

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

Center for Independent Living: **Western Resources for Independent Living**

Reporting Quarter: **1st Quarter Report for October 1 - December 31**

Office Locations: **Rapid City, Spearfish & Pierre**

Counties Served: **Butte, Custer, Fall River, Haakon, Harding, Hughes, Jackson, Jones, Lawrence, Lyman, Meade, Mellette, Pennington, Perkins, Stanley, Sully, Tripp**

Person Completing Report: Codi Erickson, WRIL Executive Director

Date Submitted: 02/19/2025

**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 <sup>st</sup>		Last Year's Total #s Ind Serv
	Hours of Services	Individuals Receiving Services	Hours of Services	Individuals Receiving Services	
Advocacy Services	383	242	383	242	1009
IL Skills Training	34	24	34	24	80
Inform. & Referral	171.50	229	171.50	229	840
Peer Counseling	1.75	2	1.75	2	37
Nursing Home Trans.	.25	1	.25	1	0
Nursing Home Deter.	37.25	39	37.25	39	116
Post-Secondary Trans.	0	0	0	0	10

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

<b>Category</b>	<b>This Quarter</b>	<b>Since October 1<sup>st</sup></b>
Total new applicants	51	51
Number of new applicants who are 25 years old or younger	37	37
Total individuals being served	232	232

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.

<b>Total Individuals Served Previous Fiscal Year</b>	<b>Total individuals being served 1<sup>st</sup> Quarter</b>	<b>Total individuals being served 2<sup>nd</sup> Quarter</b>	<b>Total individuals being served 3<sup>rd</sup> Quarter</b>	<b>Total individuals being served 4<sup>th</sup> Quarter</b>
742	232			

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.

<b>Service</b>	<b>This Quarter</b>		<b>Since October 1<sup>st</sup></b>	
	<b>Hours of Services</b>	<b>Individuals Receiving Services</b>	<b>Hours of Services</b>	<b>Individuals Receiving Services</b>
HMAD	29.25	20	29.25	20
TAD	30.50	25	30.50	25
Housing	120.50	59	120.50	59

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.

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

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

Category	This Quarter	Since October 1 <sup>st</sup>
Former IL Participant	6	6
Family Member/Friend	24	24
School	1	1
Online/Website/Facebook	10	10
Medical Personnel (i.e., doctor, nurse, therapist)	4	4
Radio/Newspaper Advertisement/Outreach	3	3
Vocational Rehabilitation Counselor	8	8
Benefits Specialist	6	6
Long Term Care Benefit Specialist (DSS)	16	16
Disability Rights South Dakota	0	0
Churches/Hope Center/ Helpline/WAVI/One Heart/ Dakota @ Home/CAP	12	12

**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
Outreach. Home Instead came by the Rapid City location. Both companies discussed our different	Pennington		Organize/Participate	Home Instead

programs and what we all do to help consumers. We swapped brochures and business cards.				
Outreach. DAAC Meeting - City Council City of Rapid City meeting. Talked about the WRIL services with different members. Handed out brochures and business cards.	Pennington		Participate	DAAC
Onida Schools	Sully County		Participate	ABO School
Spearfish Schools	Lawrence County		Participate	Spearfish School
Rapid City School District	Pennington County		Participate	Rapid City School
Assisted Living Facilities/ Rapid City & Surrounding Areas (several facilities)	Pennington		Participate	Healthcare facilities
Nursing Home Facilities Rapid City, Spearfish, Belle Fourche (several facilities)	Pennington, Lawrence, Butte		Participate	Healthcare facilities

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.

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

**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

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
DAAC Meeting	12/18/2024	Pennington County, Rapid City	Talked to some board members about the different projects in Rapid City, but the lack of accessibility for people with limitations and expense.

**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.
Oct-Dec	5	5	1

2. Include a current organizational chart with this report.

# WRIL Organizational Chart

