assembly session, VOPA tracked 26 bills.

VOPA uses the VOPA Web-site to recruit volunteers to serve on our two Advisory Councils. Meetings of the Advisory Councils and the Governing Board of Directors are posted on the web-site. Meeting announcements are also posted on disability related list-serves. Minutes from the Governing Board and Advisory Councils Meetings are also posted on the Web-site.

Annually, VOPA gathers input from the public as it develops its goals and objectives for the fiscal year. A web-based survey was posted on the VOPA website during the summer of 2006 and was announced to the public via several listservs. VOPA received 45 responses.

The employment discrimination fact sheet has been published and is available in large print and is posted on the web. More than 200 individuals have received this fact sheet thus far.

Signature and title of CAP program director: The director of the CAP agency should sign the form to certify that it is complete and correct.

Colleen Miller, Executive Director

Date