

**Center for Independent Living Quarterly Report
Based on FY 2025-2027 State Plan for Independent Living**

Center for Independent Living: Independent Living Choices

Reporting Quarter: 2nd Quarter

Office Locations: Sioux Falls, Yankton, Mitchell, Brookings, Huron, Watertown, Aberdeen, Mobridge, and Martin

Counties Served: Brown, Campbell, Day, Edmunds, Marshall, McPherson, Potter, Walworth, Brule, Buffalo, Charles Mix, Douglas, Gregory, Beadle, Faulk, Hand, Hyde, Spink, Brookings, Kingsbury, Lake, Miner, Aurora, Davison, Hanson, Jerauld, Sanborn, Clark, Codington, Deuel, Grant, Hamlin, Roberts, Bon Homme, Clay, Hutchinson, Union, Yankton, Lincoln, McCook, Minnehaha, Moody, Turner, Corson, Ziebach, Dewey, Bennett, Todd, Jackson, and Oglala Lakota

Person Completing Report: Matt Cain
Date Submitted: 04/30/2026

1st Quarter: October 1 - December 31; Report Due January 31

2nd Quarter: January - March 31; Report Due April 30

3rd Quarter: April 1 - June 30; Report Due July 31

4th Quarter: July 1 - September 30; Report Due October 31

General Information

1. Identify the units of services and number of individuals receiving core services (duplicated count, individual may receive multiple services).

Core Service	This Quarter		Since October 1 st		Last Year's Total #s
	Hours of Services	Individuals Receiving Services	Hours of Services	Individuals Receiving Services	
Advocacy Services	769.75	596	1,463.75	1,148	1,541
IL Skills Training	265.00	118	535.50	256	276
Inform. & Referral	1,297.50	751	2,486.00	2,197	4,512
Peer Counseling	190.50	175	371.25	323	317
Nursing Home Trans.	0	1	0	1	5

Nursing Home Deter.	16.25	70	36.50	144	348
Post-Secondary Trans.	11.25	10	22.25	19	38

2. Identify the number of new applicants, number of new applicants who are 25 or younger, and the total number individuals served.

Category	This Quarter	Since October 1 st
Total new applicants	288	555
Number of new applicants who are 25 years old or younger	61	105
Total individuals being served	288	1,438

3. Identify the total number of unduplicated individuals served the previous fiscal year; and the total number of unduplicated individuals served each quarter this current fiscal year.

Total Individuals Served Previous Fiscal Year	Total individuals being served 1 st Quarter	Total individuals being served 2 nd Quarter	Total individuals being served 3 rd Quarter	Total individuals being served 4 th Quarter
2,008	1,150	1,438		

4. Identify in the table below the unit of services and number of clients receiving Home Modifications Assistive Devices (HMAD), Telecommunication Assistive Devices (TAD) and housing services.

Service	This Quarter		Since October 1 st	
	Hours of Services	Individuals Receiving Services	Hours of Services	Individuals Receiving Services
HMAD	326.25	243	660.00	498
TAD	147.00	168	334.75	363
Housing	65.75	52	162.00	107

5. Identify information related to assistance provided with completing the Authorization of Client Choice Form (DHS-IL-313) consumer choice of another CIL to provide services this quarter.

Individual resides in what Town/City	IL Services Referral Form completed/ sent to the Intake staff of new CIL Yes or No	Did new CIL accept referral? Yes or No
n/a	n/a	n/a

6. Identify in the table below how the participant learned of IL services:

Category	This Quarter	Since October 1 st
Family Member/Friend	51	113
School	21	29
Online Search/Website/Facebook	1	2
Medical Personnel (i.e., doctor, nurse, therapist)	72	127
Radio/Newspaper Advertisement	0	0
Vocational Rehabilitation Counselor	22	43
Benefits Specialist	17	29
Long Term Care Benefit Specialist (DSS)	14	29
Disability Rights South Dakota	5	7
Other / please identify Minnehaha County Human Services, DHS, Children's Home Shelter for Family Safety, Vista Care (Aberdeen), Union Gospel Mission, Family Support 360, Social Security, Cheyenne River Housing, LTSS, Human Services Agency, ADLS Service Coordinator, Volunteers of America, Community Counseling, WRIL	45	136

State Plan for Independent Living:

Goal 1. Increase Awareness of independent living services throughout South Dakota.

(Counties identified in the SPIL as less served: Pennington, Lincoln, Meade, Union, Custer, Fall River, Edmunds, Lyman, Hanson, McPherson, Mellette, Haakon, Hyde, Harding, and Jones.)

1. Identify activities that CIL staff have participated in or organized this quarter to increase awareness of IL services, philosophy, core services, programs or disability related training to gain better understanding of disability related topics; i.e., activities conducted with local school districts, long term care facilities, TSLP activities.

Description of Activity	County of Activity	Number of Participants	Participated in or Organized	Collaboration Partners
Lead MANA	Davison	23	Participated	
DRSD	Brown	2	participated	
LifeQuest PAC review meeting	Davison	7	participated	Voc Rehab
Senior Center	Hamlin	3	organized	
Horizon Health	Walworth	3	Organized	
Celebrate connections and Support event	Roberts	4	Participated	
Strive at SE tech	Minnehaha	5	Organized	
Washington H.S	Minnehaha	8	Organized	
SD Falls Prevention coalitions	Codington	1	organized	
Disability day at the capital	Hughes	25	participated	
TSLP	Davison	52	Participated	

SD Special Education Conf	Minnehaha	700 attended	participated	
Transitional school, Watertown	Codington	8	organized	
ICAP	Minnehaha	1	Participated	
UGM Homeless Shelter	Minnehaha	5	Organized	
Sanford Health SW transitions meeting	Minnehaha	25	Participated	
Yankton senior center	Yankton	20	Organized	
BACA Healthfair	Brookings	60	Participated	
TLC Group, Aberdeen H.S	Brown	5	Organized	

2. Identify whether you hosted an open house and/or offered a tour(s) of the CIL to increase the public's knowledge and understanding of IL, services/supports /philosophy this quarter.

Open House Location (which office)	Date of Open House/Tour of CIL	Attendees (Numbers/Makeup)	Was there a request made of the SILC to support the open house Yes or No
n/a	n/a	n/a	n/a

State Plan for Independent Living

Goal 2: Ensure people with disabilities residing in South Dakota have access to IL services.

1. Identify any CIL marketing materials developed or redesigned this quarter, e.g., brochures, social media/website accessibility:

Please describe item/material	New or redesigned
n/a	n/a

2. Annually, each CIL is asked to submit 2 success stories to the SILC. Examples: Brief write up of participant receiving a service e.g., IL skills training, participant attending peer support group, participant writing letter with support of IL specialist to city about needed curb cuts, accessible parking, participant working on cooking skills/budgeting/completing paperwork. (Include a picture, obtain participant’s permission, permission to share on social media, etc.)

Date Submitted	1. Description of Success Story
Date Submitted	2. Description of Success Story

State Plan for Independent Living

Goal 3: Engage in efforts to collaborate, promote, and advocate for needed changes in areas that impact persons with disabilities to live as independently as possible.

1. Identify activities or meetings that CIL staff have participated in where housing, transportation, emergency preparedness, healthy living, education or other needs of people with disabilities were discussed this quarter:

Activity/Event/Meeting	Date of Activity	Location of Activity	Issues Identified or Addressed
Disability Town Hall thru DAARB committee	3/26/2026	Sioux Falls	Transportation, Housing and Mental Health

Other Information

1. Identify changes in CIL staff and current vacancies during this quarter.

Column A Information for the Federal Fiscal Years Below:	Column B	Column C	Column D
Time Period	Total FTE of Direct IL Services Staff	Total Number of staff on your payroll during this period providing Direct IL Services	Total Number of people in Column C whose employment ended.
Jan-March	16.6	17	1

2. Include a current organizational chart with this report.

ILC Organizational Chart

