

UNITED STATES DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES  
REHABILITATION SERVICES ADMINISTRATION  
WASHINGTON, D.C. 20202

POLICY DIRECTIVE

RSA-PD-13-03

DATE: April 30, 2013

ADDRESSEES: STATE VOCATIONAL REHABILITATION AGENCIES  
STATE REHABILITATION COUNCILS  
AMERICAN INDIAN VOCATIONAL REHABILITATION  
PROJECTS  
STATEWIDE INDEPENDENT LIVING COUNCILS  
CENTERS FOR INDEPENDENT LIVING  
CLIENT ASSISTANCE PROGRAMS

SUBJECT: OMB Approval for Application for Client Assistance Program,  
OMB 1820-0520

POLICY: The Office of Management and Budget (OMB) has extended the  
application for Client Assistance Program (CAP) funds, *State  
Assurance Client Assistance Program Grants*, through February  
29, 2016. The OMB number is 1820-0520.

This form is used by states to request funds to establish and carry  
out Client Assistance Programs (CAP). CAP is mandated by the  
*Rehabilitation Act of 1973*, as amended (*Rehabilitation Act*), to  
assist vocational rehabilitation clients and applicants in their  
relationships with projects, programs and services provided under  
*Rehabilitation Act*. Title I of the *Rehabilitation Act* contains the  
authority for funding statewide VR programs and a CAP in every  
state.

A signed set of assurances is a condition for receipt of federal  
funds for the CAP program. In order for a state to receive federal  
funds to establish a CAP, the state must complete the Application  
for the Client Assistance Program and provide assurances that the  
CAP can carry out its statutorily prescribed purposes and  
functions. The assurances list all of the requirements that must be  
satisfied in order for the program to receive federal funds. RSA  
also relies on the signed set of assurances submitted as part of the  
application process to ensure compliance by the CAP program.

The attached version of the Assurances for the CAP has been  
extended through February 29, 2016. This form is required to be

submitted only when the state has redesignated its CAP or there has been a change that would affect any of the assurances provided.

**CITATIONS**

**IN LAW:**

Section 112 of *The Rehabilitation Act of 1973*, as amended; and *Paperwork Reduction Act of 1995*.

**EFFECTIVE**

**DATE:**

Immediately upon issuance

**EXPIRATION**

**DATE:**

February 29, 2016

**INQUIRIES:**

Please direct any questions concerning this Policy Directive to Jim Doyle, Vocational Rehabilitation Unit, Rehabilitation Services Administration, 550 12<sup>th</sup> St, SW, RM 5096, Washington, DC 20202-2800, by telephone (202) 245-6630 or by email at Jim.Doyle@ed.gov.

/s/

Edward Anthony, Ph.D.  
Deputy Commissioner

**ATTACHMENTS**

**CC:** Council of State Administrators of Vocational Rehabilitation  
National Council of State Agencies for the Blind  
National Disability Rights Network

## STATE ASSURANCES

### CLIENT ASSISTANCE PROGRAM GRANTS

#### SECTION 112 OF THE REHABILITATION ACT OF 1973, AS AMENDED

1. \_\_\_\_\_  
(Name of Agency)  
has been designated to operate the Client Assistance Program (CAP) under Section 112 of the Rehabilitation Act of 1973, as amended (Act).
2. The governor will not redesignate the above-named agency without good cause and only in compliance with provisions of Section 112(c)(1)(B) of Rehabilitation Act and the implementing regulations.
3. The designated agency is independent of any agency that provides treatment, services, or rehabilitation to individuals under the Rehabilitation Act; or the state is exempt from the independence requirement under Section 112(c)(1)(A) of Rehabilitation Act and the implementing regulations.
4. The designated agency has the authority to pursue legal, administrative and other appropriate remedies to ensure the protection of the rights of individuals with disabilities in the state who are seeking or receiving treatment, services, or rehabilitation under Rehabilitation Act.
5. The authority to pursue remedies described in paragraph four (4) includes the authority to pursue those remedies against the state vocational rehabilitation agency and other appropriate state agencies. The designated agency meets this requirement if it has the authority to pursue these remedies either on its own behalf or by obtaining necessary services, such as legal representation, from outside sources.
6. The state will ensure that all entities conducting, administering, operating, or carrying out programs within the Section will advise all individuals seeking or receiving services under Rehabilitation Act of the existence of the CAP, the services provided by the CAP, and how to contact the CAP.
7. The designated agency will submit to the secretary an annual report on the operation of the CAP during the previous year consistent with 34 CFR

370.44, including a summary of the work done and the uniform tabulation of all cases handled by the CAP in the format prescribed by RSA.

8. Pursuant to Section 21 of Rehabilitation Act, the designated agency will address the needs of individuals with disabilities from minority backgrounds in the manner set forth in the state's application for CAP assistance.
9. A state must provide to the secretary, as part of its application for assistance, an assurance that direct payment to the designated agency is not prohibited by or inconsistent with state law, regulation, or policy.
10. The designated agency will meet each of the requirements set forth in Section 112 of Rehabilitation Act and 34 CFR Part 370.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Governor)

**Paperwork Reduction Act Notice:**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **1820-0520**. The time required to complete this information collection is estimated to average **10 minutes** 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(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this document, write directly to: Technical Assistance Unit, Rehabilitation Services Administration, 400 Maryland Avenue, SW, Washington, DC 20202-2800