

State Grants for Assistive Technology Program

State Plan for Assistive Technology FY 2015-2017

Public Burden Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 74 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit (PL 108-364 Sec 4 Assistive Technology Act of 1998, as amended). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1820-0664.

Note: Please do not return the completed application to this address. *If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Robert Groenendaal, U.S. Department of Education, 400 Maryland Avenue, S.W., PCP, Room 5025, Washington, D.C. 20202-2800*

Table of Contents

Introduction.....	5
Instructions for Items that Appear for Every State-level and State-Leadership Activity..	8
Section A: Identification and Description of Lead Agency and Implementing Entity; Change in Lead Agency or Implementing Entity.....	15
Section B: Advisory Council, Budget Allocations, and Identification of Activities Conducted.....	24
Section C: State Financing Activities.....	41
Financial Loan Program.....	42
Cooperative Buying Program.....	47
Financing for home modifications program.....	52
Telecommunications Distribution Program.....	56
Last Resort Program.....	60
Other Programs.....	64
Section D: Device Reutilization Activities.....	70
Section E: Device Loan Activity.....	80
Section F: Device Demonstration Activities.....	89
State Leadership Activities.....	97
Section G1: Training Activities.....	98
Section G2: Technical Assistance Activities.....	103
Section G3: Public Awareness Activities.....	107
Section G4: Information and Assistance Activities.....	112
Section H: Assurances, Measurable Goals, and Signature.....	119
General Instructions for Measurable Goals.....	121
Access Goal.....	123
Acquisition Goal.....	126

Tables

Table 1: Proposed Budget Allocations.....	27
Table 2. State Financing Activities Performed.....	29
Table 3. Device Activities Performed.....	30
Table 4. Identified Organizational Activities: Advisory Council and Budget Allocations.....	32
Table 5. Identified Organizational Activities: State Financing Activities.....	44
Table 6. Identified Organizational Activities: Cooperative Buying Program.....	50
Table 7. Identified Organizational Activities: Financing for Home Modifications Program.....	54
Table 8. Identified Organizational Activities: Telecommunications Distribution Program.....	58
Table 9. Identified Organizational Activities: Last Resort Program.....	62
Table 10. Identified Organizational Activities: Other Programs.....	66
Table 11. Identified Organizational Activities: Device Reutilization.....	73
Table 12. Reassignment by Device Type.....	76
Table 13. Identified Organizational Activities: Device Loan Activity.....	84
Table 14. Identified Organizational Activities: Device Demonstration Activities.....	94
Table 15. Identified Organizational Activities: Training Activities.....	101
Table 16. Identified Organizational Activities: Technical Assistance Activities.....	106
Table 17. Identified Organizational Activities: Public Awareness Activities.....	110
Table 18. Identified Organizational Activities: Information and Assistance Activities.....	115
Table 19. Access Goals.....	126
Table 20. Acquisition Goal.....	128

Appendix

Appendix	129
1. _ Vision.....	129
2. _ Hearing.....	130
3. _ Speech Communication.....	131
4. _ Learning, Cognition, and Developmental.....	132
5. _ Mobility, Seating, and Positioning.....	133
6. _ Daily Living.....	134
7. _ Environmental Adaptations.....	135
8. _ Vehicle Modification and Transportation.....	136

Introduction

Section 4 of the *Assistive Technology Act of 1998, as amended* (AT Act) establishes grants to states to support comprehensive statewide programs (Statewide AT Programs) that conduct activities that improve access to and acquisition of AT devices and services for individuals with disabilities across the human lifespan and across a wide array of disabilities, and their family members, guardians, advocates, and authorized representatives.

Section 4(d)(1) of the AT Act requires that states submit an application to the Rehabilitation Services Administration (RSA) to receive a grant. RSA calls the application a State Plan for Assistive Technology (State Plan for AT or State Plan). This document provides the instructions for completing the State Plan that covers the activities of Statewide AT Programs for Federal fiscal years 2015 (October 1, 2014 to September 30, 2015), 2016 (October 1, 2015 to September 30, 2016), and 2017 (October 1, 2016 to September 30, 2017).

The State Plan for AT must be developed, prepared, and submitted with the advice of the state's Advisory Council by the Lead Agency designated by the Governor to carry out the Statewide AT Program. If an Implementing Entity carries out the Statewide AT Program rather than the Lead Agency, the State Plan for AT can be jointly developed and prepared by the Lead Agency and Implementing Entity with the advice of the state's Advisory Council, though the State Plan must be submitted by the Lead Agency. The Certifying Representative for the Lead Agency must sign the plan.¹

The State Plan describes how the state will conduct its Statewide AT Program during the period covered by the plan. The plan is reviewed by RSA to ensure that it conforms to the instructions in this document and the requirements of the AT Act. RSA may work with the state to adjust the State Plan in order to make the plan approvable.

If RSA determines that the State Plan for AT is not approvable, RSA will attempt to resolve the disputed issues after providing the appropriate technical assistance to the state. If no resolution has been reached after reasonable efforts, RSA will provide an opportunity for a hearing in accordance with 34 CFR Part 76.202 before the State Plan for AT is disapproved.

The State Plan for AT must be amended during the three-year period of the plan if RSA determines that an amendment is essential, such as in the case of a material change in state law, organization, policy or agency operations affecting the

¹ The Certifying Representative will sign the plan via electronic signature. A paper follow-up will not be required.

information, assurances, or administration of the plan. The state must change or update its plan as needed to ensure the information contained in it accurately reflects the state's activities. States should note that the content of the State Plan directly correlates to requirements for reporting annual data to RSA. The instructions contain frequent reminders that ". . . you are required to provide annual data for any activity claimed in this State Plan." This is a reference to the annual data submitted in the "Annual Report for State Grant for Assistive Technology Programs," OMB #1820-0572. For State-level Activities (as explained below), this includes the performance measures featured in Section H of this State Plan.

When RSA reviews your annual report, it will use the most recent version of your State Plan for AT as a reference. Therefore, it is recommended that the state periodically review its State Plan to determine whether changes are necessary. The need for changes must be communicated to RSA and RSA will approve changes in the same manner it approves the initial submission of the Plan.

Paper submissions of the State Plan for AT are neither required nor accepted. States will submit plans using RSA's Management Information System (MIS). RSA plans to host training on use of the MIS and will send information about this training to all Statewide AT Programs via e-mail. Visit the following website to access the MIS: <http://rsa.ed.gov>.

Only individuals with user identification (ID) and passwords can enter data into the MIS. Visit the website address above and select the "Info for New Users" link on the left side of the screen to obtain a user ID and password. Follow the instructions provided on the "Info for New Users" page. RSA recommends that states initiate the process for obtaining user IDs and passwords well in advance of the need to enter data into the MIS.

Once you have received a user ID and password and log into the system, select "Data Entry." Then select your state from the drop-down menu and scroll down the table to the row labeled "SGAT." In that row, you will check the box next to "SPAT." Then scroll to the bottom of the page and select "View Information."

On the next screen, information about your state should appear, with two buttons on the right side of the screen: "View" and "Add/Update." Select "Add/Update" to open your State Plan.

The State Plan is completed by entering information into text boxes, making selections from drop-down menus, and use of “check boxes.” The format cannot account for every variable in how states conduct their programs. Therefore, a state should select its answers based on the responses that are the most accurate and best describe how the Statewide AT Program operates, even if the description is not exact. In almost all cases, there is an opportunity to clarify using an open-ended text box. A state need not provide information related to activities it does not conduct, but must respond to every item for activities it does conduct.²

² Responding is at the discretion of the state when given the opportunity to provide “additional information,” however.

Instructions for Items that Appear for Every State-level and State-Leadership Activity

The instructions in this document mirror the screens presented in the MIS. The MIS does not contain instructions. However, states will need this document when completing the State Plan online. For assistance with completing a plan, contact Robert Groenendaal at (202) 245-7393 or Robert.Groenendaal@ed.gov.

Section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities.

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. For the purposes of the following portions of the State Plan, there is no distinction between a Lead Agency or Implementing Entity in terms of implementation. If an Implementing Entity is used, the State Plan reports on how that entity is implementing the Act.

Sections C-G of this State Plan contains items intended to meet these requirements. Each section may request unique information about specific activities, but there is a core set of information that is required for every activity. The items and instructions shown below apply to every State-level and State Leadership activity, with two exceptions:

- Information about the year when the program began conducting the activity is not required of State Leadership activities; and
- The option to provide additional information does not appear when there is a text box for describing the activity, as it is assumed that all pertinent information will be provided in that description.

Use the below as your reference throughout the State Plan, as the instructions will not be repeated in each section.

1. Enter the year when the program began conducting this activity. [Number field]

Instructions: Enter the year that the Statewide AT Program began conducting this activity, to the best of your knowledge, in the number field. The year can be any year since the passage of the first version of the AT Act in 1988 and even may pre-

date the AT Act. You may estimate the year if you have justification for the estimate. If the Statewide AT Program conducted this activity, then stopped the activity, then restarted it, enter the year in which it restarted, not the original year.

2. Who conducts this activity? Check all that apply.

- The Statewide AT Program. [Check-box to indicate “yes”]
- Other entities (e.g., contractors). [Check-box to indicate “yes”]

Instructions: Lead Agencies/Implementing Entities implement their activities in many ways. Some implement their activities directly using their own staff and resources, others use subcontractors, and others use combinations of both. Remember, the Implementing Entity is considered the Statewide AT Program, not an “other entity.”

3. Indicate how your program conducts this activity using the following rules:

- Select “yes” for “The Statewide AT Program” and do not select “Other entities” if this activity is carried out exclusively by employees of the Lead Agency/Implementing Entity working directly with consumers using Lead Agency/Implementing Entity facilities and resources. Regional sites that are staffed by employees of the Lead Agency/Implementing Entity are considered part of the Statewide AT Program.
- Select “yes” for BOTH “The Statewide AT Program” and “Other entities” if the Lead Agency/Implementing Entity carries out the activity using its employees and facilities to work directly with consumers and ALSO uses some subcontracts or other agreements with external organizations whose own employees, facilities, and resources are used to work directly with consumers.
- Select ONLY “Other entities” if the Lead Agency/Implementing Entity does not work directly with consumers using Lead Agency/Implementing Entity facilities and resources and instead uses external organizations only.

DO NOT indicate that “other entities” are conducting the activity if you mean that the activity is conducted in “coordination and collaboration” with other entities. You will use the following item to indicate whether you coordinate and collaborate.

4. The Statewide AT Program provides and/or receives the following support (choose all that apply):

- Provides financial support to other entities via an agreement with the Statewide AT Program. [Check-box to indicate “yes”]
- Provides in-kind support to other entities via an agreement with the Statewide AT Program. [Check-box to indicate “yes”]
- Receives financial support from the state. [Check-box to indicate “yes”]
- Receives in-kind support from the state. [Check-box to indicate “yes”]

- Receives financial support from private entities. [Check-box to indicate “yes”]
- Receives in-kind support from private entities. [Check-box to indicate “yes”]
- Coordinates and collaborates with other entities for the purpose of establishing a new program or service. [Check-box to indicate “yes”]
- Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. [Check-box to indicate “yes”]
- Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. [Check-box to indicate “yes”]

Instructions: Identify all types of support provided and received under this activity, as well as whether you conduct it in coordination and collaboration with other entities, by selecting “yes” as appropriate. Do not confuse these options with the use of an Implementing Entity (for purpose of these questions, the Implementing Entity is the Statewide AT Program).

Provides financial support to other entities via an agreement or Provides in-kind support to other entities via an agreement - Select either or both of these if you subsidize an external entity to conduct this activity on your behalf either in part or in whole. What you answer here should be consistent with what you answered for “Who conducts this activity?” (i.e., if you said yes to “Other entities” you must indicate the provision of either financial or in-kind support to other entities). If you select either financial or in-kind support (and you may select both if appropriate), it is assumed that an agreement of some kind exists between the Lead Agency/Implementing Entity and AT Act resources are supporting that agreement. It also is assumed that the organization is providing you with data on its activities.

If no AT Act resources are being used to support this activity and you do not have data on it, you should reconsider whether it is appropriate to claim it in your State Plan. Use the following (for this item and all other items) to determine whether the support is financial or in-kind:

- Select “financial support” only when funds are being provided to the organization by the Lead Agency/Implementing Entity.
- Select “in-kind support” only if a tangible resource that could be assigned a value is donated to the organization. Examples of in-kind contributions could be providing storage space at no charge, creating and distributing promotional materials at no charge, transporting items at no charge. In rare cases, personnel support could be considered in-kind support. If Lead Agency/Implementing Entity personnel are using their time to support the organization, the involvement and donation of time must be substantive and more than routine oversight of a subcontract or other administrative/clerical functions. Do not include service on an advisory board or other similar activity and do not include verbal promotion during public awareness activities. An example of providing personnel support would be assisting with screening applications (e.g., loan applications, requests for used devices) on a regular basis or providing ongoing training and technical assistance to an

organization free of charge. Forgoing indirect costs is not considered providing in-kind support.

Receives financial support from the state or Receives in-kind support from the state - Select either or both of these (as appropriate to the circumstance) if the Statewide AT Program receives support from a state agency to conduct the activity. This does not mean the state agency has to designate support directly for the activity, but if a state agency provides general support for the Statewide AT Program as a whole, the program must have apportioned some of that support specifically for the activity. This does not include typical administrative and logistical support that the Lead Agency would provide to any program under its purview. It must be support above and beyond that provided for a typical program.

Receives financial support from private entities or Receives in-kind support from private entities – Select either one of these (as appropriate to the circumstance) if the Statewide AT Program receives support from a private entity (such as a non-profit organization) to conduct the activity. This does not mean the private entity has to designate support directly for the activity, but if the private entity provides general support for the Statewide AT Program as a whole, the program must have apportioned some of that support specifically for the activity.

Coordinates and collaborates with other entities for the purpose of establishing a new program or service or expanding an existing program or service or reducing duplication of programs or services – Select as many of these as is applicable. Note: Providing a subcontract to another entity does not automatically mean you are conducting an activity in coordination and collaboration.

Use the following description of coordination and collaboration to determine whether you coordinate or collaborate in carrying out this activity:

- Coordination and collaboration involves working with other entities to improve access to AT devices and services. Coordination and collaboration may include improving how the Statewide AT Program implements state-level or state leadership activities or how the Statewide AT Program assists other entities to provide similar activities on their own. Further, the Statewide AT Program and other entities must be working together for a specific purpose:
- To establish a service that did not exist previously;
- To enable expansion of an activity geographically or to groups not previously served; or to eliminate duplicative services.
- For example, a Statewide AT Program could work with a local organization to establish a monthly pick-up and drop off schedule for used/recycled AT devices in a part of the state previously un-served.

- However, not all activities in which a Statewide AT Program participates with other entities are considered coordination and collaboration. If the coordination and collaboration is intended to result in a change in policies, procedures or funding for AT beyond improving the delivery of state-level and state leadership activities, the activity might be better described as technical assistance. In addition, if the Statewide AT Program has a contract with an entity to provide a specific service, that interaction would not typically be reported under coordination and collaboration.

Additionally, use of a bank or community-based organization (CBO) involved in a financial loan program would not be considered coordination and collaboration, and the provision of in-kind or personnel support alone is not the basis for coordination and collaboration.

[This page intentionally left blank]

**Section A: Identification and Description of
Lead Agency and Implementing Entity; Change
in Lead Agency or Implementing Entity**

Section A: Identification and Description of Lead Agency and Implementing Entity; Change in Lead Agency or Implementing Entity

Section 4(d)(2) of the AT Act requires that the State Plan contain information identifying and describing the Lead Agency and Implementing Entity (if applicable) designated by the state's governor. If there is an Implementing Entity, section 4(d)(4) (B) requires that the State Plan include a description of the mechanisms established to ensure coordination of activities and collaboration between the Implementing Entity and the Lead Agency. If the governor chooses to re-designate the Lead Agency or Implementing Entity, section 4(c)(1)(C) requires that good cause for this change be shown in the State Plan, including why that previously designated agency or entity no longer should serve. If the Lead Agency or Implementing Entity is changing, the information provided in this State Plan should pertain to how the new agency or entity will conduct the Statewide AT Program. The following items are intended to satisfy the requirements just described.

1. Name Given to Statewide AT Program. [Text box]

Instructions: Most Statewide AT Programs have a name for common usage and easy recognition within the state. For example, the Statewide AT Program may be designated as the "Consumer Access to Technology" or CAT program. Provide this title in the text box, as well as the preferred acronym in parentheses if an acronym is used.

2. Website dedicated to Statewide AT Program. [Text box]

Instructions: Provide in the text box the link that allows direct access to the website dedicated to your Statewide AT Program, not the general website of the Lead Agency or Implementing Entity (unless the Implementing entity exists solely to serve as the Statewide AT Program). Enter N/A if there is no website dedicated to your Statewide AT Program.

3. Name and Address of Lead Agency. [Text box]

Instructions: In the text box, provide complete contact information for the Lead Agency. This information will be used to print address labels for correspondence sent to your program, so enter the mailing address to which you want correspondence sent, not the physical address (if different). Enter separate address items such as building names, street names, and box numbers, as applicable. The state can be an abbreviation, but include a 9-digit zip code.

Follow the organizational chart for the Lead Agency from its highest level to the division of the agency directly responsible for implementation of the Statewide AT

Program. Enter the full name of the agency and its divisions as they would be referred to in formal communication, without abbreviations. For example, if the Governor has designated the Department of Disabilities as the Lead Agency, within which there is an Office of Employment and Community Living, within which there is a Bureau of Vocational Rehabilitation that administers the Statewide AT Program:

Department of Disabilities
Office of Employment and Community Living
Bureau of Vocational Rehabilitation
Administration Building
200 Government Way
Suite 1951, Box 22
Anywhere, WU 77666-5544

4. Name, Title, and Contact Information for Lead Agency Certifying Representative.

Instructions: Every grant recipient must appoint a certifying representative that is authorized to be responsible for Federal funds. In the text box, provide the name and title of the Certifying Representative for the Statewide AT Program as it should appear on official correspondence. If the Certifying Representative's title is of a general nature, please provide full information (e.g., if his/her title is "Director," indicate what he/she directs). Contact information for the Certifying representative includes mailing address, phone number, and e-mail. When providing the address, follow the instructions given for the address of the Lead Agency. If the Certifying Representative's address is the same as the Lead Agency, you must repeat the information. Example:

Dr. John Doe, Bureau Chief
Department of Disabilities
Office of Employment and Community Living
Bureau of Vocational Rehabilitation
Administration Building
200 Government Way
Suite 1951, Box 22
Anywhere, WU 77666-5544
(123) 456-7891
john.doe@bvr.wu.gov

5. Information about Program Director at Lead Agency

Instructions: Your Program Director is the individual officially responsible for overseeing the implementation of the grant, though occasionally this individual does not operate the program on a day-to-day basis. Your Lead Agency may use different terminology for this position (e.g., Principal Investigator). This may or may not be the same individual as your Certifying Representative. If your Program

Director is the same as your Certifying Representative, you still must provide all of the information required in this item.

In the text box, provide the following information about the Program Director:

- Their name and title - Include their title as it relates to the Statewide AT Program. For example, an employee of the Bureau of Vocational Rehabilitation might be called a Program Specialist within the agency, but he or she is considered the Program Director for the Statewide AT Program. Their title should be entered as "Program Director," because this is the role the individual plays in relationship to the Statewide AT Program.
- Address - Follow the same instructions for previous address-related items.
- Phone number.
- E-mail.
- Percent (%) of full-time equivalent (FTE) dedicated to the Statewide AT Program - Enter the number followed by the percent sign. 100% FTE indicates that the individual exclusively works on the Statewide AT Program (100% = 40 hours per week). While the FTE may fluctuate for those who are not 100%, enter the FTE that has been formally identified in the individual's job description.

6. Information about Program Contact(s) at Lead Agency.

Instructions: Many Lead Agencies have a number of individuals who are responsible for the Statewide AT Program in some capacity. For example, the Governor has designated the Department of Disabilities as the Lead Agency, within which there is an Office of Employment and Community Living, within which there is a Bureau of Vocational Rehabilitation that administers the Statewide AT Program. The Bureau of Vocational Rehabilitation has a Branch Chief designated as responsible for AT programs throughout the bureau. This person supervises a Program Specialist, who oversees a Contract Liaison that works directly with the subcontractors conducting the activities of the Statewide AT Program. All of these individuals would be considered Program Contacts and all should be identified in this section if not previously identified as the Certifying Representative or Program Director. However, this does not mean that every person involved in the Statewide AT Program should be named. Name only those who have oversight, who are paid using grant funds, and to whom RSA and others should correspond about the program. If an individual is not paid using grant funds but performs duties and functions that make them a Program Contact, he or she should also be included here. Provide the same information about each program contact that you provided for the Program Director.

7. Telephone at Lead Agency for Public. [Text box]

Instructions: The contact information provided for RSA's use may be different from the contact information for the public. Statewide AT Programs often have 1-800

numbers to which inquiries about the program from the public are routed to information and referral specialists or others. Provide this information in the text box. If this information has been provided previously, repeat it here.

8. E-mail at Lead Agency for Public. [Text box]

Instructions: The contact information provided for RSA's use may be different from the contact information for the public. Statewide AT Programs often have general e-mail addresses for inquiries about the program from the public. Provide this information in the text box. If this information has been provided previously, repeat it here.

9. Select the most appropriate descriptor of the agency/division/bureau directly responsible for the Statewide AT Program within the Lead Agency. [Drop-down menu]

Instructions: The drop-down menu offers the following choices (select one):

- General or Combined Vocational Rehabilitation Agency
- Vocational Rehabilitation for the Blind Agency
- State Education Agency
- University
- Health and Human Services Agency
- Aging and Disability (or similar) Agency
- Other

Though the name of the Lead Agency or division of that Lead Agency, responsible for implementing the Statewide AT Program may be self-explanatory, sometimes it is not clear the "type" of state agency it is. To complete this item, select the type of entity with which the Statewide AT Program considers itself most affiliated. This may not necessarily be the highest level of the Lead Agency. For example, the Statewide AT Program may be housed in a State Education Agency, but is directly implemented by a General Vocational Rehabilitation Agency that is housed within that State Education Agency. If the Statewide AT Program is more closely affiliated with the General Vocational Rehabilitation Agency than the State Education Agency as a whole, select General or Combined Vocational Rehabilitation Agency.

10. If other was selected for question 9, identify and describe the agency. [Text box]

Instructions: "Other" should be selected only when none of the available choices can reasonably be applied to the type of Lead Agency. The description should be brief and explain that agency's function in a manner that makes it clear why none of the other choices apply.

11. Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? [Drop-down menu]

Instructions: The drop-down box above allows you to select “yes” or “no.” A state either has a Lead Agency alone or has both a Lead Agency and an Implementing Entity. The Implementing Entity is a subcontractor separate from the Lead Agency.

The Lead Agency does not also name itself as the Implementing Entity. If you answer “yes” to this question, you must complete the information about the Implementing Entity that follows. If you answer “no,” you do not complete items related to an Implementing Entity.

If you answered no to question 11, you may skip ahead to the items on change in Lead Agency or Implementing Entity. Otherwise, you must answer the following questions.

12. Name and Address of Implementing Entity. [Text box]

Instructions: Follow the same instructions for item 3.

13. Information about Program Director at the Implementing Entity. [Text box]

Instructions: Follow the same instructions for item 5.

14. Information about Program Contact(s) at Implementing Entity. [Text box]

Instructions: Follow the same instructions for item 6.

15. Telephone at Implementing Entity for Public. [Text box]

Instructions: Follow the same instructions for item 7.

16. E-mail at Implementing Entity for Public. [Text box]

Instructions: Follow the same instructions for item 8.

17. Select the most appropriate descriptor of the type of organization that is the Implementing Entity. [Drop-down menu]

Instructions: The drop-down box offers the following choices (you may select only one):

- AgrAbility Program
- Alliance for Technology Access Center
- Bank or other financial institution
- Easter Seals

- Independent Living Center
- Institution of Higher Education
- Non-categorical disability organization
- Organization that primarily serves individuals who are blind or visually impaired
- Organization that primarily serves individuals who are deaf or hard of hearing
- Organization that primarily serves individuals with developmental disabilities
- Organization that primarily serves individuals with physical disabilities
- Organization focused specifically on providing AT
- Protection and Advocacy organization
- UCP
- Other

It may not be clear what type of Implementing Entity it is based on the title alone. To complete this item, select the type of entity with which the Implementing Entity considers itself most affiliated. Many organizations could be categorized using a number of the descriptors provided. Use the following rules when deciding how to indicate the type of organization:

If applicable, the national affiliation of an entity should be selected before other descriptors (e.g., if an organization is an Alliance for Technology Access Center, choose this national affiliation rather than “organization focused specifically on providing AT”). These include:

- AgrAbility Program
- Alliance for Technology Access Center
- Easter Seals
- Independent Living Center
- Protection and Advocacy organization
- UCP

If a private entity has no national affiliation, use the following more general descriptors.

- Bank or other financial institution – Self-explanatory.
- Non-categorical disability organization – This is an organization that serves individuals with disabilities without a particular focus by age or disability type, and, while it may provide AT services, is not exclusively dedicated to providing AT services. Also select this if the entity serves two or more of the types of disabilities in the bullets below.
- Organization that primarily serves individuals who are blind or visually impaired – Self-explanatory.

- Organization that primarily serves individuals who are deaf or hard of hearing
– Self-explanatory.
- Organization that primarily serves individuals with developmental disabilities
– Self-explanatory
- Organization that primarily serves individuals with physical disabilities
– Self-explanatory.
- Organization focused specifically on providing AT
– These generally are organizations exclusively dedicated to providing AT-related, rather than general or disability-specific, assistance to consumers.
- Other – See instructions for item 18.

18. If “Other” was selected, identify and describe the entity. [Text box]

Instructions: “Other” should be selected only when none of the available choices can reasonably be applied to the type of Implementing Entity. The description should be brief and explain that entity’s function in a manner that makes it clear why none of the other choices apply.

19. Describe the mechanisms established to ensure coordination of activities and collaboration between the Implementing Entity and the state. [Text box]

Instructions: According to section 4(c)(1)(B) of the AT Act of 1998, as amended, the Implementing Entity must carry out its responsibilities through a subcontract or other administrative agreement with the Lead Agency. Your description should identify the mechanism used and how the Lead Agency provides oversight and holds the Implementing Entity accountable for appropriate implementation of the Statewide AT Program.

20. Is the Lead Agency named in this State Plan a new or different Lead Agency from the one designated by the Governor in your previous State Plan? [Drop-down menu]

Instructions: The drop-down menu allows you to select “yes” or “no.” The “previous state plan” was the plan under which the Statewide AT Program operated from October 1, 2011 until the submission of this State Plan. *If a change in Lead Agency already has been approved by RSA under the previous State Plan, the state can select “no.”* If you select “no,” and you use an Implementing Entity, move on to the questions about changing Implementing Entities.

If you answered no to question 20, and you do not use an Implementing Entity, you may skip ahead to the next section. Otherwise, you must answer the following questions:

21. Explain why the Lead Agency previously designated by your state should not serve as the Lead Agency. [Text box]

Instructions: Describe all factors that led the state to consider changing from the previous Lead Agency or Implementing Entity, such as concerns about performance, state policies that require periodic competition for contracts, or restructuring of state government.

22. Explain why the Lead Agency newly designated by your state should serve as the Lead Agency. [Text box]

Instructions: Describe how and why the new Lead Agency was chosen to implement the Statewide AT Program and justify the appropriateness of the choice.

23. Is the Implementing Entity named in this State Plan a new or different Implementing Entity from the one designated by the Governor in your previous State Plan? [Drop-down menu]

Instructions: The drop-down box above allows you to select “yes,” “no” or “not applicable.” The “previous state plan” was the plan under which the Statewide AT Program operated from October 1, 2011 until the submission of this State Plan. If a change in Implementing Entity already has been approved by RSA under the previous State Plan, the state can select “no.”

Note: If you answered no or not applicable to question 23, you may skip ahead to the next section. Otherwise, you must respond to items 24 and 25.

24. Explain why the Implementing Entity previously designated by your state should not serve as the Implementing Entity. [Text box]

Instructions: Follow the same instructions for item 21.

25. Explain why the Implementing Entity newly designated by your state should serve as the Implementing Entity. [Text box]

Instructions: Follow the same instructions for item 22.

**Section B: Advisory Council, Budget
Allocations, and Identification of Activities
Conducted**

Section B: Advisory Council, Budget Allocations, and Identification of Activities Conducted

Section 4(c)(2) of the AT Act requires the Statewide AT Program to establish a consumer-majority advisory council that provides consumer-responsive, consumer-driven advice to the state for planning of, implementation of, and evaluation of the activities carried out through the grant, including setting measurable goals. Exceptions to these requirements are allowed under section 4(c)(2)(E) if the requirements will affect existing state statutes, rules, or official policies relating to advisory bodies or require changes to existing governing bodies of incorporated agencies. The following items provide assurances related to and identify compliance with the requirements of section 4(c)(2).

1. In accordance with section 4(c)(2) of the AT Act of 1998, as amended, our state has a consumer-majority advisory council that provides consumer-responsive, consumer-driven advice to the state for planning of, implementation of, and evaluation of the activities carried out through the grant, including setting measurable goals. This advisory council is geographically representative of the State and reflects the diversity of the State with respect to race, ethnicity, and types of disabilities across the age span, and users of types of services that an individual with a disability may receive. [Drop-down menu]

Instructions: You must read and verify the statement by selecting “yes” or “no” from the drop-down menu (though N/A is available on the dropdown list, it cannot be selected). This statement assures that the advisory council is representative of the state in terms of geography and diversity and meets the purposes and performs the functions required under the AT Act. Your Certifying Representative’s signature on the state plan attests to the statement being true as of the date of submission of the State Plan for AT.

2. The advisory council includes a representative of the designated State agency, as defined in section 7 of the Rehabilitation Act of 1973 (29 U.S.C. 705). [Drop-down menu]
3. The advisory council includes a representative of the State agency for individuals who are blind (within the meaning of section 101 of that Act (29 U.S.C. 721)). [Drop-down menu]
4. The advisory council includes a representative of a State center for independent living described in part C of title VII of the Rehabilitation Act of 1973 (29 U.S.C. 796f et seq.). [Drop-down menu]

5. The advisory council includes a representative of the State workforce investment board established under section 111 of the Workforce Investment Act of 1998 (29 U.S.C. 2821). [Drop-down menu]
6. The advisory council includes a representative of the State educational agency, as defined in section 9101 of the Elementary and Secondary Education Act of 1965. [Drop-down menu]

Instructions: For items 2-6 above, verify that your council has each of the members listed by selecting “yes” or “no” or “not applicable” from the drop-down menus. In order to select “yes,” you must have an official representative of the applicable agency on record as named and appointed to the council at the time of submitting this plan. In order to select “not applicable,” you must either not have a separate agency for individuals who are blind or not be required to have a member because existing statutes, rules or policies related to advisory bodies or governing bodies of Statewide AT Programs would be affected.

7. The advisory council includes other representatives (list below). [Text box]

Instructions: Many AT advisory councils include agency or other organization representatives beyond those required under the AT Act. In the text box, identify those members and the entities they represent here, though you need not provide personal names. Do not list consumer representatives here.

8. The advisory council includes the following number of individuals with disabilities that use assistive technology or their family members or guardians: [Number field]

Instructions: Section 4(c)(2)(B)(ii) of the AT Act requires that a majority, not less than 51 percent, of the members of the advisory council be individuals with disabilities that use assistive technology or their family members or guardians. Enter the number of these individuals that are current members of your council. In order to include an individual, he or she must be on record as named and appointed to the council at the time of submitting this plan. This total cannot include agency representatives from the previous lists.

9. If the Statewide AT Program does not have the composition and representation required under section 4(c)(2)(B), explain here. [Text box]

Instructions: Provide the reasons that you do not have representatives of the required agencies or do not have a consumer-majority on your council and where you are in the process of filling vacant positions. If the composition of your council is different from the requirements of 4(c)(2)(B) because existing statutes, rules or policies related to advisory bodies or governing bodies of Statewide AT Programs would be affected, explain here. You do not need to explain if you selected “not applicable” because you do not have a separate agency for individuals who are blind in your state.

Table 1. Proposed Budget Allocations

State-level Activities	Proposed Budget Allocation for Entire Annual Award
State Financing Activities	Drop-down menu
Device Reutilization Activities	Drop-down menu
Device Loan Activities	Drop-down menu
Device Demonstration Activities	Drop-down menu
State Leadership Activities	Drop-down menu

Instructions: Each of the drop-down menus offers the following selections (choose one):

- Not performed due to comparability
- Not performed due to flexibility
- 1 to 10,000;
- 10,001 to 20,000;
- 20,001 to 30,000;
- 30,001 to 40,000;
- 40,001 to 50,000;
- 50,001 to 60,000;
- 60,001 to 70,000;
- 70,001 to 80,000;
- 80,001 to 90,000;
- 90,001 to 100,000;
- More than 100,000.

During the course of this State Plan, you will receive at least three annual awards. The amount to report here is not the amount you plan to spend on a particular activity over the course of three years. It is the amount you plan to spend from each annual award. This means you may have to update this information on an annual basis if (a) the amount of your award increases or decreases significantly or (b) you choose to change the amount of funds dedicated to an activity or activities.

To answer the above items, select the amount of funds closest to the amount you plan to spend on the activity from your annual AT Act award only – not funds you may spend on this activity from other sources. You will report financial support received from other sources in a later item.

Annual awards can be spent over a two-year period. If your program requires the two-year period to expend your total award you should report the total amount spent from the annual award, not the amount you plan to spend every calendar year (e.g., if your annual award generally is for \$400,000 indicate the total amount of that \$400,000 that you plan to dedicate to this activity).

If RSA has not provided your annual award by the time you are required to complete or update your state plan, you should assume relatively level funding (based on the amount you received for FY 2014) for each annual award provided during the period of the State Plan.

If you will not spend any funds on an activity, it is assumed you are not conducting it because either (a) comparable financial support for that activity is provided from state or other non-Federal sources in accordance with section 4(e)(1)(B) of the AT Act or (b) you are exercising flexibility under section 4(e)(6) of the AT Act.

However, you must enter a funding level for State Leadership activities, as the AT Act does not allow comparability or flexibility for State Leadership.

“Spending” funds on an activity is not limited to purchasing equipment, providing subcontracts to other entities, conference costs, etc. It can include administration of an activity. Funds are considered spent when staff being paid under the annual AT grant award dedicated time to the specific activity. The time spent by staff should be a program/personnel cost that can be translated into a dollar figure.

However, simply serving on an advisory board or providing technical assistance to an organization engaged in an activity is not considered administering an activity (the cost of providing TA would be reflected under your State Leadership allocation, for example). Promoting an activity during speaking engagements or distributing brochures about an activity is not considered administering an activity. To count the expenditure of staff time on an activity, the level of involvement must be such that the activity could not be carried out without the Statewide AT Program’s personnel.

10. For every activity for which you selected “claiming comparability” in item 10, describe the comparable activity: [text box]

Instructions: In the text box, explain in the simplest terms possible what the comparable activity is, who conducts the activity, who supports the activity, and what makes it comparable both in terms of resources supporting the activity and how the activity is related to the purposes of the AT Act.

11. Describe your planned procedures for tracking expenditures for State-level and State Leadership activities: [text box]

Instructions: In the text box, explain in the simplest terms possible what processes and procedures are in place to ensure the program is funds in accordance with the AT Act (i.e., how your program knows it is spending no more than 40% of its funds

on State Leadership Activities and at least 5% of that 40% on transition-related activities).

Table 2. State Financing Activities Performed

State Financing Activities	Activities Performed (select all that apply)
Financial loan program	Check box
Cooperative buying program	Check box
Financing for home modifications program	Check box
Telecommunications distribution program	Check box
Last resort program	Check box
Other program	Check box

Instructions: Using Table 2, identify all types of state financing activities conducted by your Statewide AT Program. The answers you provide here will determine the format of the remainder of the State Plan (i.e., for every activity you check, a screen with questions about that activity will appear in the State Plan). The information you provide here should be consistent with the information you provided related to proposed budget allocations. If you indicated that you will allocate funds for state financing, it is expected that at least one activity will be indicated here; if you indicated that you are claiming comparability or exercising flexibility, it is expected that you will answer zero to all activities. Note that you are required to provide annual data for any activity claimed in this State Plan.

Table 3. Device Activities Performed

Device Reutilization, Device Loan, and Device Demonstration Activities	Number of Activities Performed
How many device exchange programs do you support?	Number field
How many device reassignment programs do you support?	Number field
How many device loan programs do you support?	Number field
How many device demonstration programs do you support?	Number field

Instructions: Using Table 3, identify the number of device exchange, device reassignment, device loan, and device demonstration activities conducted by your Statewide AT Program. A “zero” indicates that you do not conduct the activity, whereas any number above zero indicates that you conduct the activity. Enter a number above “one” only if you conduct two or more separate and distinct forms of the activity (e.g., you operate two device reassignment programs – one that reassigns computers only and a different one that reassigns AT such as durable medical equipment).

The number of programs you support is not equivalent to the number of sites at which you conduct the activity. A state may have several sites at which device loans are provided, but these sites still constitute a single, comprehensive device loan program because they all serve the same function. In this case, the state would report one device loan program. Alternately, a state may have one site with two separate and distinct device loan programs. The same building may house a device loan program that can be accessed by anyone and a separate device loan program that can be accessed by only school personnel. In this case, the state would report two device loan programs.

The answers you provide here will determine the format of the remainder of the State Plan. If you enter “zero” for any activity, you will not provide information related to it. If you enter “one” for any activity, you will provide information about it. If you enter a number above “one,” you will provide information about each activity separately (e.g., if you operate two reassignment activities as given in the previous example, you will provide one set of information about your computer reassignment and one set of information about your AT reassignment).

The information you provide here should be consistent with the information you provided related to proposed budget allocations. If you indicated that you will

allocate funds for an activity, it is expected that at least one activity will be indicated here; if you indicated that you are claiming comparability or exercising flexibility, it is expected that you will answer zero. Note that you are required to provide annual data for any activity claimed in this State Plan.

12. Mark the following activities, as applicable, in the corresponding columns of Table 4 on pages 31 and 32:

- If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a).
- If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b).
- If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c).
- If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d).

Table 4. Identified Organizational Activities: Advisory Council and Budget Allocations

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program				
Alliance for Technology Access Center				
Bank or other financial institution				
Community Living agency				
Easter Seals				
Education-related agency				
Employment-related agency				
Health, allied health, and rehabilitation-related agency				
Independent Living Center				
Institution of Higher Education				
Non-categorical disability organization				
Organization that primarily serves individuals who are blind or visually impaired				

Table 4. Identified Organizational Activities: Advisory Council and Budget Allocations (Continued)

Organization that primarily serves individuals who are deaf or hard of hearing				
Organization that primarily serves individuals with developmental disabilities				
Organization that primarily serves individuals with physical disabilities				
Organization focused specifically on providing AT				
Protection and Advocacy Organization				
Technology agency				
UCP				
Other				

Instructions: If you indicated that you provide financial or in-kind support to other entities, receive financial or in-kind support from either state agencies or private entities, or conduct this activity in coordination and collaboration with other entities, use the table to indicate the types of agencies/entities from which you receive the support or with which you collaborate. The information provided in this table must be consistent with the information provided in the previous question. If in the previous question you answered “yes,” this activity receives financial support from the state, the above table must have at least one selection in column “b.”

Select all organizations that apply. For example, in column “a” indicate all organizations to which you provide support. Selecting all that apply does not mean checking all descriptors that apply to an individual organization. Only one descriptor per organization should be selected (e.g., if you have one subcontract with an Easter

Seals, you select only Easter Seals, not Easter Seals and organization that serves individuals with developmental disabilities).

Many organizations could be categorized using a number of the descriptors provided. Use the following rules when deciding how to indicate the type of organization:

- You can select more than one organization if more than one organization is involved in the activity (e.g., if you have three subcontracts to three different organizations, you would make three selections). However, if you have more than one different organization involved but the same descriptor applies to them, you can select that descriptor only once (e.g., if you subcontract to two different Easter Seals and one UCP, you select only two - Easter Seals and UCP).

If applicable, the national affiliation of a private entity should be selected before other descriptors (e.g., if an organization is an Alliance for Technology Access Center, choose this national affiliation rather than “organization focused specifically on providing AT”). These include:

- AgrAbility Program
- Alliance for Technology Access Center
- Easter Seals
- Independent Living Center
- Protection and Advocacy organization
- UCP

If a private entity has no national affiliation, use the following more general descriptors. Do not use these descriptors when categorizing a state agency (e.g., your state vocational rehabilitation for the blind agency should be an employment-related agency instead of organization that primarily serves individuals who are blind or visually impaired). These include:

- Bank or other financial institution – Self-explanatory.
- Non-categorical disability organization – This is an organization that serves individuals with disabilities without a particular focus by age or disability type, and, while it may provide AT services, is not exclusively dedicated to providing AT services. Also select this if the entity serves two or more of the types of disabilities in the bullets below.
- Organization that primarily serves individuals who are blind or visually impaired – Self-explanatory.
- Organization that primarily serves individuals who are deaf or hard of hearing – Self-explanatory.
- Organization that primarily serves individuals with developmental disabilities - Self-explanatory.

- Organization that primarily serves individuals with physical disabilities
- Self-explanatory.
- Organization focused specifically on providing AT - These generally are organizations exclusively dedicated to providing AT-related, rather than general or disability-specific, assistance to consumers.

If you receive support from or collaborate with a state agency, use the following descriptions to determine the type of agency:

- Education-related: This category can include any type of educational entity such as early childhood, elementary, secondary, special education, remedial education, adult basic education, continuing education. It includes both public and private educational agencies and organizations and federal, state, and local governmental entities who primarily provide or regulate educational services (e.g. State Education Agency). It does not include Institutions of Higher Education, which has its own category.
- Employment-related: This category includes employment training programs, vocational rehabilitation programs and other programs related to employment. It can include providers of employment and/or training services, public and private agencies and organizations that provide or regulate employment services, such as state employment agencies, one-stop career centers, state vocational rehabilitation agencies, community rehabilitation programs, vocational training programs, training providers approved under the Workforce Investment Act, and apprenticeship programs.
- Health, allied health and rehabilitation-related: This includes hospitals, health clinics, mental health agencies and organizations, and managed care providers. This category can also include organizations for physicians, physicians' assistants, nurses, nurse practitioners, psychologists, psychiatrists, occupational therapists, physical therapists, speech pathologists, audiologists, rehabilitation counselors, hospital discharge planners and other hospital employees.
- Community Living-related: This category includes agencies providing services for seniors, and other related social service and community organizations. This category can also include both public and private organizations and federal, state, and local government entities that primarily provide or regulate community living and related services (e.g. a State Department of Aging, Public Utilities Commission and State Housing Authority.) It does not include Centers for Independent Living, which has its own category.
- Technology-related: This includes entities whose primary purpose is delivery of technology devices or services. This category can include technology experts such as computer programmers, web and application developers, information

technology professionals and procurement officials along with manufacturers and vendors of information technology, telecommunications products, and assistive technology devices.

- An Institution of Higher Education can be considered either a state agency or private entity depending on the type of college or university. In either case, institution of higher education should be selected rather than education-related agency.
- Use “Other” only when the entity cannot reasonably be categorized in any of the ways provided. “Other” should be used rarely.

13. Select the option that best describes from where this activity is conducted. [Drop-down menu]

Instructions: The drop down menu offers the following selections (choose only one):

- One central location
- Regional sites
- A combination of a central location and regional sites

Use the following guidance to select the choice that best or most closely describes the location from which you conduct this activity.

One central location – Select this if your state conducts this activity from a single site that houses all employees and resources engaged in the activity. It may be the case that employees or resources travel from this site to other places, but they are based at a single site, and the other places are not established/permanent sites. Sites that simply serve as referral sources or provide minimal assistance to a central location are not considered regional sites. Remember that this is tied to the activity itself, so two different activities could take place at two different central locations. Also, if in previous items you indicated that you use subcontract agreements, it does not automatically mean you use regional sites. For example, your Statewide AT Program may have a building on a university campus that houses the staff and devices for a device loan program. The university campus is the central location for that program. You also may contract with a CBO in another part of the state to operate an AFP as your state financing activity. If the employees and resources for operating the AFP are housed at the CBO, the CBO is considered the central location for state financing and not a regional site.

Regional sites – Select this only if you conduct this activity from at least two sites that operate relatively independently without any of them being considered the main site or headquarters (if one of them is considered the headquarters you would choose a combination of central location and regional sites instead). Regional sites can be directly managed by the Lead Agency/Implementing Entity or can be subcontractors.

For example, the Lead Agency may employ three part-time staff people at three different one-stop centers in the state. Those one-stop centers have their own small inventory of devices purchased by the Lead Agency and the part-time staff uses those devices to provide device demonstrations on a regular basis. These could be considered regional sites. Sites that simply serve as referral sources or provide minimal assistance to a central location are not considered regional sites. For example, if all of the devices for your loan program are located at a central site along with those responsible for operating the program, but independent living centers provide referrals and you often send devices to independent living centers for pick-up by consumers, the independent living centers are not considered regional sites. *A combination of central location and regional sites* – Select this only if you have a site that is considered the main site or headquarters that houses the majority of employees and resources and regional sites that also have their own employees and resources. For example, if the majority of the devices for your loan program are located in a central inventory along with those responsible for operating the loan program, but independent living centers under subcontract house their own, smaller inventories and have staff assigned to do loans, you would have both a central location and regional sites.

14. If you indicated the use of regional sites, from how many regional sites is the activity conducted? [Number field]

Instructions: When entering the number of regional sites, do not include the central location if you answered “a combination of central location and regional sites.”

15. This activity is available (choose all that apply). [Check boxes]

- By website
- By phone
- By e-mail
- By mail
- In person

Instructions: Consumers may be able to access this activity to in a number of ways. Identify all the ways that a consumer can access this activity.

By website – Select this if consumers can access the activity by visiting a website. Usually this means being able to do more than get general information about the activity. Rather, consumers can engage in the activity via website (e.g., request a loan or demonstration). This is different from sending an e-mail, which is its own option.

By phone – Select this if consumers can call your program to access this activity.

By e-mail – Usually this means being able to do more than get general information about the activity sent by e-mail. Rather, consumers can engage in the activity via e-mail (e.g., request a loan or demonstration).

By mail – Select this if material for this activity is sent out, like want-ads in a newsletter or some other hard copy format, or if the consumer can request assistance by sending a letter.

In person – Select this if there is a location or locations to which a consumer can go to make an initial contact to receive assistance.

16. Provide any additional information about this activity you wish to share.

[Text box]

Instructions: Use the text box to provide any important information about this activity that is essential to understanding it in context, that you feel is not appropriately captured by the items already included, or that you believe makes this activity unique.

The following two items are not requested for every State-level or State Leadership Activity, but they do appear in many of the activities. Use the following instructions every time these items appear. Note, similar items appear in the section on Device Exchange, but the options are different from those featured below. That section contains its own instructions.

Select the option that best describes the policy of the program for charging individuals with disabilities for a device or loan or demonstration or training or technical assistance. [Drop-down menu]

17. Select the option that best describes the policy of the program for charging professionals for a device or loan or demonstration or training or technical assistance. [Drop-down menu]

Instructions: The drop-down menu offers the following options (choose one):

- Nothing
- A flat fee
- A fee on a variable or sliding scale
- A fee is assigned based on the device
- A financial donation is requested
- A donation of time or other non-financial commitment is requested
- An annual fee or similar regular payment arrangement
- The fee is based on the length/complexity/value/type
- The fee is based on the purpose
- Multiple subcontractors are used and they set their own policies
- Other

Many programs support their activities by charging some kind of fee. Here you will identify whether you charge a fee and if so what that fee is based upon. Even though exceptions may be made in particular cases, choose the answer that is closest to your policy. When selecting the answer, if you use a hierarchy to determine the fee, indicate which option begins the hierarchy. Example: If it is your policy to charge a flat fee, but when a consumer indicates that he or she cannot pay the fee you then would charge on a sliding scale, select “flat fee” because it is your policy default. Use the following to assist you in determining which selection to make:

It also is possible that you have different policies under different circumstances. For example, some organizations pay an annual fee while others do not. If this is the case, select the following answer that applies in the majority of cases:

Nothing – Self-explanatory.

Flat fee – You charge a set amount for participation in the activity.

Fee on a variable or sliding scale – You charge differing amounts based on the recipient’s ability to pay.

Fee is assigned based on the value/type/length/complexity – The amount of the fee depends on the quality or type of device (e.g., the higher quality or better or more expensive the device, the more the recipient is charged); or how long the device is needed (e.g., the longer the loan the more is charged); or how complex the demonstration is (e.g. the more devices that need demonstrating or the greater the expertise needed for the demonstration, the more expensive).

Financial donation is requested – There is no set charge, but you do request that individuals pay what they can or believe is appropriate.

Donation of time or other non-financial commitment is requested – You do not request money from recipients, but ask that they repay your program through some form of service, either to the program itself or to the community.

An annual fee or similar regular payment arrangement - An individual or entity pays membership dues or a subscription fee to use the program and does not pay for each individual device/loan/demonstration.

The fee is based on the purpose – You may or may not charge depending on what the device will be used for. Perhaps you do not charge for a device loan if a consumer is using it for decision-making or to fill a gap, but you do charge if a professional uses a device for an evaluation or to provide training at a conference.

Multiple subcontractors are used and they set their own policies – If the charging of fees is at the discretion of subcontractors and those subcontractors set their own

policies, there is an option to indicate this. If you use subcontractors but your subcontracts stipulate if/how fees are to be charged for all subcontractors, do not select this and instead reflect the policy you apply to all. If you use only one subcontractor, do not select this and respond to the item based on that one subcontractor's policy.

Other – This should be selected only if the fees charged cannot reasonably be described using one of the other options.

Section C: State Financing Activities

Section C: State Financing Activities

The AT Act describes state financing activities as activities that increase:

“access to, and funding for, assistive technology devices and assistive technology services (which shall not include direct payment for such a device or service for an individual with a disability but may include support and administration of a program to provide such payment), including development of systems to provide and pay for such devices and services, for targeted individuals and entities described in section 3(16) (A), including—

(i) support for the development of systems for the purchase, lease, or other acquisition of, or payment for, assistive technology devices and assistive technology services; or
(ii) support for the development of State-financed or privately financed alternative financing systems of subsidies (which may include conducting an initial 1-year feasibility study of, improving, administering, operating, providing capital for, or collaborating with an entity with respect to, such a system) for the provision of assistive technology devices, such as—

(I) a low-interest loan fund;
(II) an interest buy-down program;
(III) a revolving loan fund;
(IV) a loan guarantee or insurance program;
(V) a program providing for the purchase, lease, or other acquisition of assistive technology devices or assistive technology services; or
(VI) another mechanism that is approved by the Secretary.”

For the purposes of this State Plan, state financing activities include financial loan programs, home modification programs, telecommunications distribution programs, last resort funds, and other activities. Each of these activities is defined in the corresponding section of this State Plan.

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are intended to meet these requirements for State Financing Activities. Respond only to the items that correspond with the State Financing Activities you selected in Section B of this Plan.

Financial Loan Program

A financial loan program provides financial loans for purchase of AT devices and services. A financial loan program may make loans directly (revolving loans) or may make partnership loans using dollars from another source, usually a financial institution.

1. Enter the year when the program began conducting this activity. [Number field]

Who conducts this activity? Check all that apply.

- The Statewide AT Program
 - Other entities (e.g. contractors)
2. The Statewide AT Program provides and/or receives the following support (choose all that apply).
 - Provides financial support to other entities via an agreement with the Statewide AT Program.
 - Provides in-kind support to other entities via an agreement with the Statewide AT Program.
 - Receives financial support from the state.
 - Receives in-kind support from the state.
 - Receives financial support from private entities.
 - Receives in-kind support from private entities.
 - Coordinates and collaborates with other entities for the purpose of establishing a new program or service.
 - Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.
 - Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.
 3. Mark the following activities, as applicable, in the corresponding columns of Table 5 on pages 43 and 44:
 - If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a).
 - If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b).
 - If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c).
 - If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d).

Table 5. Identified Organizational Activities: State Financing Activities

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program				
Alliance for Technology Access Center				
Bank or other financial institution				
Community Living agency				
Easter Seals				
Education-related agency				
Employment-related agency				
Health, allied health, and rehabilitation-related agency				
Independent Living Center				
Institution of Higher Education				
Non-categorical disability organization				
Organization that primarily serves individuals who are blind or visually impaired				
Organization that primarily serves individuals who are deaf or hard of hearing				
Organization that primarily serves individuals with developmental disabilities				

**Table 5. Identified Organizational Activities: State Financing Activities
(Continued)**

Organization that primarily serves individuals with physical disabilities				
Organization focused specifically on providing AT				
Protection and Advocacy Organization				
Technology agency				
UCP				
Other				

4. Select the option that best describes from where this activity is conducted.
 - One central location
 - Regional sites
 - A combination of a central location and regional sites

5. If you indicated the use of regional sites, from how many regional sites is the activity conducted? [Number field]

6. This activity is available (choose all that apply).
 - By website
 - By phone
 - By e-mail
 - By mail
 - In person

7. Enter the total endowment of the activity. [Number field]

Instructions: Your total endowment is the full amount of funding you would have available for loans if all of your funds were in a bank account and you had no outstanding loans. Your total endowment begins with the initial investment made to establish your financial loan program. For example, if a title III AFP received \$300,000 in Federal funds and provided \$100,000 in matching funds, you began with \$400,000. Your financial loan program may have gained interest over the years, so your current endowment may be greater than \$400,000; likewise, you may have had a number of defaults that reduced your program's endowment below the \$400,000. Whatever this amount is, do not deduct outstanding loans or administrative costs before reporting it. Another way of looking at this number is how much money you have in the bank plus how much money you have out in

existing loans. You may provide approximate, or rounded, totals rather than exact.

8. Select the option that best describes the primary source of capital used to begin the activity. [Drop-down menu]

Instructions: The drop-down menu offers the following selections (choose one):

- Section 4 of the *AT Act of 1998, as amended*
- Title III of the *AT Act of 1998*
- Title I of the *AT Act of 1998*
- Another federal source
- A state source
- A private source

Choose only one answer, as this item asks for the primary source of initial capital that started the program, meaning the source that provided the largest contribution to get the loan program off the ground. If your financial loan program is a title III AFP funded when the match was 1 to 1, select title III of the AT Act of 1998 as the primary source even though the state contribution was equal.

9. Select the option that best describes the primary source of support for ongoing operation of the activity. [Drop-down menu]

Instructions: The drop down menu offers the following selections (choose one):

- Section 4 of the *AT Act of 1998, as amended*
- Interest and investments from the original source of capital
- Another federal source
- A state source
- A private source

Choose only one answer, as this asks for the primary source of funds that maintain the financial loan program, meaning the source that provides the largest contribution to maintenance of the program.

10. Even if they are not the primary source of support, do you support this program using section 4 funds? [Check box for “yes”]

Instructions: Even if funds provided under the AT Act are not the primary source of funds supporting the program, a Statewide AT Program still may be dedicating resources to a financial loan program. To answer yes, the funds must either be provided to the financial loan program or must be used to support the program directly in some way. Staff time used to serve on advisory boards or for normal program oversight is not included as resources.

11. This activity offers the following types of assistance (select all that apply). [Check boxes]

- Revolving loans
- Loan guarantees
- Low interest loans
- Interest buy-downs
- Preferred interest loans

Instructions: Identify all types of loans your program offers, regardless of whether any loans of that type are currently outstanding. The types of loan products are defined as follows:

Interest buy-down loan: A loan in which AT program funds are used to buy down the interest rate of a loan. The AT program uses funds to reduce the interest rate that lending institutions offer to consumers for loans to purchase AT. The AT program pays the lending institution for a portion of the interest on the loan; resulting in lower interest payments for the consumer over the long term.

Loan guarantee or insurance program: The grantee uses its funds to guarantee all or a portion of loans for AT. A guaranteed loan is a loan in which the Statewide AT Program guarantees that the loan to a consumer is secure and will be repaid, thus increasing the lender's willingness to loan funds.

Low-interest loan: In a low-interest loan, a Statewide AT Program establishes an agreement with a lending institution to provide loans for AT at "preferred" interest rates. Preferred interest rates are highly variable and context-specific, depending upon such factors as the prime lending rate, the borrower's credit rating, and whether the loan is secured. The mechanism or mechanisms by which states arrange for lending institutions to provide low-interest loans for AT are variable, but typically include a requirement that the Statewide AT Program deposit its funds with the lending institution. The interest that the Statewide AT Program's funds would normally generate is then used by the lending institution to supplement the interest it charges consumers on loans for AT, thus resulting in lower interest rates paid by the consumers. There are two types of low-interest loans:

- a. Low-interest loan (at or below prime rate*): A loan at interest rates that are at or below the prime rate. See below for a definition of prime rate.
- b. Preferred interest loan: A loan offered at an interest rate that is lower than the consumer would normally pay, but not as low as the prime rate*. See below for a definition of prime rate.

Revolving loan: A loan that uses Statewide AT Program funds for loans. The AT program directly provides the funds that are to be loaned out and retains full control over to whom and at what terms the funds are loaned. As loans are repaid, the

money is lent out again to other AT consumers — that is, the same money “revolves” out to other borrowers as earlier borrowers return it to the program.

Prime Rate: The prime rate is the average majority prime rate charged by banks on short-term loans to business, quoted on an investment basis. The Federal Reserve notes that the "Rate posted by a majority of top 25 (by assets in domestic offices) insured U.S.-chartered commercial banks. Prime is one of several base rates used by banks to price short-term business loans." To determine whether a loan was made above, at, or below prime rate, check the national prime rate at the following website for the date on which the loan was closed: <http://www.fedprimerate.com/>

12. The lowest loan amount provided as established by the policies of the activity (leave blank if N/A). [Number field]

Instructions: The response to this item must be based on your established, written policies. This is not the lowest actually provided in a given year, but the lowest given your policies. Leave it blank if your policies do not specify a lowest.

13. The highest loan amount provided as established by the policies of the activity (leave blank if N/A). [Number field]

Instructions: The response to this item must be based on your established, written policies. This is not the highest actually provided in a given year, but the highest given your policies. Leave it blank if your policies do not specify a highest.

14. Provide any additional information about this activity you wish to share. [Text box]

Cooperative Buying Program

Cooperative buying programs purchase AT in bulk at a discount from AT suppliers and then pass the savings on to consumers.

1. Enter the year when the program began conducting this activity. [Number field]

2. Who conducts this activity? Check all that apply.

- The Statewide AT Program
- Other entities (e.g. contractors)

3. The Statewide AT Program provides and/or receives the following support (choose all that apply).

- Provides financial support to other entities via an agreement with the Statewide AT Program.

- Provides in-kind support to other entities via an agreement with the Statewide AT Program.
 - Receives financial support from the state.
 - Receives in-kind support from the state.
 - Receives financial support from private entities.
 - Receives in-kind support from private entities.
 - Coordinates and collaborates with other entities for the purpose of establishing a new program or service.
 - Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.
 - Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.
4. Mark the following activities, as applicable, in the corresponding columns of Table 6 on pages 49 and 50:
- If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a).
 - If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b).
 - If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c).
 - If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d).

Table 6. Identified Organizational Activities: Cooperative Buying Program

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program				
Alliance for Technology Access Center				
Bank or other financial institution				
Community Living agency				
Easter Seals				
Education-related agency				
Employment-related agency				
Health, allied health, and rehabilitation-related agency				
Independent Living Center				
Institution of Higher Education				
Non-categorical disability organization				
Organization that primarily serves individuals who are blind or visually impaired				
Organization that primarily serves individuals who are deaf or hard of hearing				
Organization that primarily serves individuals with developmental disabilities				

**Table 6. Identified Organizational Activities: Cooperative Buying Program
(Continued)**

Organization that primarily serves individuals with physical disabilities				
Organization focused specifically on providing AT				
Protection and Advocacy Organization				
Technology agency				
UCP				
Other				

5. Select the option that best describes from where this activity is conducted.
 - One central location
 - Regional sites
 - A combination of a central location and regional sites
6. If you indicated the use of regional sites, from how many regional sites is the activity conducted? [Number field]
7. This activity is available (choose all that apply).
 - By website
 - By phone
 - By e-mail
 - By mail
 - In person

8. Describe the activity. [Text box]

Instructions: Explain in the simplest terms possible how this activity is conducted; a person unfamiliar with the program should be able to read this explanation and understand what the Statewide AT Program is “doing”. This explanation should make it clear how this activity is related to the purposes of the AT Act. It also should describe who the activity is intended to serve, specifically if only particular populations of individuals are served by the activity or if there are qualifications for participation in the activity. The role of the Statewide AT Program in carrying out the activity should be explained clearly. The example provided below is for a Last Resort Fund, but a similar concept should be applied here.

Example: Our Statewide AT Program supports a Last Resort Fund (LRF). The state Department of Community Living placed \$500,000 in an interest-bearing account in 2012. The interest generated from this account is used to purchase AT devices for individuals with disabilities in need who apply to the LRF. The LRF can be accessed by an individual of any age with any disability. However, only individuals with disabilities who can clearly establish a need for AT but who do not qualify for AT through other systems such as Medicaid, VR, or special education, and cannot pay for a device on their own can receive a device paid for through this fund. Once an individual is determined qualified to receive a device through the LRF, he or she generally is referred to our device loan or device demonstration program or to other qualified parties for assistance in determining the appropriate AT. The LRF also checks with reuse programs to see if the device is available used before making a new purchase. Once the AT has been selected, the LRF works with the vendor of that AT and the funds are paid directly to that vendor, who then provides the device to the consumer. While no AT Act funds are used to purchase devices (all purchases are paid for with interest from the account started by the community living agency), the Statewide AT Program incurs all costs of

administering the LRF. Staff time is dedicated to reviewing applications, working with the vendors who provide the AT, processing all of the funds, and following-up with the recipient once a device is obtained. Additional resources are used to make and disseminate promotional materials about the LRF.

Financing for home modifications program

A home modification program finances home modifications, including the addition of wheelchair ramps. States may not use AT Act dollars to provide funds or devices directly to individuals. AT Act dollars may be used to administer a home modification program comprising non-AT Act dollars.

1. Enter the year when the program began conducting this activity.
2. Who conducts this activity? Check all that apply.
 - The Statewide AT Program
 - Other entities (e.g. contractors)
3. The Statewide AT Program provides and/or receives the following support (choose all that apply).
 - Provides financial support to other entities via an agreement with the Statewide AT Program.
 - Provides in-kind support to other entities via an agreement with the Statewide AT Program.
 - Receives financial support from the state.
 - Receives in-kind support from the state.
 - Receives financial support from private entities.
 - Receives in-kind support from private entities.
 - Coordinates and collaborates with other entities for the purpose of establishing a new program or service.
 - Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.
 - Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.
4. Mark the following activities, as applicable, in the corresponding columns of Table 7 on pages 53 and 54:
 - If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a).
 - If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b).

- If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c).
- If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d).

Table 7. Identified Organizational Activities: Financing for Home Modifications Program

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program				
Alliance for Technology Access Center				
Bank or other financial institution				
Community Living agency				
Easter Seals				
Education-related agency				
Employment-related agency				
Health, allied health, and rehabilitation-related agency				
Independent Living Center				
Institution of Higher Education				
Non-categorical disability organization				
Organization that primarily serves individuals who are blind or visually impaired				

Table 7. Identified Organizational Activities: Financing for Home Modifications Program (Continued)

Organization that primarily serves individuals who are deaf or hard of hearing				
Organization that primarily serves individuals with developmental disabilities				
Organization that primarily serves individuals with physical disabilities				
Organization focused specifically on providing AT				
Protection and Advocacy Organization				
Technology agency				
UCP				
Other				

5. Select the option that best describes from where this activity is conducted.

- One central location
- Regional sites
- A combination of a central location and regional sites

6. If you indicated the use of regional sites, from how many regional sites is the activity conducted? [Number field]

7. This activity is available (choose all that apply).

- By website
- By phone
- By e-mail
- By mail
- In person

8. Describe the activity. [Text box]

Instructions: Explain in the simplest terms possible how this activity is conducted; a person unfamiliar with the program should be able to read this explanation and

understand what the Statewide AT Program is “doing”. This explanation should make it clear how this activity is related to the purposes of the AT Act. It also should describe who the activity is intended to serve, specifically if only particular populations of individuals are served by the activity or if there are qualifications for participation in the activity. The role of the Statewide AT Program in carrying out the activity should be explained clearly. The example provided below is for a Last Resort Fund, but a similar concept should be applied here.

Example: Our Statewide AT Program supports a Last Resort Fund (LRF). The state Department of Community Living placed \$500,000 in an interest-bearing account in 2012. The interest generated from this account is used to purchase AT devices for individuals with disabilities in need who apply to the LRF. The LRF can be accessed by an individual of any age with any disability. However, only individuals with disabilities who can clearly establish a need for AT but who do not qualify for AT through other systems such as Medicaid, VR, or special education, and cannot pay for a device on their own can receive a device paid for through this fund. Once an individual is determined qualified to receive a device through the LRF, he or she generally is referred to our device loan or device demonstration program or to other qualified parties for assistance in determining the appropriate AT. The LRF also checks with reuse programs to see if the device is available used before making a new purchase. Once the AT has been selected, the LRF works with the vendor of that AT and the funds are paid directly to that vendor, who then provides the device to the consumer. While no AT Act funds are used to purchase devices (all purchases are paid for with interest from the account started by the community living agency), the Statewide AT Program incurs all costs of administering the LRF. Staff time is dedicated to reviewing applications, working with the vendors who provide the AT, processing all of the funds, and following-up with the recipient once a device is obtained. Additional resources are used to make and disseminate promotional materials about the LRF.

Telecommunications Distribution Program

This is a program to distribute telecommunications equipment that serves the needs of people with disabilities, including safety needs during emergencies. States may not use AT Act dollars to provide funds or devices directly to individuals. AT Act dollars may be used to administer a telecommunications distribution program comprising non-AT Act dollars.

1. Enter the year when the program began conducting this activity.
2. Who conducts this activity? Check all that apply.
 - The Statewide AT Program
 - Other entities (e.g. contractors)
3. The Statewide AT Program provides and/or receives the following support (choose all that apply).
 - Provides financial support to other entities via an agreement with the Statewide AT Program.
 - Provides in-kind support to other entities via an agreement with the Statewide AT Program.
 - Receives financial support from the state.
 - Receives in-kind support from the state.
 - Receives financial support from private entities.
 - Receives in-kind support from private entities.
 - Coordinates and collaborates with other entities for the purpose of establishing a new program or service.
 - Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.
 - Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.
4. Mark the following activities, as applicable, in the corresponding columns of Table 8 on pages 57 and 58:
 - If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a).
 - If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b).
 - If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c).
 - If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d).

Table 8. Identified Organizational Activities: Telecommunications Distribution Program

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program				
Alliance for Technology Access Center				
Bank or other financial institution				
Community Living agency				
Easter Seals				
Education-related agency				
Employment-related agency				
Health, allied health, and rehabilitation-related agency				
Independent Living Center				
Institution of Higher Education				
Non-categorical disability organization				
Organization that primarily serves individuals who are blind or visually impaired				
Organization that primarily serves individuals who are deaf or hard of hearing				

Table 8. Identified Organizational Activities: Telecommunications Distribution Program

Organization that primarily serves individuals with developmental disabilities				
Organization that primarily serves individuals with physical disabilities				
Organization focused specifically on providing AT				
Protection and Advocacy Organization				
Technology agency				
UCP				
Other				

5. Select the option that best describes from where this activity is conducted.

- One central location
- Regional sites
- A combination of a central location and regional sites

6. If you indicated the use of regional sites, from how many regional sites is the activity conducted? [Number field]

7. This activity is available (choose all that apply).

- By website
- By phone
- By e-mail
- By mail
- In person

8. Describe the activity. [Text box]

Instructions: Explain in the simplest terms possible how this activity is conducted; a person unfamiliar with the program should be able to read this explanation and understand what the Statewide AT Program is “doing”. This explanation should make it clear how this activity is related to the purposes of the AT Act. It also should describe who the activity is intended to serve, specifically if only particular populations of individuals are served by the activity or if there are qualifications for

participation in the activity. The role of the Statewide AT Program in carrying out the activity should be explained clearly. The example provided below is for a Last Resort Fund, but a similar concept should be applied here.

Example: Our Statewide AT Program supports a Last Resort Fund (LRF). The state Department of Community Living placed \$500,000 in an interest-bearing account in 2012. The interest generated from this account is used to purchase AT devices for individuals with disabilities in need who apply to the LRF. The LRF can be accessed by an individual of any age with any disability. However, only individuals with disabilities who can clearly establish a need for AT but who do not qualify for AT through other systems such as Medicaid, VR, or special education, and cannot pay for a device on their own can receive a device paid for through this fund. Once an individual is determined qualified to receive a device through the LRF, he or she generally is referred to our device loan or device demonstration program or to other qualified parties for assistance in determining the appropriate AT. The LRF also checks with reuse programs to see if the device is available used before making a new purchase. Once the AT has been selected, the LRF works with the vendor of that AT and the funds are paid directly to that vendor, who then provides the device to the consumer. While no AT Act funds are used to purchase devices (all purchases are paid for with interest from the account started by the community living agency), the Statewide AT Program incurs all costs of administering the LRF. Staff time is dedicated to reviewing applications, working with the vendors who provide the AT, processing all of the funds, and following-up with the recipient once a device is obtained. Additional resources are used to make and disseminate promotional materials about the LRF.

Last Resort Program

These programs provide AT, or funds to purchase AT, to consumers when all other options have been exhausted. These may be earmarked for particular types of consumers (such as children) or particular types of AT (such as home modification) or they may be for any group or type of AT. States may not use AT Act dollars to provide funds or devices directly to individuals. AT Act dollars may be used to administer a last resort fund comprised of non-AT Act dollars.

1. Enter the year when the program began conducting this activity.
2. Who conducts this activity? Check all that apply.
 - The Statewide AT Program
 - Other entities (e.g. contractors)
3. The Statewide AT Program provides and/or receives the following support (choose all that apply).
 - Provides financial support to other entities via an agreement with the Statewide AT Program.
 - Provides in-kind support to other entities via an agreement with the Statewide AT Program.
 - Receives financial support from the state.
 - Receives in-kind support from the state.
 - Receives financial support from private entities.
 - Receives in-kind support from private entities.
 - Coordinates and collaborates with other entities for the purpose of establishing a new program or service.
 - Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.
 - Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.
5. Mark the following activities, as applicable, in the corresponding columns of Table 9 on pages 61 and 62:
 - If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a).
 - If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b).
 - If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c).
 - If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d).

Table 9. Identified Organizational Activities: Last Resort Program

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program				
Alliance for Technology Access Center				
Bank or other financial institution				
Community Living agency				
Easter Seals				
Education-related agency				
Employment-related agency				
Health, allied health, and rehabilitation-related agency				
Independent Living Center				
Institution of Higher Education				
Non-categorical disability organization				
Organization that primarily serves individuals who are blind or visually impaired				
Organization that primarily serves individuals who are deaf or hard of hearing				

Table 9. Identified Organizational Activities: Last Resort Program (Continued)

Organization that primarily serves individuals with developmental disabilities				
Organization that primarily serves individuals with physical disabilities				
Organization focused specifically on providing AT				
Protection and Advocacy Organization				
Technology agency				
UCP				
Other				

4. Select the option that best describes from where this activity is conducted.
 - One central location
 - Regional sites
 - A combination of a central location and regional sites

5. If you indicated the use of regional sites, from how many regional sites is the activity conducted? [Number field]

6. This activity is available (choose all that apply).
 - By website
 - By phone
 - By e-mail
 - By mail
 - In person

7. Describe the activity. [Text box]

Instructions: Explain in the simplest terms possible how this activity is conducted; a person unfamiliar with the program should be able to read this explanation and understand what the Statewide AT Program is “doing”. This explanation should make it clear how this activity is related to the purposes of the AT Act. It also should describe who the activity is intended to serve, specifically if only particular populations of individuals are served by the activity or if there are qualifications for participation in the activity. The role of the Statewide AT Program in carrying out

the activity should be explained clearly. The example below is an example of the style with which the entry should be written, not an example of what a last resort fund must be.

Example: Our Statewide AT Program supports a Last Resort Fund (LRF). The state Department of Community Living placed \$500,000 in an interest-bearing account in 2012. The interest generated from this account is used to purchase AT devices for individuals with disabilities in need who apply to the LRF. The LRF can be accessed by an individual of any age with any disability. However, only individuals with disabilities who can clearly establish a need for AT but who do not qualify for AT through other systems such as Medicaid, VR, or special education, and cannot pay for a device on their own can receive a device paid for through this fund. Once an individual is determined qualified to receive a device through the LRF, he or she generally is referred to our device loan or device demonstration program or to other qualified parties for assistance in determining the appropriate AT. The LRF also checks with reuse programs to see if the device is available used before making a new purchase. Once the AT has been selected, the LRF works with the vendor of that AT and the funds are paid directly to that vendor, who then provides the device to the consumer. While no AT Act funds are used to purchase devices (all purchases are paid for with interest from the account started by the community living agency), the Statewide AT Program incurs all costs of administering the LRF. Staff time is dedicated to reviewing applications, working with the vendors who provide the AT, processing all of the funds, and following-up with the recipient once a device is obtained. Additional resources are used to make and disseminate promotional materials about the LRF.

Other Programs

This is any state financing activity not covered in a previous section of this state plan. Feasibility studies would be described here.

1. Enter the year when the program began conducting this activity.
2. Who conducts this activity? Check all that apply.
 - The Statewide AT Program
 - Other entities (e.g. contractors)
3. The Statewide AT Program provides and/or receives the following support (choose all that apply).
 - Provides financial support to other entities via an agreement with the Statewide AT Program.
 - Provides in-kind support to other entities via an agreement with the Statewide AT Program.
 - Receives financial support from the state.
 - Receives in-kind support from the state.
 - Receives financial support from private entities.
 - Receives in-kind support from private entities.
 - Coordinates and collaborates with other entities for the purpose of establishing a new program or service.
 - Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.
 - Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.
4. Mark the following activities, as applicable, in the corresponding columns of Table 10 on pages 65 and 66:
 - If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a).
 - If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b).
 - If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c).
 - If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d).

Table 10. Identified Organizational Activities: Other Programs

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program				
Alliance for Technology Access Center				
Bank or other financial institution				
Community Living agency				
Easter Seals				
Education-related agency				
Employment-related agency				
Health, allied health, and rehabilitation-related agency				
Independent Living Center				
Institution of Higher Education				
Non-categorical disability organization				
Organization that primarily serves individuals who are blind or visually impaired				
Organization that primarily serves individuals who are deaf or hard of hearing				
Organization that primarily serves individuals with developmental disabilities				

Table 10. Identified Organizational Activities: Other Programs (Continued)

Organization that primarily serves individuals with physical disabilities				
Organization focused specifically on providing AT				
Protection and Advocacy Organization				
Technology agency				
UCP				
Other				

5. Select the option that best describes from where this activity is conducted.

- One central location
- Regional sites
- A combination of a central location and regional sites

6. If you indicated the use of regional sites, from how many regional sites is the activity conducted? [Number field]

7. This activity is available (choose all that apply).

- By website
- By phone
- By e-mail
- By mail
- In person

8. Describe the activity. [Text box]

Instructions: Explain in the simplest terms possible how this activity is conducted; a person unfamiliar with the program should be able to read this explanation and understand what the Statewide AT Program is “doing”. This explanation should make it clear how this activity is related to the purposes of the AT Act. It also should describe who the activity is intended to serve, specifically if only particular populations of individuals are served by the activity or if there are qualifications for participation in the activity. The role of the Statewide AT Program in carrying out the activity should be explained clearly. The example provided below is for a Last Resort Fund, but a similar concept should be applied here.

Example: Our Statewide AT Program supports a Last Resort Fund (LRF). The state Department of Community Living placed \$500,000 in an interest-bearing

account in 2012. The interest generated from this account is used to purchase AT devices for individuals with disabilities in need who apply to the LRF. The LRF can be accessed by an individual of any age with any disability. However, only individuals with disabilities who can clearly establish a need for AT but who do not qualify for AT through other systems such as Medicaid, VR, or special education, and cannot pay for a device on their own can receive a device paid for through this fund. Once an individual is determined qualified to receive a device through the LRF, he or she generally is referred to our device loan or device demonstration program or to other qualified parties for assistance in determining the appropriate AT. The LRF also checks with reuse programs to see if the device is available used before making a new purchase. Once the AT has been selected, the LRF works with the vendor of that AT and the funds are paid directly to that vendor, who then provides the device to the consumer. While no AT Act funds are used to purchase devices (all purchases are paid for with interest from the account started by the community living agency), the Statewide AT Program incurs all costs of administering the LRF. Staff time is dedicated to reviewing applications, working with the vendors who provide the AT, processing all of the funds, and following-up with the recipient once a device is obtained. Additional resources are used to make and disseminate promotional materials about the LRF.

[This page intentionally left blank]

Section D: Device Reutilization Activities

Section D: Device Reutilization Activities

The AT Act describes the State-level activity of device reutilization as follows:

“DEVICE REUTILIZATION PROGRAMS. —The State shall directly, or in collaboration with public or private entities, carry out assistive technology device reutilization programs that provide for the exchange, repair, recycling, or other reutilization of assistive technology devices, which may include redistribution through device sales, loans, rentals, or donations.”

For the purposes of this State Plan, device reutilization activities are categorized as either device exchange activities or device reassignment activities. Device exchange activities are those in which the Statewide AT Program facilitates the transfer of a device from a consumer who does not need the device to a consumer who could use the device without the organization taking possession of the device at any time. Devices are listed in a “want ad” or other type of posting and consumers can contact and arrange to obtain the device (either by purchasing it or obtaining it for free) from the current owner. Exchange activities do not involve warehousing inventory and do not include repair, sanitization or refurbishing of used devices. In some cases, a Statewide AT Program serves as an intermediary directly involved in making this exchange; in others the consumer and current owner make this exchange without the involvement of the Statewide AT Program.

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are items intended to meet these requirements for device exchange activities.

If you indicated that you conduct two or more device exchanges, you will repeat the items below once for each device exchange you indicated.

1. Select the option that best describes the type of reassignment program [Drop-down menu].

Instructions: The drop down box offers the following selections, use the definitions below to determine which type of device exchange to select (choose one):

- Reassigns computer only

- Reassigns general AT
- Open-ended loan program

Computer-only reassignment – A program that reutilizes computers *exclusively* and the only AT devices reutilized are part of the computer.

AT reassignment – A program that reassigns any kind of AT (including durable medical equipment). A program that occasionally reassigns computers if they are donated would be included here rather than a computer-only program.

Open-ended loan program – A program in which the device borrower can keep the device for as long as it is needed, but it is the policy of the program to require that the device be returned. Do not select this if the intent of the program really is a reassignment program and the choice to call it an open-ended loan is for legal or administrative reasons only.

2. Enter the year when the program began conducting this activity [Number field].
3. Who conducts this activity? Check all that apply.
 - The Statewide AT Program
 - Other entities (e.g. contractors)
4. The Statewide AT Program provides and/or receives the following support (choose all that apply).
 - Provides financial support to other entities via an agreement with the Statewide AT Program.
 - Provides in-kind support to other entities via an agreement with the Statewide AT Program.
 - Receives financial support from the state.
 - Receives in-kind support from the state.
 - Receives financial support from private entities.
 - Receives in-kind support from private entities.
 - Coordinates and collaborates with other entities for the purpose of establishing a new program or service.
 - Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.

5. Mark the following activities, as applicable, in the corresponding columns of Table 11 on pages 72 and 73:

- If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a).
- If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b).
- If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c).
- If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d).

Table 11. Identified Organizational Activities: Device Reutilization

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program				
Alliance for Technology Access Center				
Bank or other financial institution				
Community Living agency				
Easter Seals				
Education-related agency				
Employment-related agency				
Health, allied health, and rehabilitation-related agency				
Independent Living Center				
Institution of Higher Education				

Table 11. Identified Organizational Activities: Device Reutilization (Continued)

Non-categorical disability organization				
Organization that primarily serves individuals who are blind or visually impaired				
Organization that primarily serves individuals who are deaf or hard of hearing				
Organization that primarily serves individuals with developmental disabilities				
Organization that primarily serves individuals with physical disabilities				
Organization focused specifically on providing AT				
Protection and Advocacy Organization				
Technology agency				
UCP				
Other				

6. Select the option that best describes from where this activity is conducted.
 - One central location
 - Regional sites
 - A combination of a central location and regional sites

7. If you indicated the use of regional sites, from how many regional sites is the activity conducted? [Number field]

8. This activity is available (choose all that apply).
 - By website
 - By phone
 - By e-mail
 - By mail

- In person
9. Select the option that best describes the policy of the program for charging individuals with disabilities for a reutilized device. [Drop-down menu]
10. Select the option that best describes the policy of the program for charging professionals for a reutilized device. [Drop-down menu]
11. How do you get the device to the consumer? [Drop-down menu]

Instructions: The drop down offers the following options (choose one):

- The device is shipped via mail or other commercial delivery.
- The device is delivered to the consumer by staff.
- The consumer picks up the device at a designated site.
- Other

Statewide AT Programs use many methods for getting devices (or computers) to consumers under their device loan and device reuse programs. Here you will indicate the primary method you use. Your primary method should be your preferred or most frequently used method. Please note that in the option “the device is delivered to the consumer by staff,” your program determines who is designated as staff. This could include subcontractors and volunteers.

12. In Table 12, select by device type how the device is reassigned. Select the top two used by the program:

Table 12. Reassignment by Device Type

Type of Service	Based on consumer choice and/or request	A professional recommendation is required	Qualified program -staff match it to the consumer	Qualified consultants and/or volunteers match it to the consumer	The device is provided through a qualified third-party	Not applicable-this type of device is not made available
Vision						
Hearing						
Speech Communication						
Learning, Cognition, and Developmental						
Mobility, Seating, and Positioning						
Daily Living						
Environmental Adaptations						
Vehicle Modification and Transportation						
Recreation, Sports, and Leisure Equipment						
Computer and Associated Equipment						

Instructions: Statewide AT Programs employ different strategies to ensure that reused devices will meet the needs of recipients. As the policy may change depending on a particular device type, provide the two strategies most used by the program. Your program may employ a hierarchy of strategies or use different strategies depending on the individual's need. Example: You first request that a consumer bring a professional recommendation. If the consumer cannot provide a professional recommendation, you then have qualified program staff work with the consumer. These would be the "top two" for the program. Another option is to select the two methods most frequently used. For example, the category of "mobility, seating, and positioning" includes both wheelchairs and walkers. These may be the most frequently reassigned devices but you may have very different policies for them (e.g., professional recommendation for a wheelchair, but consumer choice for a walker). In this case, you would select the strategy that corresponds to each because they would be the strategies most frequently used.

Definitions and decision rules for each type of device are consistent with NISAT and are included as an appendix. If the answer is the same regardless of the device type, you need to repeat this information.

If your program conducts a device reassignment program for computers only, you need answer this question only for the category of computers and associated equipment and select not applicable for the rest of the categories.

Use the following to help make your selections:

Based on consumer choice/request – Select this if you rely on the consumer's assessment of his or her own needs.

Professional recommendation – Select this if you require that a medical, educational, allied health, or other professional recommends a device before you will provide it. Your program defines whom it considers a professional and what constitutes a recommendation.

Qualified program staff match it to the consumer – Select this if your staff gather information from the consumer and use their expertise to determine what device they believe may best meet the consumer's need. Your program defines what it means to be qualified.

Qualified consultants/volunteers match it to the consumer – Select this if others outside your organization assist with matching on a regular or as-needed basis. Examples include: a retired rehabilitation engineer who volunteers once a week, or an occupational therapist who you pay on a case-by-case basis to consult. Your program defines what it means to be qualified.

The device is provided through a qualified third party – Select this if you provide the device only when a qualified individual or agency requests it on behalf of someone

and that individual or agency has done the work of determining the appropriate match. Example: An independent living center requests used devices on behalf of consumers. Your program defines what it means to be qualified.

Not applicable – this type of device is not made available – Your program may choose not to accept certain categories of devices. If you do not accept certain categories, choose this. Choosing not to accept a category of devices is different from having never received a device in that category, however. If you have not received a device in a given category, but would accept and reassign a device in it if available, provide the response for what you most likely would do under the circumstances.

13. If applicable, describe how consumers demonstrate the need for devices. [Text box]

Instructions: If a consumer must in some way qualify for a device from your reassignment program, describe how they qualify and the qualifications. Additionally, you may want to describe if your program assists the consumer with accessing appropriate funding streams to pay for a device before using the reassignment program. Explain in the simplest terms possible; a person unfamiliar with the program should be able to read this explanation and understand what the Statewide AT Program is “doing”. If consumers do not need to qualify or you do not provide assistance, simply state that they do not.

Example: To receive a device from our reuse program, a consumer must (a) attest to having a disability, (b) lack or be denied public payment or private insurance coverage for the device, and (c) prove that the household income is not sufficient to purchase or to take out a financial loan to purchase the device. Before providing a device, we work with the consumer to determine their eligibility for Medicaid, VR, or other systems that cover AT. If they prove ineligible, we then work with our AFP to see if they could obtain a loan for the purchase. During the period of looking at funding options, we provide a used device on a temporary basis. If an individual does not qualify for any funding options to purchase a new device, they can keep the used device permanently. If an individual qualifies for other funding, they return the used device once they have obtained the new one.

14. Describe any supports provided to the consumer to ensure successful use of the device. [Text box]

Instructions: Describe any work you do with a consumer either before or after they obtain a device in order to ensure that the device is successfully used, such as: training the consumer or family members in use and maintenance of the device or requiring that the consumer receive training elsewhere; or following up with the consumer after they have received the device to see how it is working out and answer any questions. Explain in the simplest terms possible; a person unfamiliar with the program should be able to read this explanation and understand what the

Statewide AT Program is “doing”. If you don’t provide supports, simply state that you do not.

Example: Before a consumer receives a device, we provide on-site training on how to use and maintain it. A family member or friend must attend with the consumer so there is a back-up. A month after the consumer has taken the device; we call the consumer to see how the device is being used in the community and provide any assistance or troubleshooting. If this follow-up call shows it to be necessary, we will visit the consumer at home or work for further training.

15. Describe the activity. [Text box]

Instructions: explain in the simplest terms possible how this activity is conducted; a person unfamiliar with the program should be able to read this explanation and understand what the Statewide AT Program is “doing”. Describe the process for obtaining, refurbishing (if applicable), and reassigning devices. If the program is for a particular agency or entity, identify that agency or entity and the purpose and population served.

Example: The MS society subcontracts with us to operate an open-ended loan program for individuals with MS in the state. We have a pool of communication and adaptive daily living devices set aside for this program. When the MS society identifies an individual in need, they contact and inform us of the types of devices that could assist them. We arrange to provide the devices, and support for their use, to the individual. We track all devices as they come in and out of the program, and contact the individual with the device on a regular basis to determine if they are still benefitting from it. When the device no longer can be used by the individual, we collect it and take care of any necessary sanitization and maintenance of the item in preparation for another open-ended loan.

Section E: Device Loan Activity

Section E: Device Loan Activity

The AT Act says that Statewide AT Programs are to “directly or in collaboration with public or private entities, carry out device loan programs that provide short-term loans of assistive technology devices to individuals, employers, public agencies, or others seeking to meet the needs of targeted individuals and entities, including others seeking to comply with IDEA, ADA and Section 504.”

The purpose of a device loan may be to assist in decision making, to serve as a loaner while the consumer is waiting for device repair or funding, to provide an accommodation on a short-term basis or for other purposes. “Other” purposes include: (1) self-education by a consumer for the purpose of later decision making (e.g., when the school year begins); (2) self-education by an intermediary (e.g., a teacher) whose purpose is to become familiar with the device; and (3) training.

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are items intended to meet these requirements for device loan activities.

If you indicated that you conduct two or more device loan activities, you will repeat the items below once for each device loan activity you indicated.

1. Select the option that best describes the type of program. [Drop-down menu]

Instructions: The drop-down menu offers the following options (choose one):

- General program
- Program for targeted consumers
- Program for targeted agencies or entities
- Other

Some Statewide AT Programs have a pool of devices available for loan to anyone for any purpose, while others maintain several pools of devices, some for the public and some for specific audiences or purposes. Use the definitions below to determine the best description of the types of device loan activities you conduct. You will repeat these questions again if you have more than one type of loan activities, so select only one descriptor here. Note that you are required to provide annual data for any activity claimed in this State Plan.

General device loan program – Devices in the loan inventory are available to most targeted individuals and entities for most purposes.

Device loan program for targeted consumers - Devices in the loan inventory are reserved for the use of certain consumers. The type of consumer can be defined by age, disability, intended purpose, or other characteristic. If they are reserved for the use of particular professionals, you should answer that it is for targeted agencies or entities. If the type of consumer is linked to an agency or entity, you also would answer targeted agency or entity (e.g., the pool is reserved for children being served by early intervention agencies is different from a pool reserved for infants and toddlers).

Device loan program for targeted agencies or entities – Devices in the loan inventory are reserved for the use of a certain agency or entity (e.g., you have a pool of communication devices specifically set aside for the use of a nearby school district). This can apply to both consumers and professionals who receive the loan through the agency in question.

Other – The device loan inventory is not available like a general loan inventory, but the exclusions are not related to a type of consumer or entity.

2. If you indicated that you have a device loan program for targeted consumers or devices, describe the specific types of consumers or devices for whom the loan program is intended and why. [Text box]

Instructions: Explain in the simplest terms possible how this activity is conducted; a person unfamiliar with the program should be able to read this explanation and understand what the Statewide AT Program is “doing”. It also should describe to whom the activity is intended to serve, and how it is of benefit to the consumer. The role of the Statewide AT Program in carrying out the activity should be explained clearly.

Example: We maintain an inventory of augmentative communication devices specifically for children with autism. We purchased the devices in this inventory specifically with children with autism in mind because their needs are distinct and our program received so many requests for assistance from their families. There are duplicates of some of the devices in our general loan inventory, but if the person requesting a device identifies that it is for an autistic child, the device comes from this specific pool before we loan it to him or her from the general pool. A staff member with expertise in autism is assigned to assist all those who receive devices from this inventory.

3. If you indicated that you have a device loan program for targeted agencies or entities, identify the entity or agency and describe the purpose of the program. [Text box]

Instructions: Explain in the simplest terms possible how this activity is conducted; a person unfamiliar with the program should be able to read this explanation and understand what the Statewide AT Program is “doing”. It also should describe who the activity is intended to serve, and how it is of benefit to the consumer. The role of the Statewide AT Program in carrying out the activity should be explained clearly.

Example: We have a partnership to provide device loans to vocational rehabilitation counselors serving students in transition. All requests for device loans for students in transition come to us from the VR agency and are fulfilled from a pool of devices set aside for this purpose. The devices were purchased using funds provided by the VR agency, but the Statewide AT Program provides the management of the pool and staff expertise related to the devices at no cost to the agency.

4. If you selected other, describe. [Text box]

Instructions: Explain in the simplest terms possible how this activity is conducted; a person unfamiliar with the program should be able to read this explanation and understand what the Statewide AT Program is “doing”. It also should describe who the activity is intended to serve, and how it is of benefit. The role of the Statewide AT Program in carrying out the activity should be explained clearly.

5. Enter the year when the program began conducting this activity. [Number field]

6. Who conducts this activity? Check all that apply.

- The Statewide AT Program
- Other entities (e.g. contractors)

7. The Statewide AT Program provides and/or receives the following support (choose all that apply).

- Provides financial support to other entities via an agreement with the Statewide AT Program.
- Provides in-kind support to other entities via an agreement with the Statewide AT Program.
- Receives financial support from the state.
- Receives in-kind support from the state.
- Receives financial support from private entities.
- Receives in-kind support from private entities.
- Coordinates and collaborates with other entities for the purpose of establishing a new program or service.
- Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.

- Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.

8. Mark the following activities, as applicable, in the corresponding columns of Table 13 on pages 83 and 84:

- If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a).
- If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b).
- If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c).
- If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d).

Table 13. Identified Organizational Activities: Device Loan Activity

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program				
Alliance for Technology Access Center				
Bank or other financial institution				
Community Living agency				
Easter Seals				
Education-related agency				
Employment-related agency				
Health, allied health, and rehabilitation-related agency				
Independent Living Center				

Table 13. Identified Organizational Activities: Device Loan Activity (Continued)

Institution of Higher Education				
Non-categorical disability organization				
Organization that primarily serves individuals who are blind or visually impaired				
Organization that primarily serves individuals who are deaf or hard of hearing				
Organization that primarily serves individuals with developmental disabilities				
Organization that primarily serves individuals with physical disabilities				
Organization focused specifically on providing AT				
Protection and Advocacy Organization				
Technology agency				
UCP				
Other				

9. Select the option that best describes from where this activity is conducted.

- One central location
- Regional sites
- A combination of a central location and regional sites

10. If you indicated the use of regional sites, from how many regional sites is the activity conducted? [Number field]

11. This activity is available (choose all that apply).

- By website
- By phone

- By e-mail
- By mail
- In person

12. Select the option that best describes the policy of the program for charging individuals with disabilities for a loan. [Drop-down menu]

13. Select the option that best describes the policy of the program for charging professionals for a loan. [Text box]

14. Describe any supports provided to the consumer to ensure a successful loan. [Text box]

Instructions: Some loan programs provide support to consumers on multiple levels at multiple times to improve the loan experience. Describe the types of supports you provide, if any. Explain in the simplest terms possible how this activity is conducted; a person unfamiliar with the program should be able to read this explanation and understand what the Statewide AT Program is “doing”.

Example: Every device sent out from our loan inventory comes both with the manufacturer’s instructions and a “cheat sheet” of basic instructions. Prior to sending the device, we ensure that at least one adult in the household receiving the device is able to read the instructions that are sent. A week after a device has been sent, we place a follow-up call to the recipient to ask (a) if the device has arrived and (b) if they need any assistance with setting it up. If it has not been set up, we call back in another week. If it already has been set up, we ask them a series of questions to probe how successfully/correctly the device is being used. If it appears that the consumer is having difficulty, we troubleshoot the situation or offer a different device.

15. Devices in the loan pool also are made available for the following (choose all that apply). [Check boxes]

- Device demonstrations
- Evaluations and assessments
- Training
- Public awareness

Instructions: Indicate other purposes for which you allow your device loan devices to be used, whether the other use is internal to your program only or if you allow others to receive a loan for the given purpose. This includes if you allow a professional not affiliated with your program to check out a device for the purpose of evaluating a consumer or conducting training.

16. How do you get the device to the consumer? [Drop-down menu]

Instructions: The drop-down menu offers the following options (choose one):

- The device is shipped via mail or other commercial delivery
- The device is delivered to the consumer by staff
- The consumer picks up the device at a designated site
- Other

Statewide AT Programs use many methods for getting devices to consumers under their device loan and device reuse programs. Here you will indicate the primary method you use. Your primary method should be your preferred or most frequently used method. Please note that in the option “the device is delivered to the consumer by staff,” your program determines who is designated as staff. This could include subcontractors and volunteers.

17. Provide any additional information about this activity you wish to share. [Text box]

[This page intentionally left blank]

Section F: Device Demonstration Activities

Section F: Device Demonstration Activities

The AT Act describes device demonstrations as activities to “directly, or in collaboration with public and private entities, such as one-stop partners, as defined in section 101 of the Workforce Investment Act of 1998 (29 U.S.C. 2801), demonstrate a variety of assistive technology devices and assistive technology services (including assisting individuals in making informed choices regarding, and providing experiences with, the devices and services), using personnel who are familiar with such devices and services and their applications.” Section 4(e)(2)(D)

In a device demonstration for an individual, guided experience with the device(s) is provided to the participant with the assistance of someone who has technical expertise related to the device(s). This expert may be in the same location as the participant or may assist the participant through Internet or distance learning mechanism that provides real-time, effective communication to deliver the necessary device exploration.

A demonstration is characterized by its interactive nature whereby the participant can interact with an expert to increase their knowledge and understanding about the details and functions of a device; the participant drives the demonstration and has the ability to interact and have their individual questions about the device addressed. If the demonstration is conducted via the internet or distance learning mechanism it must be a real-time, interactive demonstration that provides one-on-one assistance to the participant. A web-based demonstration that is archived or is a static presentation without interaction is considered an awareness activity, not a demonstration. If a demonstration is to be conducted without the participant having direct (hands-on) access to the devices to be demonstrated, the interaction must be structured to ensure the device can be adequately explored to enable decision-making.

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are items intended to meet these requirements for device demonstration activities.

If you indicated that you conduct two or more device demonstration activities, you will repeat the items below once for each device demonstration activity you indicated.

1. Select the option that best describes the type of program. [Drop-down menu]

Instructions: The drop-down menu offers the following options (choose one):

- General device demonstration program
- Device demonstration program for targeted consumers
- Device demonstration program for targeted agencies or entities
- Other

Some Statewide AT Programs have a pool of devices available to demonstration to anyone for any purpose, while others maintain several pools of devices, some for the public and some for specific audiences or purposes. Use the definitions below to determine the best description of the types of device demonstration activities you conduct. You will repeat these questions again if you have more than one type of demonstration activities, so select only one descriptor here. Note that you are required to provide annual data for any activity claimed in this State Plan.

General device demonstration program – Devices in the demonstration inventory are available to most targeted individuals and entities for most purposes.

Device demonstration program for targeted consumers - Devices in the demonstration inventory are reserved for the use of certain consumers. The type of consumer can be defined by age, disability, intended purpose, or other characteristic. If they are reserved for the use of particular professionals, you should answer that it is for targeted agencies or entities. If the type of consumer is linked to an agency or entity, you also would answer targeted agency or entity (e.g., the pool is reserved for children being served by early intervention agencies is different from a pool reserved for infants and toddlers).

Device demonstration program for targeted agencies or entities – Devices in the demonstration inventory are reserved for the use of a certain agency or entity (e.g., you have a pool of communication devices specifically set aside for the use of a nearby school district). This can apply to both consumers and professionals who receive the demonstration through the agency in question.

Other – The device demonstration inventory is not available like a general demonstration inventory, but the exclusions are not related to a type of consumer or entity.

2. If you indicated that you have a device demonstration program for targeted consumers or devices, describe the specific types of consumers or devices for whom this demonstration program is intended and why. [Text box]

Instructions: Explain in the simplest terms possible how this activity is conducted; a person unfamiliar with the program should be able to read this explanation and understand what the Statewide AT Program is “doing”. It also should describe who

the activity is intended to serve, and how it is of benefit to the consumer. The role of the Statewide AT Program in carrying out the activity should be explained clearly.

Example: Under an agreement with AARP, we have a special demonstration program for senior citizens. The inventory for this program consists of the most popular and affordable AT for the elderly who live on their own or in nursing homes. Twice a month, all of the devices in this program are taken to locations such as nursing homes, senior centers, and hospitals. Staff spend a full day at the location providing one-on-one demonstrations to those being served there.

3. If you indicated that you have a device demonstration program for targeted agencies or entities, identify the entity or agency and describe the purpose of the program. [Text box]

Instructions: See instructions for item 2.

4. If you selected other, describe. [Text box]

Instructions: Explain in the simplest terms possible how this activity is conducted; a person unfamiliar with the program should be able to read this explanation and understand what the Statewide AT Program is “doing”. It also should describe whom the activity is intended to serve, and how it is of benefit. The role of the Statewide AT Program in carrying out the activity should be explained clearly.

5. Enter the year when the program began conducting this activity.
6. Who conducts this activity? Check all that apply.
 - The Statewide AT Program
 - Other entities (e.g. contractors)
7. The Statewide AT Program provides and/or receives the following support (choose all that apply).
 - Provides financial support to other entities via an agreement with the Statewide AT Program.
 - Provides in-kind support to other entities via an agreement with the Statewide AT Program.
 - Receives financial support from the state.
 - Receives in-kind support from the state.
 - Receives financial support from private entities.
 - Receives in-kind support from private entities.
 - Coordinates and collaborates with other entities for the purpose of establishing a new program or service.

- Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.
- Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.

8. Mark the following activities, as applicable, in the corresponding columns of Table 14 on pages 93 and 94:

- If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a).
- If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b).
- If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c).
- If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d).

Table 14. Identified Organizational Activities: Device Demonstration Activities

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program				
Alliance for Technology Access Center				
Bank or other financial institution				
Community Living agency				
Easter Seals				
Education-related agency				
Employment-related agency				
Health, allied health, and rehabilitation-related agency				
Independent Living Center				
Institution of Higher Education				
Non-categorical disability organization				
Organization that primarily serves individuals who are blind or visually impaired				
Organization that primarily serves individuals who are deaf or hard of hearing				

**Table 14. Identified Organizational Activities: Device Demonstration Activities
(Continued)**

Organization that primarily serves individuals with developmental disabilities				
Organization that primarily serves individuals with physical disabilities				
Organization focused specifically on providing AT				
Protection and Advocacy Organization				
Technology agency				
UCP				
Other				

1. Select the option that best describes from where this activity is conducted.
 - One central location
 - Regional sites
 - A combination of a central location and regional sites

2. If you indicated the use of regional sites, from how many regional sites is the activity conducted? [Number field]

3. This activity is available (choose all that apply).
 - By website
 - By phone
 - By e-mail
 - By mail
 - In person

4. Select the option that best describes the primary type of demonstrations provided by the program. [Drop-down menu]

Instructions: The drop-down menu offers the following selections (choose one):

- In-person demonstrations from one fixed location
- In-person demonstrations at fixed regional sites

- In-person demonstrations that move to multiple sites
- In-person demonstrations from a mobile unit(s)
- Virtual demonstrations via technology

For this item, you identify the primary method. The next item allows you to identify a secondary method. The primary method should be your preferred or most frequently used method, and secondary the next in your hierarchy. Use the following definitions when determining the type of method:

In-person demonstrations from one fixed location – You have a central location that houses all employees and resources engaged in the activity. If you have a central location and use other strategies described here, remember you can choose a primary and secondary. It is assumed that there is a correlation between your response to this item and your response to the general item about the use of central locations vs. regional sites.

In-person demonstrations at fixed regional sites – You have at least two sites that operate relatively independently and house their own employees and separate resources. If one of these sites is considered the central site or “headquarters,” that site most likely should be identified as either your primary or secondary “one fixed location.” Regional sites can be directly managed by the Lead Agency/Implementing Entity or can be subcontractors. Sites that simply serve as referral sources or provide minimal assistance to a central location are not considered regional sites.

In-person demonstrations that move to multiple sites – You use community-based sites on a temporary basis, and staff and equipment move from site to site. For example, a staff member travels from independent living center to independent living center across the state with a vehicle full of devices. The staff member spends a week at each independent living center performing demonstrations. If the staff members and equipment are sent out from a primary site, that site most likely should be identified as either your primary or secondary “one fixed location.” This option is not to be confused with a mobile unit, wherein the vehicle transporting devices serves as a demonstration in and of itself. It also is not to be confused with regional sites, which are fixed locations.

In-person demonstrations from a mobile unit(s) – Unlike demonstrations that move to multiple sites, a mobile unit is designed to be a demonstration in and of itself. This is different from a vehicle in which devices are transported.

Virtual demonstrations via technology – You deliver a demonstration using the Internet or some other distance learning technology rather than in-person, regardless of whether the recipient of the demonstration has hands-on access to the device.

5. Select the option that best describes the secondary type of demonstrations provided by the program. [Drop-down menu]

Instructions: Same instructions for primary type.

6. Select the option that best describes the policy of the program for charging individuals with disabilities for a demonstration. [Drop-down menu]

7. Select the option that best describes the policy of the program for charging professionals for a demonstration. [Drop-down menu]

8. Devices in the demonstration pool also are made available for the following (choose all that apply). [Check boxes]

- Device loans
- Evaluations and assessments
- Training
- Public awareness

Instructions: Indicate other purposes for which you allow your device demonstration devices to be used, whether the other use is internal to your program only or if you allow others to receive a loan for the given purpose. This includes if you allow a professional not affiliated with your program to check out a device for the purpose of evaluating a consumer or conducting training.

9. Select the option that best describes what is shared with the device loan program. [Drop-down menu]

Instructions: The drop-down menu offers the following selections:

- Staff
- Space
- Not applicable

Many Statewide AT Programs share resources between their device demonstration and device loan programs. Identify here the resources shared between your programs. If you share devices, this already should have been identified.

10. Provide any additional information about this activity you wish to share. [Text box]

State Leadership Activities

Section G1: Training Activities

Section G2: Technical Assistance Activities

Section G3: Public Awareness Activities

Section G4: Information and Assistance Activities

Section G1: Training Activities

The AT Act describes training as follows:

“(i) TRAINING AND TECHNICAL ASSISTANCE. —

(I) IN GENERAL. —The State shall directly, or provide support to public or private entities with demonstrated expertise in collaborating with public or private agencies that serve individuals with disabilities, to develop and disseminate training materials, conduct training, and provide technical assistance, for individuals from local settings statewide, including representatives of State and local educational agencies, other State and local agencies, early intervention programs, adult service programs, hospitals and other health care facilities, institutions of higher education, and businesses.

(II) AUTHORIZED ACTIVITIES. —In carrying out activities under subclause (I), the State shall carry out activities that enhance the knowledge, skills, and competencies of individuals from local settings described in subclause (I), which may include—

(aa) general awareness training on the benefits of assistive technology and the Federal, State, and private funding sources available to assist targeted individuals and entities in acquiring assistive technology;

(bb) skills-development training in assessing the need for assistive technology devices and assistive technology services;

(cc) training to ensure the appropriate application and use of assistive technology devices, assistive technology services, and accessible technology for e-government functions;

(dd) training in the importance of multiple approaches to assessment and implementation necessary to meet the individualized needs of individuals with disabilities; and

(ee) technical training on integrating assistive technology into the development and implementation of service plans, including any education, health, discharge, Olmstead, employment, or other plan required under Federal or State law.”

Training activities are instructional events, usually planned in advance for a specific purpose or audience, designed to increase participants’ knowledge, skills, and competencies regarding AT. Such events can be delivered to large or small groups, in-person, or via telecommunications or other distance education mechanisms. In general, participants in training can be individually identified and could complete an evaluation of the training. Examples of training include classes, workshops, and presentations that have a goal of increasing skills, knowledge, and competency, as opposed to training intended only to increase general awareness of AT. Training activities have more depth and breadth than public awareness activities and are focused on skill building and competency development.

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various

public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are items intended to meet these requirements for training activities.

1. Who conducts this activity? Check all that apply.

- The Statewide AT Program
- Other entities (e.g. contractors)

2. The Statewide AT Program provides and/or receives the following support (choose all that apply).

- Provides financial support to other entities via an agreement with the Statewide AT Program.
- Provides in-kind support to other entities via an agreement with the Statewide AT Program.
- Receives financial support from the state.
- Receives in-kind support from the state.
- Receives financial support from private entities.
- Receives in-kind support from private entities.
- Coordinates and collaborates with other entities for the purpose of establishing a new program or service.
- Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.
- Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.

3. Mark the following activities, as applicable, in the corresponding columns of the Table 15 on pages 100 and 101:

- If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a).
- If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b).
- If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c).
- If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d).

Table 15. Identified Organizational Activities: Training Activities

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program				
Alliance for Technology Access Center				
Bank or other financial institution				
Community Living agency				
Easter Seals				
Education-related agency				
Employment-related agency				
Health, allied health, and rehabilitation-related agency				
Independent Living Center				
Institution of Higher Education				
Non-categorical disability organization				
Organization that primarily serves individuals who are blind or visually impaired				
Organization that primarily serves individuals who are deaf or hard of hearing				
Organization that primarily serves individuals with developmental disabilities				

Table 15. Identified Organizational Activities: Training Activities (Continued)

Organization that primarily serves individuals with physical disabilities				
Organization focused specifically on providing AT				
Protection and Advocacy Organization				
Technology agency				
UCP				
Other				

4. Select the option that best describes from where this activity is conducted.
 - One central location
 - Regional sites
 - A combination of a central location and regional sites

5. If you indicated the use of regional sites, from how many regional sites is the activity conducted? [Number field]

6. This activity is available (choose all that apply).
 - By website
 - By phone
 - By e-mail
 - By mail
 - In person

7. Select the option that best describes how training is primarily provided.

Instructions: The drop-down menu offers the following selections (choose one):

- At fixed sites supported by the Statewide AT Program.
- At sites arranged by those receiving the training.
- Via distance learning technology.

While it is likely you deliver training in many situations, you will identify the primary method you use to deliver training. Choose the answer that is your policy or your preferred or most frequently used method. Use the following definitions when determining the type of method:

At fixed sites supported by the Statewide AT Program – Whether you have a central location or use regional sites, you ask that trainees come to one of your facilities to receive training.

At sites arranged by those receiving the training – When training is requested, you go to one of the trainee's facilities to provide it.

Via distance learning technology - Trainings are not provided on-site.

8. Select the option that best describes the policy of the program for charging individuals with disabilities for training. [Drop-down menu]
9. Select the option that best describes the policy of the program for charging professionals for training. [Drop-down menu]
10. Provide any additional information about this activity you wish to share.

Section G2: Technical Assistance Activities

The AT Act describes training as follows:

“(i) TRAINING AND TECHNICAL ASSISTANCE. —

(I) IN GENERAL. —The State shall directly, or provide support to public or private entities with demonstrated expertise in collaborating with public or private agencies that serve individuals with disabilities, to develop and disseminate training materials, conduct training, and provide technical assistance, for individuals from local settings statewide, including representatives of State and local educational agencies, other State and local agencies, early intervention programs, adult service programs, hospitals and other health care facilities, institutions of higher education, and businesses.

(II) AUTHORIZED ACTIVITIES. —In carrying out activities under subclause (I), the State shall carry out activities that enhance the knowledge, skills, and competencies of individuals from local settings described in subclause (I), which may include—

(aa) general awareness training on the benefits of assistive technology and the Federal, State, and private funding sources available to assist targeted individuals and entities in acquiring assistive technology;

(bb) skills-development training in assessing the need for assistive technology devices and assistive technology services;

(cc) training to ensure the appropriate application and use of assistive technology devices, assistive technology services, and accessible technology for e-government functions;

(dd) training in the importance of multiple approaches to assessment and implementation necessary to meet the individualized needs of individuals with disabilities; and

(ee) technical training on integrating assistive technology into the development and implementation of service plans, including any education, health, discharge, Olmstead, employment, or other plan required under Federal or State law.”

Technical Assistance (TA) is direct problem-solving services provided by Statewide AT Program staff to assist programs and agencies in improving their services, management, policies and/or outcomes. TA may be provided in person, by electronic media such as telephone, video or e-mail and by other means. The following are examples of technical assistance: needs assessment, program planning or development, curriculum or materials development, administrative or management consultation, program evaluation and site reviews of external organizations, and policy development.

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities,

including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are items intended to meet these requirements for technical assistance activities.

1. Who conducts this activity? Check all that apply.
 - The Statewide AT Program
 - Other entities (e.g. contractors)

2. The Statewide AT Program provides and/or receives the following support (choose all that apply).
 - Provides financial support to other entities via an agreement with the Statewide AT Program.
 - Provides in-kind support to other entities via an agreement with the Statewide AT Program.
 - Receives financial support from the state.
 - Receives in-kind support from the state.
 - Receives financial support from private entities.
 - Receives in-kind support from private entities.
 - Coordinates and collaborates with other entities for the purpose of establishing a new program or service.
 - Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.
 - Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.

3. Mark the following activities, as applicable, in the corresponding columns of Table 16 on pages 105 and 106:
 - If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a).
 - If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b).
 - If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c).
 - If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d).

Table 16. Identified Organizational Activities: Technical Assistance Activities

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program				
Alliance for Technology Access Center				
Bank or other financial institution				
Community Living agency				
Easter Seals				
Education-related agency				
Employment-related agency				
Health, allied health, and rehabilitation-related agency				
Independent Living Center				
Institution of Higher Education				
Non-categorical disability organization				
Organization that primarily serves individuals who are blind or visually impaired				
Organization that primarily serves individuals who are deaf or hard of hearing				
Organization that primarily serves individuals with developmental disabilities				

**Table 16. Identified Organizational Activities: Technical Assistance Activities
(Continued)**

Organization that primarily serves individuals with physical disabilities				
Organization focused specifically on providing AT				
Protection and Advocacy Organization				
Technology agency				
UCP				
Other				

4. Select the option that best describes from where this activity is conducted.
 - One central location
 - Regional sites
 - A combination of a central location and regional sites

5. If you indicated the use of regional sites, from how many regional sites is the activity conducted? [Number field]

6. This activity is available (choose all that apply).
 - By website
 - By phone
 - By e-mail
 - By mail
 - In person

7. Select the option that best describes the policy of the program for charging for technical assistance. [Drop-down menu]

8. Provide any additional information about this activity you wish to share [Text box].

Section G3: Public Awareness Activities

The AT Act says the following about Public Awareness

“The State shall conduct public-awareness activities designed to provide information to targeted individuals and entities relating to the availability, benefits, appropriateness, and costs of assistive technology devices and assistive technology services, including

—
(aa) the development of procedures for providing direct communication between providers of assistive technology and targeted individuals and entities, which may include partnerships with entities in the statewide and local workforce investment systems established under the Workforce Investment Act of 1998 (29 U.S.C. 2801 et seq.), State vocational rehabilitation centers, public and private employers, or elementary and secondary public schools;

(bb) the development and dissemination, to targeted individuals and entities, of information about State efforts related to assistive technology; and

(cc) the distribution of materials to appropriate public and private agencies that provide social, medical, educational, employment, and transportation services to individuals with disabilities.”

Public awareness activities are designed to reach large numbers of people, including activities such as public service announcements, radio talk shows and news reports, newspaper stories and columns, newsletters, brochures, and public forums.

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are items intended to meet these requirements for public awareness activities.

1. Who conducts this activity? Check all that apply.
 - The Statewide AT Program
 - Other entities (e.g. contractors)

2. The Statewide AT Program provides and/or receives the following support (choose all that apply).

- Provides financial support to other entities via an agreement with the Statewide AT Program.
- Provides in-kind support to other entities via an agreement with the Statewide AT Program.
- Receives financial support from the state.
- Receives in-kind support from the state.
- Receives financial support from private entities.
- Receives in-kind support from private entities.
- Coordinates and collaborates with other entities for the purpose of establishing a new program or service.
- Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.
- Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.

3. Mark the following activities, as applicable, in the corresponding columns of Table 17 on pages 109 and 110:

- If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a).
- If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b).
- If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c).
- If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d).

Table 17. Identified Organizational Activities: Public Awareness Activities

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program				
Alliance for Technology Access Center				
Bank or other financial institution				
Community Living agency				
Easter Seals				
Education-related agency				
Employment-related agency				
Health, allied health, and rehabilitation-related agency				
Independent Living Center				
Institution of Higher Education				
Non-categorical disability organization				
Organization that primarily serves individuals who are blind or visually impaired				
Organization that primarily serves individuals who are deaf or hard of hearing				
Organization that primarily serves individuals with developmental disabilities				

**Table 17. Identified Organizational Activities: Public Awareness Activities
(Continued)**

Organization that primarily serves individuals with physical disabilities				
Organization focused specifically on providing AT				
Protection and Advocacy Organization				
Technology agency				
UCP				
Other				

4. Select the option that best describes from where this activity is conducted.
 - One central location
 - Regional sites
 - A combination of a central location and regional sites

5. If you indicated the use of regional sites, from how many regional sites is the activity conducted? [Number field]

6. This activity is available (choose all that apply).
 - By website
 - By phone
 - By e-mail
 - By mail
 - In person

7. Describe the activity. [Text box]

Instructions: This should include a description of the major activities that occur on an ongoing basis. Explain in the simplest terms possible how this activity is conducted; a person unfamiliar with the program should be able to read this explanation and understand what the Statewide AT Program is “doing.”

Example: Our statewide AT Program conducts 3 major public awareness activities on an annual basis.

- a. We sponsor the state’s annual AT awareness day. On AT awareness day, stakeholders in the field of AT gather in the state capitol for a small festival featuring events and a device pavilion. As sponsor, we are responsible for

arranging the facilities, logistics, and publicity for the event, though other agencies and organizations contribute funds.

- b. We have a booth at 3-5 conferences/expos every year, such as education conferences and health expos. Depending on the theme and attendees of the conference, the booth features various devices and staff with appropriate expertise. We also distribute material to promote the program and general information about AT.
- c. In partnership with the state chapter of AARP, we do a once-a-year mailing to all AARP members in the state that includes information about AT and the services available through our program.

Section G4: Information and Assistance Activities

The AT Act says the following about information and referral activities, which for the purpose of this State Plan are called information and assistance activities:

“(aa) IN GENERAL. — The State shall directly, or in collaboration with public or private (such as nonprofit) entities, provide for the continuation and enhancement of a statewide information and referral system designed to meet the needs of targeted individuals and entities.

(bb) CONTENT. — The system shall deliver information on assistive technology devices, assistive technology services (with specific data regarding provider availability within the State), and the availability of resources, including funding through public and private sources, to obtain assistive technology devices and assistive technology services. The system shall also deliver information on the benefits of assistive technology devices and assistive technology services with respect to enhancing the capacity of individuals with disabilities of all ages to perform activities of daily living.”

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are items intended to meet these requirements for information and assistance activities.

1. Who conducts this activity? Check all that apply.
 - The Statewide AT Program
 - Other entities (e.g. contractors)

2. The Statewide AT Program provides and/or receives the following support (choose all that apply).
 - Provides financial support to other entities via an agreement with the Statewide AT Program.
 - Provides in-kind support to other entities via an agreement with the Statewide AT Program.
 - Receives financial support from the state.
 - Receives in-kind support from the state.
 - Receives financial support from private entities.
 - Receives in-kind support from private entities.

- Coordinates and collaborates with other entities for the purpose of establishing a new program or service.
- Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.
- Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.

3. Mark the following activities, as applicable, in the corresponding columns of Table 18 listed on pages 111 and 112:

- If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a).
- If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b).
- If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c).
- If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d).

Table 18. Identified Organizational Activities: Information and Assistance Activities

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program				
Alliance for Technology Access Center				
Bank or other financial institution				
Community Living agency				
Easter Seals				
Education-related agency				
Employment-related agency				
Health, allied health, and rehabilitation-related agency				
Independent Living Center				
Institution of Higher Education				
Non-categorical disability organization				
Organization that primarily serves individuals who are blind or visually impaired				
Organization that primarily serves individuals who are deaf or hard of hearing				
Organization that primarily serves individuals with developmental disabilities				

Table 18. Identified Organizational Activities: Information and Assistance Activities (Continued)

Organization focused specifically on providing AT				
Protection and Advocacy Organization				
Technology agency				
UCP				
Other				
Health, allied health, and rehabilitation-related agency				
Independent Living Center				
Institution of Higher Education				
Non-categorical disability organization				
Organization that primarily serves individuals who are blind or visually impaired				
Organization that primarily serves individuals who are deaf or hard of hearing				
Organization that primarily serves individuals with developmental disabilities				
Organization that primarily serves individuals with physical disabilities				
Organization focused specifically on providing AT				
Protection and Advocacy Organization				
Technology agency				
UCP				
Other				

4. Select the option that best describes from where this activity is conducted.
 - One central location
 - Regional sites
 - A combination of a central location and regional sites
5. If you indicated the use of regional sites, from how many regional sites is the activity conducted? [Number field]
6. This activity is available (choose all that apply).
 - By website
 - By phone
 - By e-mail
 - By mail
 - In person

7. Describe the activity. [Text box]

Instructions: This should include a description of how a consumer in need of information and assistance can contact your program and how your program would provide assistance to him or her. Explain in the simplest terms possible how this activity is conducted; a person unfamiliar with the program should be able to read this explanation and understand what the Statewide AT Program is “doing.”

Example: Our Statewide AT Program has four regional sites. Each site has a half-time person devoted to answering information and assistance calls and e-mails and this person receives extensive and ongoing training. A consumer can call any of the four sites (usually he or she is directed to the one closest to where he or she lives) and either talk directly to the staff or leave a message via voicemail. E-mail inquiries are handled similarly, except that they all go to a general account and then are forwarded to the appropriate staff member. Our policy is to respond to all inquiries within one business day. When contacting a consumer, the staff has a routine of questions to ask to ensure that we have all of the information necessary to connect the consumer with appropriate resources. The expertise of the staff about AT-related resources in the state is backed up by several three-ring binders full of topical information for quick reference. If staff is not able to respond to a request for assistance alone, the request is brought to the weekly staff meeting to problem-solve.

[This page intentionally left blank]

Section H: Assurances, Measurable Goals, and
Signature

Section H: Assurances, Measurable Goals, and Signature

Section 4(d) of the AT Act prescribes the duties of the Lead Agency receiving a grant under section 4 of the AT Act and requires the State to provide a number of assurances in its application for funds. 34 CFR part 76 also requires that any State Plan include certain assurances. Your certifying representative will attest to these assurances and other requirements below and will sign the State Plan, indicating that to the best of his or her knowledge and belief all information provided in the State Plan is true and correct and the State Plan fully discloses all known weaknesses concerning the accuracy, reliability, and completeness of the information.

As Certifying Representative of the Lead Agency for the State of [state name will automatically populate], I hereby assure the following:

1. The Lead Agency prepared and submitted this State Plan on behalf of the State of [state name will automatically populate].
2. The Lead Agency submitting this plan is the State agency that is eligible to submit this plan.
3. The State agency has authority under State law to perform the functions of the State under this program.
4. The State legally may carry out each provision of this plan.
5. All provisions of this plan are consistent with State law.
6. A State officer, specified by title in this certification, has authority under State law to receive, hold, and disburse Federal funds made available under the plan.
7. The State officer who submits this plan, specified by title in this certification, has authority to submit this plan.
8. The agency that submits this plan has adopted or otherwise formally approved this plan.
9. The plan is the basis for State operation and administration of the program.
10. The Lead Agency will maintain and evaluate the program under this State Plan.
11. The State will annually collect data related to the required activities implemented by the State under this section in order to prepare the progress reports required under subsection 4(f) of the Act.

12. The Lead Agency will submit the progress report on behalf of the State.
13. The State will prepare reports to the Secretary in such form and containing such information as the Secretary may require to carry out the Secretary's functions under this Act and keep such records and allow access to such records as the Secretary may require to ensure the correctness and verification of information provided to the Secretary.
14. The Lead Agency will control and administer the funds received through the grant.
15. The Lead Agency will make programmatic and resource allocation decisions necessary to implement the State Plan.
16. Funds received through the grant will be expended in accordance with Section 4 of the Act, and will be used to supplement, and not supplant, funds available from other sources for technology-related assistance, including the provision of assistive technology devices and assistive technology services.
17. The Lead Agency will ensure conformance with Federal and State accounting requirements.
18. The State will adopt such fiscal control and accounting procedures as may be necessary to ensure proper disbursement of and accounting for the funds received through the grant.
19. Funds made available through a grant to a State under this Act will not be used for direct payment for an assistive technology device for an individual with a disability.
20. A public agency or an individual with a disability holds title to any property purchased with funds received under the grant and administers that property.
21. The physical facility of the Lead Agency and Implementing Entity, if any, meets the requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) regarding accessibility for individuals with disabilities. Section 4(d)(6)(E)
22. Activities carried out in the State that are authorized under this Act, and supported by Federal funds received under this Act, will comply with the standards established by the Architectural and Transportation Barriers Compliance Board under section 508 of the Rehabilitation Act of 1973 (20 U.S.C. 794d). Section 4(d)(6)(G)

23. The Lead Agency will coordinate the activities of the State Plan among public and private entities, including coordinating efforts related to entering into interagency agreements.
24. The Lead Agency will coordinate efforts related to the active, timely, and meaningful participation by individuals with disabilities and their family members, guardians, advocates, or authorized representatives, and other appropriate individuals, with respect to activities carried out through the grant.
25. Describe how your program will conform to section 427 of General Education Provisions Act by describing the steps you propose to take to ensure equitable access to, and participation in, your program for students, teachers, and other program beneficiaries with special needs. [Text box]
26. Refer to the instructions for the “General Education Provisions Act (GEPA) Requirements - Section 427” form found at the following website:
<http://findit.ed.gov/search?utf8=%E2%9C%93&affiliate=ed.gov&query=GEPA+requirements>

General Instructions for Measurable Goals

Section 4(d)(3) of the AT Act requires that the State include information on the measurable goals, and a timeline for meeting those goals, that the State, with the advice of the Advisory Council required in section 4(c)(2), has addressed the assistive technology needs of individuals with disabilities in the State in the domains of education, employment, community living, and telecommunications and information technology (IT).

- Section 4(d)(3)(A)(i) of the AT Act states that education goals include goals involving the provision of assistive technology to individuals who receive services under the Individuals with Disabilities Education Improvement Act (20 U.S.C. 1400 et seq.). This includes infants and toddlers receiving early intervention services under Part C.
- Education also includes the provision of assistive technology to individuals who receive services under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 720 et seq.) and individuals in institutions of higher education and vocational education, including community colleges.
- Section 4(d)(3)(A)(ii) of the AT Act states that employment goals include goals involving the State vocational rehabilitation program carried out under title I of the Rehabilitation Act of 1973 (29 U.S.C. 720 et seq.).
- RSA has established two types of measurable goals: *access goals* and *acquisition goals*.

- o *Access goals* relate to the activities of device loan and device demonstration. The State will show that it has improved access to AT by increasing the percentage of appropriate targeted individuals and entities who accessed device demonstration programs or device loan programs and made a decision about an AT device or service as a result of the assistance they received.

- o *Acquisition goals* relate to the activities of state financing and device reutilization. The State will show that it has improved acquisition by increasing the percentage of appropriate targeted individuals and entities who obtained devices or services from State financing activities or reutilization programs who would not have obtained that AT device or service.

Access Goal

RSA sets one goal for improving access to assistive technology for individuals with disabilities in each of the domains of education, employment, community living, and telecommunications and IT.³ The State will show that it has improved access by increasing the percentage of appropriate targeted individuals and entities who accessed device demonstration programs and device loan programs and made a decision about an AT device or service as a result of the assistance they received.

Long-term and annual short-term measurable goals are based on the combined performance measure data for both device demonstration and device loan activities claimed in the State Plan and reported in the state's Annual Report.

RSA sets a *long-term goal* (the desired percentage of appropriate targeted individuals and entities who accessed device demonstration programs and device loan programs that are able to make an informed decision about an AT device or service as a result of the assistance they received) to be achieved by the end of the third year of the State Plan for AT. A long-term goal is the desired optimal level of performance at the end of three years. The Statewide AT Program should work with its advisory council to address this optimal level of performance based on its own data and knowledge of the state.

RSA sets *annual short-term goals* that may show progress from the first year of the State Plan for AT toward the long-term goal. The long-term and short-term measurable goals should be both ambitious and attainable. Short-term goals may represent increases that lead to a long-term goal. If a program reaches its long-term goal or its first year annual data proves to be optimal, the goal should be maintenance of that performance.

The long-term and short-term goals are a percentage not a number of people served. The calculation is the percentage of those who were served by the Statewide AT Program who also had a particular outcome. Example: Under the access performance measure, those who receive a device loan or demonstration will complete a follow-up survey (the survey and its instructions are included in the annual report). Those who respond to the survey will indicate whether they were able to make a decision about an AT device or service as a result of the loan or demonstration.

Instructions:

³ A State is unable to meet a goal for access if it performs neither device loans nor device demonstrations due to claiming comparability or flexibility. However, a goal will be set if either activity is undertaken. If both activities are undertaken the performance measure in your annual report is based on the combined performance measure of both activities. This combined performance measure is used to determine your performance status and must be taken into consideration as you address your long-term and short-term access goals.

The two tables on pages 125 and 126 correspond to access and acquisition goals. The majority of the data needed to complete these tables is derived from the State's "Annual Report for State Grant for Assistive Technology Programs" (OMB #1820-0572). The instructions for calculating the State's progress toward measurable goals are included in the instruction manual accompanying the annual report. This annual report is also entered into RSA's MIS. Once the State has entered its annual report data into the MIS, many items will cross-populate into tables 27 and 28 (as indicated by use of "system-generated").

In row "a" (Long-Term goal) of the access and acquisition tables, RSA enters the long-term goal for each domain as a percentage. This goal is a fixed, cumulative goal not tied to any particular year, but it reflects what is hoped to be achieved by the end of the third year of the approved State Plan for AT. Once RSA sets the long-term goal, this row of the tables is locked. The long-term goal can be modified only if an appeal is made to RSA. Such requests must be based on events or circumstances that have or are expected to impact a State's ability to make progress towards the *long-term goal*, such as a natural disaster.

Row "b" (Long-term goal status) of both tables automatically will show whether you have met the long-term goal. The status of the long-term goal is automatically generated and progress in meeting the long-term goal is designated by either a "met" or "not met" designation. This determination will be based on the State's performance for the fiscal year most recently entered (e.g., in FY 2015 the number entered into row "e" will be used, in FY 2016 the number entered into row "h" will be used). The data in row "b" will change accordingly when annual report data is entered for subsequent years.

In row "c" of both tables, your FY 2014 performance will be entered for each domain. This data serves as your baseline and is reflected as a percentage.

In rows "d," "g," and "j" of both tables, the short-term goals may reflect incremental progress from this baseline toward the long-term goal, or maintenance of that level of performance if the State already has reached its long-term goal. RSA enters the short-term goals into rows "d," "g," and "j" in each table. This is the annual goal developed based upon the 2014 Performance data.

In rows "e," "h," and "k" of both tables, the State's actual performance on each short-term goal (rows "e," "h," and "k") will be system generated based on the performance data entered in the annual report.

In rows "f," "i," and "l" of each table, the actual performance data from rows e, h, and k will be used to determine the State's goal status. The status determination will be based on data from the most recent FY and the system will automatically generate "met" goal or goal "not met." For example, if in row "d" the FY 2015 goal is 87%, and in row "e" the actual performance for FY 2015 is 85%, row "f" will reflect that the goal was "not met".

Table 19 will be used to report the long-term goal, short-term goals, and actual performance of the Access Goals.

Table 19. Access Goals

Access	Education	Employment	Community Living	IT/Telecomm
a. Long-term Goal	System-generated	System-generated	System-generated	System-generated
b. Long-term Goal Status	System-generated	System-generated	System-generated	System-generated
c. FY 2014 Performance	System-generated	System-generated	System-generated	System-generated
d. FY 2015 Short-term goal	System-generated	System-generated	System-generated	System-generated
e. FY 2015 Performance	System-generated	System-generated	System-generated	System-generated
f. FY 2015 Status	System-generated	System-generated	System-generated	System-generated
g. FY 2016 Short-term goal	System-generated	System-generated	System-generated	System-generated
h. FY 2016 Performance	System-generated	System-generated	System-generated	System-generated
i. FY 2016 Status	System-generated	System-generated	System-generated	System-generated
j. FY 2017 Short-term goal	System-generated	System-generated	System-generated	System-generated
k. FY 2017 Performance	System-generated	System-generated	System-generated	System-generated
l. FY 2017 Status	System-generated	System-generated	System-generated	System-generated

Acquisition Goal

RSA sets one goal for improving acquisition of assistive technology for individuals with disabilities in each of the domains of education, employment, and community living.⁴ The State will show that it has improved acquisition by increasing the percentage of appropriate targeted individuals and entities who obtained devices and/or services from all State financing activities and reutilization programs who would not have obtained that AT device or service.

Long-term and annual short-term measurable goals are based on the combined performance measure data for any State Financing Activities (including Financial Loan Programs; State financing activities that provide consumers with resources and services that result in the acquisition of AT devices and services; and, State financing activities that allow consumers to obtain AT at reduced costs) and any Reutilization activities (including Device Exchange, Recycling/Refurbishment/Repair and Open-ended loans) claimed in the State Plan and reported in the state's Annual Report.

RSA sets a *long-term goal* (the desired percentage of appropriate targeted individuals and entities who obtained devices or services from State financing activities or reutilization programs who would not have obtained that AT device or service) to be achieved by the end of the third year of the State Plan for AT. A long-term goal is the desired optimal level of performance at the end of three years. The Statewide AT Program should work with its advisory council to address this optimal level of performance based on its own data and knowledge of the state.

RSA sets *annual short-term goals* that may show progress from the first year of the State Plan toward the long-term goal. The long-term and short-term measurable goals should be both ambitious and attainable. Short-term goals may represent increases that lead to a long-term goal. If a program reaches its long-term goal or its first year annual data proves to be optimal, the goal should be maintenance of that performance.

⁴ A State is unable to meet a goal for acquisition if it performs neither state financing nor device reutilization due to claiming comparability or flexibility. However, a goal must be set if either activity is undertaken. If both activities are undertaken the performance measure in your annual report is based on the combined performance measure of both activities. This combined performance measure is used to determine your performance status must be taken into consideration as you address your long-term and short-term acquisition goals.

Table 20 below will be used to report the long-term goal, short-term goals, and actual performance of the Acquisition Goal.

Table 20. Acquisition Goal

Acquisition	Education	Employment	Community Living
a. Long-term Goal	System-generated	System-generated	System-generated
b. Long-term Goal Status	System-generated	System-generated	System-generated
c. FY 2014 Performance	System-generated	System-generated	System-generated
d. FY 2015 Short-term goal	System-generated	System-generated	System-generated
e. FY 2015 Performance	System-generated	System-generated	System-generated
f. FY 2015 Status	System-generated	System-generated	System-generated
g. FY 2016 Short-term goal	System-generated	System-generated	System-generated
h. FY 2016 Performance	System-generated	System-generated	System-generated
i. FY 2016 Status	System-generated	System-generated	System-generated
j. FY 2017 Short-term goal	System-generated	System-generated	System-generated
k. FY 2017 Performance	System-generated	System-generated	System-generated
l. FY 2017 Status	System-generated	System-generated	System-generated

Appendix

Classification of Devices
(Adapted from Annual Report Instructions)

1. Vision

Definition: Products designed to assist with vision

Decision rules: Products intended to facilitate access and participation for people who are blind or visually impaired are classified in this category, even if they are used for activities of daily living, computer access, reading/learning, way finding/travel, recreation, etc. Products in this category characteristically provide output of information through large print/display, synthetic speech or Braille/tactile. If the adaptation is for an individual who is both visually impaired and hearing impaired, categorize according to the primary functionality of the device. Reading systems to accommodate vision are classified here while similar systems to accommodate learning are classified accordingly. A TTY with Braille output is classified as hearing. A telephone with both a large print keypad and amplification for listening may be classified in either vision or hearing.

Examples:

- Magnifiers including CCTV systems
- Talking scales, blood pressure gauge, glucometer etc.
- Screen readers, screen magnifiers and Braille displays
- Daisy or Victor Readers
- PDA's with large print, speech or Braille output
- Talking or Braille GPS, white canes, talking or tactile compass, etc.
- OCR reading systems; talking thermostats, household appliances etc.

2. Hearing

Definition: Products designed to assist with hearing

Decision rules: Products intended to facilitate access and participation for people who are deaf or hard of hearing are classified in this category, even if they are used for activities of daily living or could have another application for people with other disabilities or for other functions. Products intended to facilitate telephone usage for individuals with hearing disabilities are categorized here, rather than as aids to daily living. If the telephone adaptation is for an individual who is both visually impaired and hearing impaired, categorize under EITHER vision or hearing. Products that amplify voice are classified here if the purpose is to enhance the volume of speech produced by an individual without a disability, in order for his/her speech to be heard by persons who are deaf or hard of hearing. This category also includes systems that provide for text communication, both via telecommunication (text messaging; TTY) and face to face (Interpretype). Peripherals designed to facilitate access or otherwise support the use of a device for hearing (e.g., neck loop induction coils, TeleLink phone couplers, conference microphone, telephone signalers) are counted in this category.

Examples:

- Personal amplification systems (hearing aids, PocketTalker Pro, etc.)
- Assistive Listening Systems (FM; loop; infrared, sound-field, large area, personal)
- Wireless headphones to enhance TV listening (e.g., DirectEar, TV Listener)
- Daily living aids that use visual or tactile rather than audible signals (e.g., vibrating alarm clock, smoke alarm with strobe light, doorbell with flashing signal, etc.)
- Instant messaging devices (used as portable TTY)
- Daily living aids with enhanced audible signals (Sonic Boom Alarm Clock)
- Amplified Telephones, in-line amplifiers for telephones, cell phone amplifiers
- Text telephones (TTYs), Voice carryover (including CapTel) and Hearing carryover telephones and Signaling devices (visual and/or tactile alerting to incoming phone calls)
- Classroom Captioning System
- iCommunicator (Voice to text system)
- AudioSee (enhanced view of speaker for speech reading, in addition to FM capabilities)
- InterpreType dual keyboard system

3. Speech Communication

Definition: Products designed to assist with speaking and face-to-face communication for individuals with speech disabilities.

Decision rules: Products intended to facilitate computer access and usage for written communications are classified under Computers. Products intended to facilitate telephone usage for individuals with speech disabilities will be classified under activities of daily living, EXCEPT when the adaptation is for an individual who is deaf or hard of hearing in which case it is classified under hearing. Products that amplify voice are classified here if the purpose is to enhance the volume of speech produced by an individual with a disability, in order for his/her speech to be audible by persons without disabilities. If the purpose of the amplifier is to enhance the volume of speech produced by an individual without a disability, in order for his/her speech to be heard by persons who are deaf or hard of hearing, the device is classified under hearing. Peripherals designed to facilitate access or otherwise support the use of a device for speech communication (e.g., mounting systems; carrying cases, switch or mouth stick used for access) are counted in this category.

Examples:

- Speech generating devices such as BIGMack, DV4, ChatPC, DynaWrite, Pathfinder, talking photo album
- Communication boards/books
- Software with speech output (e.g. Speaking Dynamically Pro)
- Software that provides symbol sets for use in developing “low tech” communication boards/books or “high tech” overlays (e.g., BoardMaker, Picture This!)
- Artificial larynx
- Devices that produce text but not voice output for face-to-face communication (e.g. Crespeaker)
- Voice clarifiers (e.g. Speech Enhancer)
- Voice amplifiers (e.g. Falck amplifier)
- Stuttering aids

4. Learning, Cognition, and Developmental

Definition: Products to provide people with disabilities with access to educational materials and instruction in school or other environments; products that assist with learning, and cognition.

Common subcategories:

- Cognitive aids
- Early intervention aids
- Instructional materials
- Memory Aids
- General Personal Organization Tools
- Sensory/Developmental Stimulation Products

Decision rules: Products intended to mitigate, compensate, or address learning or cognitive limitations should be classified here along with products used to facilitate computer access for individuals with learning/cognitive limitations. Products designed to assist people who are blind or visually impaired with reading, organization, learning, computer access, etc. are classified under vision.

Examples:

- Calculators and measurement tools
- Clocks/Timers/Wake-up Systems
- Electronic Reference Tools and Money Management Tools
- Memory Aids
- Electronic Notakers, Portable Word Processors, and Recording Devices
- Electronic Organizers/Personal Digital Assistants
- Scientific Equipment
- Educational/Instructional Software (cause and effect, reading, language, spelling, math, writing, science, history, etc.)
- Cognitive/Perceptual Training Software
- Tape or other audio players (except as related to vision)
- Text-to-speech systems (WYNN, Read and Write Gold, etc. – not related to vision)
- FM systems (to support auditory processing - not related to hearing loss)

5. Mobility, Seating, and Positioning

Definition: Products whose main focus is on augmenting or replacing the functional limitations of an individual's mobility

Decision rules: Wheelchair restraints associated with seating & positioning (shoulder or safety belts) are classified in this category. Wheelchair restraints (tie downs: 4-belt & docking or lock downs: trailer-hitch) associated van locks that allow a power chair user to drive and/or be transported safely is classified under "Vehicle Modification and Transportation."

Examples:

- Ambulatory aids: low tech aids such as canes, walkers or crutches; also includes orthotics & prosthetics
- Wheelchairs: dependent (such as strollers & transport chairs) & independent manual mobility (4-wheels propelled independently)
- Scooters and power chairs: Functionally matched motorized independent power mobility bases
- Seating and positioning – considerations based on postural control & deformity management, pressure & postural management, and/or comfort & postural accommodation (such as pelvic guides, contoured seating systems, head supports)

6. Daily Living

Definition: Devices that enhance the capacity of people with disabilities to live independently, especially AT that assists with Instrumental and other Activities of Daily Living, (ADLs, IADLs) such as dressing, personal hygiene, bathing, home maintenance, cooking, eating, shopping and managing money.

Common Subcategories:

- Personal hygiene, care and toileting
- Dressing and apparel, and aids to dressing
- Housekeeping, cleaning, maintenance
- Cooking and eating
- Handling, reaching, manipulating
- Alerting and signaling
- Household management, bill paying (not cognitive, vision, or hearing AT)
- Telephony equipment

Decision rules: Architectural/home adaptations or modifications are classified under Environmental adaptations. Life safety devices and systems that do not involve home modifications are categorized here. Devices intended to accommodate specific disabilities, such as hearing or vision, are assigned to those categories. Devices that assist with personal organization are classified as Learning, Cognition and Developmental AT. Devices used to accommodate multiple disabilities are categorized here. Devices that assist persons with motor impairments not categorized elsewhere are included here. EADLs that also function as environmental controls are classified according to their primary use. Telephony equipment not intended to accommodate other categories of disabilities is listed here.

Examples:

- Writing guides, adapted writing implements
- Modified or large-handled tools and utensils
- Eating/feeding equipment, spiked cutting board, jar opener
- Zipper pulls, button hooks, needle threader
- Personal pager, multi-sensing/multi-sensory alerting devices
- Wheelchair desks/trays
- Reacher
- Wheelchair/walker bag
- Switch-adapted food processor or other appliance
- Large-button telephone (not for vision or cognitive accommodation).

7. Environmental Adaptations

Definition: Environmental and structural adaptations to the built environment that remove or reduce barriers and promote access to and within the built home, employment and community facilities for individuals with disabilities. Environmental adaptations usually involve building construction, engineering, and architecture, but also include environmental controls and switches that can control a large portion of or an entire living environment. Environmental adaptations are typically permanent or semi permanent structures, modifications or additions.

Decision rules: Adaptations or modifications to vehicles are classified under Vehicle modifications. Adaptations to furniture such as chairs, couches, beds, etc., would generally be classified under Mobility, Seating, and Positioning. Items or structures that are portable or temporary rather than permanent or semi-permanent would generally be classified in another category related to the functional limitation address. For example, shower chairs, commodes, raised toilet seats and similar portable items should be classified in the daily living category where as a roll in shower, wall or floor mounted grab bars, installed ramps, etc. would be classified here because they become part of the building structure.

Examples:

- Accessible HVAC controls, accessible plumbing fixtures and controls
- Adapted playground equipment and structures
- Alarm and Security Systems
- Cabinetry and Storage equipment
- Door/Gate Openers
- Environmental controls and switches (i.e., electronic systems that enable people to control various appliances, lights, telephones, security systems etc.)
- Flooring and Surface materials/Detectable warning surfaces
- General Environmental Access Products
- Lifts
- Lighting/lighting controls
- Ramps
- Signage/signaling products
- Workstations/Desks/Tables, Home-workplace adaptations

8. Vehicle Modification and Transportation

Definition: Products that give people with disabilities independence and enhance safety in transportation through adaptation of vehicles.

Decision rules: Vehicle ramps are classified in this category. Versatile/portable ramps (temporary adaptation) and wheelchair lifts (permanently installed in buildings) are classified under Environmental adaptations.

Examples:

- Adaptive shoulder and seat safety belts
- Tie downs and lock downs that secure the wheelchair to the vehicle floor
- Hand controls
- Extended directional mirrors.
- Vehicles and vans modified with lifts, ramps, raised roofs, etc.

Computers and Related

Definition: Hardware and software products that enable people with disabilities to access, interact with, and use computers at home, work, or school. Includes modified or alternate keyboards, switches activated by pressure, touch screens, special software, voice to text software

Common subcategories:

Decision rules: Classify standard computers and computer-related devices (those that will be used without any adaptations) in this category, along with input adaptations used to mitigate, compensate or address motor limitations. Do not include computer adaptations used to address vision or learning, cognitive or developmental limitations.

Examples:

- Standard software
- Standard hardware
- Computer accessories
- Alternative keyboards and pointing devices
- Switches and scanning software used for computer access
- Touchscreens
- Voice recognition systems

Recreation, Sports, and Leisure Equipment

Definition: Products not already classified in other categories that help persons with disabilities to participate in sport, health, physical education, recreation, leisure, and dance events.

Common subcategories:

- Toys and games
- Sports equipment
- Fitness equipment
- Specialized wheelchairs and recreational mobility equipment
- Musical instruments and related devices
- Arts, crafts and photography equipment
- Gardening and horticultural equipment
- Hunting, fishing, shooting equipment
- Camping, hiking and other outdoor recreational equipment
- Audio and video entertainment equipment

Decision rules: Devices intended to accommodate specific disabilities, such as hearing or vision, are assigned to those categories. Specialized products designed specifically for recreational, leisure or athletic pursuits are categorized here.

Devices that may have other uses, but are selected as AT for recreational settings should be categorized here. Devices for environmental control that also serve as entertainment system controls (e.g. television remote) are classified according to their primary use.

Examples:

- Switch-adapted toys and games
- Tennis wheelchairs; beach wheelchairs
- Skiing equipment; sled/sledge hockey equipment
- Gardening tools and equipment
- Playing card shuffler
- Adapted camera and other photography equipment
- Adaptive exercise equipment (not used in a rehabilitation setting)
- Adaptive equipment for fishing, hunting, and camping
- Adaptive musical instruments and accessories (not used in a school setting)
- Entertainment system remote control not used for lights, heat, or other environmental control