**Information-Gathering Form for CIL Data**

2011 NCIL Field Test

1. CIL Number (01-45) \_\_\_\_\_\_\_\_\_\_
2. Name(s) of the person(s) compiling this information

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1. Date(s) this information was compiled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How this information was compiled (e.g., from files, documents, Director interview, data base system, other)

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1. Please record the number of separate activities (surveys, public meetings, focus groups, polls, etc.) your CIL conducted during calendar year 2010 (January 1, 2010 – December 31, 2010) to **identify or confirm the primary barriers/problems** in the community that prevent persons with disabilities from leading more independent lives:

We conducted this number of these activities = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We don’t conduct these types of activities \_\_\_\_\_\_\_\_\_\_

We conduct these types of activities, but we don’t keep track of the number \_\_\_\_\_\_\_\_\_\_

1. Does your CIL have an **explicit and currently-active systems advocacy workplan** that addresses the barriers and problems identified in the community *and* meetsthe requirements specified in the Training Manual? That is, do you have a workplan that contains (a) at least one advocacy goal identified by the community, (b) one or more objectives that address the advocacy goal, (c) a date when work on each objective is expected to begin, and (d) room to write the date when each objective is met?

No \_\_\_\_\_\_\_\_\_\_\_\_

Yes \_\_\_\_\_\_\_\_\_\_\_

1. Please record the *total* number of **positive changes achieved *and* negative changes prevented** by your CIL’s systems advocacy work during calendar year 2010 (January 1, 2010 – December 31, 2010) in legislation, policies, practices, or services at the local (city or county), state, or federal level that address the barriers/problems identified in your systems advocacy workplan. (See the Training Manual for examples of positive and negative changes)

We do systems advocacy work, and the total number of changes, both positive ones achieved and negative ones prevented, is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We don’t do systems advocacy work \_\_\_\_\_\_\_\_\_\_

We do systems advocacy work, but we don’t keep track of the number of positive changes achieved or negative changes prevented \_\_\_\_\_\_\_\_\_\_

1. If you do systems advocacy work, please provide examples of some positive changes achieved or negative changes prevented in the above-identified areas as a result of your efforts.

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1. Please record the number of consumers served by your CIL during calendar year 2010 (January 1, 2010 – December 31, 2010) who **moved out of an institution** during this past year and into a self-directed c**ommunity-based setting**  (see the Training Manual for the definitions of “institution” and “self-directed community-based setting”):

How many of your consumers lived in an institution anytime during calendar year 2010? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many of these same consumers transitioned out of an institutional setting this past year? \_\_\_\_\_\_

We don’t work to move consumers out of institutions \_\_\_\_\_\_\_\_\_\_

We work to move consumers out of institutions, but we can’t calculate the information required \_\_\_\_

1. Please record the number of consumers served by your CIL during calendar year 2010 (January 1, 2010 – December 31, 2010) who **remained in a self-directed community-based setting** on December 31, 2010 d**espite having been at risk of moving into an institution** (see the Training Manual for the definition of being “at risk of moving into an institution”):

How many of your consumers were “at risk of moving into an institution” during calendar year 2010? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many of these same at-risk consumers were living in a self-directed community-based setting on December 31, 2010? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We don’t work to keep consumers in the community \_\_\_\_\_\_\_\_\_\_

We work to keep consumers in the community, but we can’t calculate the information required \_\_\_\_

THANK YOU FOR GATHERING THIS INFORMATION!

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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