

**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: **3rd Quarter Report for April 1 - June 30**

Office Locations: **Rapid City, Belle Fourche, & 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: 08/31/2026

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 1st		Last Year's Total #s
	Hours of Services	Individuals Receiving Services	Hours of Services	Individuals Receiving Services	
Advocacy Services	501.25	251	1,165.75	786	1,540.25
IL Skills Training	63.5	24	151.75	53	184
Inform. & Referral	101.25	168	549	728	898.50
Peer Counseling	3.25	3	13.75	11	35.75
Nursing Home Trans.	0	0	0	0	0.25
Nursing Home Deter.	34.25	24	86.50	77	172.75
Post-Secondary Trans.	0	0	1	1	0

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 1st
Total new applicants	75	225
Number of new applicants who are 25 years old or younger	33	96
Total individuals being served	264	439

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 1st Quarter	Total individuals being served 2nd Quarter	Total individuals being served 3rd Quarter	Total individuals being served 4th Quarter
492	109	311	264	

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 1st	
	Hours of Services	Individuals Receiving Services	Hours of Services	Individuals Receiving Services
HMAD	10.75	8	49.50	38
TAD	25.5	21	99	80
Housing	244.5	89	575.50	259

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		

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

Category	This Quarter	Since October 1 st
Former IL Participant	7	18
Family Member/Friend	32	131
School	2	2
Online Search/Media/ Website/Facebook	8	32
Medical Personnel (i.e., doctor, nurse, therapist)	17	21
Radio/Newspaper Advertisement	3	4
Vocational Rehabilitation Counselor	9	24
Benefits Specialist	12	50
Long Term Care Benefit Specialist (DSS)	13	19
Disability Rights South Dakota	8	10
Churches/Hope Center/ Helpline/WAVI/One Heart/ Dakota @ Home/CAP	35	80

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. Met with staff at different apartment buildings, nursing homes,	Pennington, Butte, Hughes, Haakon, Lyman, Stanley	3	Organize/ Participate	WRIL Only

doctor offices, schools, and rehab facilities in several counties to discuss WRIL services. Discussed different areas WRIL could collaborate with or help.				
--	--	--	--	--

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			

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:

Remodeled WRIL brochures	Redesign
--------------------------	----------

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
----------------	---------------------------------

Several	We have been thanked repeatedly by the community for what WRIL does and how hard we try to help consumers.
---------	--

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
N/A this quarter			

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.
Apr. - Jun. 2026	6	4	2

2. Include a current organizational chart with this report.

WRIL Organizational Chart

