

Assistive Technology State Grant Program

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| | Cooperative buying program | N/A |
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Assistive Technology State Grant Program

Rhode Island State Plan for FY 2009-2011 Section A. Identification and Description of Lead Agency and Implementing Entity; Change in Lead Agency or Implementing Entity

- 1 Name Given to Statewide AT Program. Assistive Technology Access Partnership (ATAP)
- 2 Website dedicated to Statewide AT Program <http://www.atap.ri.gov>
- 3 Name and Address of Lead Agency
Department of Human Services
Office of Rehabilitation Services
40 Fountain Street
Providence, RI 02903
- 4 Name, Title, and Contact Information for Lead Agency Certifying Representative.
Gary Alexander, Director
Department of Human Services
600 New London Avenue
Cranston, RI 02920
- 5 Information about Program Director at Lead Agency.
Kathleen Grygiel, Assistant Administrator/Program Director
Department of Human Services
Office of Rehabilitation Services
49 Fountain Street
Providence, RI 02903
Tel: 401-421-7005 ext. 373
email: kgrygiel@ors.ri.gov
40%
- 6 Information about Program Contact(s) at Lead Agency.
Mario Olivieri, ORS, 40 Fountain Street, Providence, RI 02903
Tel: 401-421-7005 x313, marioo@ors.ri.gov, 3.5%
Sharon DiPinto, ORS, 40 Fountain Street, Providence, RI 02903
Tel: 401-421-7005 x318, sharond@ors.ri.gov, 20%
Mike Montanaro, ORS, 40 Fountain Street, Providence, RI 02903
Tel: 401-421-7005 ext. 376, michaelm@ors.ri.gov, 0%

- 7 Telephone at Lead Agency for Public. 800-916-8324
- 8 E-mail at Lead Agency for Public. kgrygiel@ors.ri.gov
- 9 Select the most appropriate descriptor of the agency/division/bureau directly responsible for the Statewide AT Program within the Lead Agency.
General or Combined Vocational Rehabilitation Agency

10 If Other was selected for question 9, identify and describe the agency.
N/A

11 Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf?
No

If you answered no to question 11, you may skip ahead to the next page. Otherwise, you must answer the following questions.

12 Name and Address of Implementing Entity.

13 Information about Program Director at the Implementing Entity.

14 Information about Program Contact(s) at Implementing Entity.

15 Telephone at Implementing Entity for Public.

16 E-mail at Implementing Entity for Public.

17 Select the most appropriate descriptor of the type of organization that is the Implementing Entity.

18 If Other was selected, identify and describe the entity.

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

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?
No

If you answered no to question 20, you may skip ahead to the next page. 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.

- 22 Explain why the Lead Agency newly designated by your state should not serve as the Lead Agency.

- 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?

If you answered no or not applicable to question 23, you may skip ahead to the next page. Otherwise, you must answer the following questions.

- 24 Explain why the Implementing Entity previously designated by your state should not serve as the Implementing Entity.

- 25 Explain why the Implementing Entity newly designated by your state should serve as the Implementing Entity

Assistive Technology State Grant Program

Rhode Island State Plan for FY 2009-2011 Section B: Advisory Council, Budget Allocations, and Identification of Activities Conducted

NOTE: You MUST answer questions 11&12 in order to set up the rest of your form.

- 1 In accordance with section 4(c)(2) of the AT Act of 1998, as amended Yes
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, types of disabilities
across the age span, and users of types of services that an individual
with a disability may receive.
- 2 The advisory council includes a representative of the designated State Yes
agency, as defined in section 7 of the Rehabilitation Act of 1973 (29
U.S.C. 705)
- 3 The advisory council includes a representative of the State agency for Yes
individuals who are blind (within the meaning of section 101 of that Act
(29 U.S.C. 721));
- 4 The advisory council includes a representative of a State center for Yes
independent living described in part C of title VII of the Rehabilitation
Act of 1973 (29 U.S.C. 796f et seq.);
- 5 The advisory council includes a representative of the State workforce Yes
investment board established under section 111 of the Workforce
Investment Act of 1998 (29 U.S.C. 2821);
- 6 The advisory council includes a representative of the State educational Yes
agency, as defined in section 9101 of the Elementary and Secondary
Education Act of 1965
- 7 The advisory council includes other representatives (list below)
Department of Health
- 8 The advisory council includes the following number of individuals with 15
disabilities that use assistive technology or their family members or

guardians:

- 9 If the Statewide AT Program does not have the composition and representation required under section 4(c)(2)(B), explain below.

N/A

- 10 Proposed Budget Allocations

| | Proposed Budget Allocation for Entire Annual Award |
|---------------------------------|--|
| State-level Activities | |
| State Financing Activities | \$1-\$10,000 |
| Device Reutilization Activities | \$30,001-\$40,000 |
| Device Loan Activity | \$60,001-\$70,000 |
| Device Demonstration Activity | more than \$100,000 |
| State Leadership Activities | \$90,001-\$100,000 |

- 11 State Financing Activities Performed

| | Activities Performed (select all that apply) |
|--|--|
| State Financing Activities | |
| Financial loan program | |
| Access to telework loan fund | |
| Cooperative buying program | |
| Financing for home modifications program | |
| Telecommunications distribution program | Checked |
| Last resort program | |
| Other program | |

Other Activities Performed

| | Number of Activities Performed |
|---|--------------------------------|
| Device Reutilization, Device Loan, and Device Demonstration Activities | |
| How many device exchange programs do you support? | 2 |
| How many device reassignment programs do you support? | 1 |
| How many device loan programs do you support? | 3 |
| How many device demonstration programs do you support? | 5 |

- 12 What is the baseline year for the measurable goals for this state plan? 2007

Assistive Technology State Grant Program

Rhode Island State Plan for FY 2009-2011 C State Financing Activities

Telecommunications distribution program

1 Enter the year when the program began conducting this activity. 2008

2 Who conducts this activity? Check all that apply.

| | |
|-----------------------------------|-----|
| The Statewide AT Program | No |
| Other entities (e.g. contractors) | Yes |

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. | Yes |
| Provides in-kind support to other entities via an agreement with the Statewide AT Program. | Yes |
| Receives financial support from the state. | Yes |
| Receives in-kind support from the state. | No |
| Receives financial support from private entities. | No |
| Receives in-kind support from private entities. | No |
| Coordinates and collaborates with other entities for the purpose of establishing a new program or service. | No |
| Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. | Yes |
| Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. | No |

4 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 of the following table.

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 of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column c of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column d of the following table.

| Organization or Activity | a. You provide | b. Receive | c. Receive | d. Collaborate |
|--------------------------|----------------|------------|------------|----------------|
| | | | | |

| | support | support from the state | support from these private entities | with |
|---|---------|------------------------|-------------------------------------|------|
| AgrAbility Program | No | No | No | No |
| Alliance for Technology Access Center | No | No | No | Yes |
| Bank or other financial institution | No | No | No | No |
| Community Living agency | No | No | No | No |
| Easter Seals | No | No | No | No |
| Education-related agency | No | No | No | No |
| Employment-related agency | No | No | No | Yes |
| Health, allied health, and rehabilitation-related agency | No | No | No | Yes |
| Independent Living Center | No | No | No | Yes |
| Institution of Higher Education | No | No | No | No |
| Non-categorical disability organization | No | No | No | No |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | No |
| Organization that primarily serves individuals who are deaf or hard of hearing | Yes | Yes | No | Yes |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | No |
| Organization that primarily serves individuals with physical disabilities | No | No | No | No |
| Organization focused specifically on providing AT | No | No | No | Yes |
| Protection and Advocacy Organization | No | No | No | No |
| Technology agency | No | No | No | No |
| UCP | No | No | No | No |
| Other | No | No | No | No |

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

One central location

6 If you indicated the use of regional sites, from how many regional sites is the activity conducted?

7 This activity is available (choose all that apply)

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

8 Describe the activity.

The Assistive Technology Access Partnership (ATAP) contracts with the ATEL program to provide the telecommunications distribution program. Rhode Island Adaptive Telephone Equipment Loan (ATEL) Program provides equipment (i.e. volume control telephones, speakerphones, emergency dialing devices, TTY, HCO devices and Caption phones) to qualified individuals who are Deaf, Hard of Hearing, have a speech disability, or have Neuromuscular Damage or Disease (i.e. MS, Parkinson's, Severe arthritis, etc.) that hinders them from using a standard telephone. The individual must be at least 5 years old, a RI Resident, have one of the above-mentioned disabilities, have a single party phone line at their residence, and meet at least one of the following income qualifier criteria: their household combined annual income is below the 250% poverty line (i.e. 2008 income for a household of one would be < \$26,000 per month, a household of two would be < 35,000, etc&) or receive food stamps, Medicaid, SSI, heating assistance, rite care, family independence program, general public assistance, RIPAE (assisting tiers 60% and 30%), telephone lifeline service. Once an individual originally qualifies for the program they are grandfathered into the program. They do not need to requalify if they need to exchange their device due to it being obsolete or the device no longer meets their needs.

ATEL's annual budget is \$92,500, of which, \$10,000 comes from ATAP, \$10,000 comes from the relay fund (\$.09 monthly surcharge) and the other \$72,500 comes from Rhode Island's "general revenues" that are allocated to the Department of Human Services. The relay fund, by statute, also supports another program for \$40,000 annually to the Newspaper for the Blind program that Human Services oversees.

To apply for ATAP/ATEL, the person must fill out the application form and have an authorized professional (i.e. a doctor, a Rehabilitation Counselor from the ORS, a speech pathologist, an audiologist, an educational staff member of the RI School for the Deaf) complete a certificate of disability (COD), then mail the completed application with COD to the ATEL Office. Once an individual is determined qualified to receive a device thru the ATEL Program, he or she is contacted by the Program Coordinator to set up an appointment. Once the appointment is scheduled, the qualified individual will be assisted in determining the appropriate AT.

The State of RI requires that ATEL develop and maintain an Advisory Council known as the Adaptive Telephone Equipment Loan Advisory Committee. This committee advises the program and consists of fifteen (15) members: eleven Governor Appointees (seven consumers, one professional member and three members of the general public) and four other Appointees (one from the House of Representatives, one from the Senate, one representative of the telephone company, and one representative of the public utilities commission).

Assistive Technology State Grant Program

Rhode Island State Plan for FY 2009-2011 D Device Reutilization Activities

Device Exchange (1 of 2)

- 1 Select the option that best describes the type of exchange.
General device exchange

- 2 If you indicated this is a general exchange, describe it. If this exchange is part of a collaborative among states, identify the states and how the collaborative works as part of your description.
The Assistant Technology Access Partnership (ATAP) contracts with PARI to provide a device exchange program. PARI maintains a referral database of environmental modification, transportation, recreational and daily living equipment. When contact is initiated through PARI by an individual in need of, or desiring to transfer equipment, PARI facilitates an exchange between appropriate parties. Referrals to available contractors willing to provide transportation and/or installation are provided as well as a follow-up phone call to assess the transfer and its effectiveness. Equipment that is currently maintained on the database is based on contributions and includes but is not limited to: outdoor ramps and lifts, indoor stairglides, treadmills, stationary bikes, vehicle lifts, accessible vehicles and electric hospital beds. PARI does not take possession of the equipment at any time and a free or minimal cost transfer between the two customers is encouraged.

- 3 If you indicated that your device exchange serves a particular entity or agency, identify the entity or agency and describe the purpose of the exchange:
N/A

- 4 Enter the year when the program began conducting this activity. 1986

- 5 Who conducts this activity? Check all that apply.
The Statewide AT Program No
Other entities (e.g. contractors) Yes

- 6 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. Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program. Yes

Receives financial support from the state. No

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

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

| 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 | No | No | No | No |
| Alliance for Technology Access Center | No | No | No | No |
| Bank or other financial institution | No | No | No | No |
| Community Living agency | No | No | No | No |
| Easter Seals | No | No | No | No |
| Education-related agency | No | No | No | No |
| Employment-related agency | No | No | No | No |
| Health, allied health, and rehabilitation-related agency | No | No | No | No |
| Independent Living Center | Yes | No | No | Yes |
| Institution of Higher Education | No | No | No | No |
| Non-categorical disability organization | No | No | No | No |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | No |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | No |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | No |
| Organization that primarily serves individuals with physical disabilities | No | No | No | No |

| | | | | |
|---|----|----|----|----|
| Organization focused specifically on providing AT | No | No | No | No |
| Protection and Advocacy Organization | No | No | No | No |
| Technology agency | No | No | No | No |
| UCP | No | No | No | No |
| Other | No | No | No | No |

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

One central location

9 If you indicated the use of regional sites, from how many regional sites is the activity conducted?

10 This activity is available (choose all that apply)

| | |
|------------|-----|
| By website | No |
| By phone | Yes |
| By e-mail | No |
| By mail | No |
| In person | Yes |

11 The online page for this activity can be found at

<http://www.pari-ilc.org>

12 Select the option that best describes what happens when a device is exchanged.
the transaction is direct consumer-to-consumer

13 Select the option that best describes the policy of the program for charging individuals with disabilities for a device.

Other

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

Based on consumer to consumer, so no fees are charged by agency - PARI.

Assistive Technology State Grant Program

Rhode Island State Plan for FY 2009-2011 D Device Reutilization Activities

Device Exchange (2 of 2)

- 1 Select the option that best describes the type of exchange.

General device exchange

- 2 If you indicated this is a general exchange, describe it. If this exchange is part of a collaborative among states, identify the states and how the collaborative works as part of your description.

The New England regional states of Maine, New Hampshire, Vermont, Massachusetts, Connecticut, and Rhode Island operate www.getATstuff.com.

- 3 If you indicated that your device exchange serves a particular entity or agency, identify the entity or agency and describe the purpose of the exchange:

This exchange is a New England Regional web-based exchange, called getATstuff, the AT Exchange in New England. Each state in the collaboration paid an equal amount to build the online exchange (developed by AgoraNet, Inc.). When a person visits the site, the first page they see is a Welcome page that asks the person to identify the state they are affiliated with from a drop down menu. The selections only include the New England states. Instructions provided explain that if the visitor is from a different state, they must choose to be affiliated with one of the six NE states. Each state is responsible for approving the AT devices posted by users from their state. We maintain regular communication about any items of question or concern. Items can be posted for sale, best offer, or for free. A user can search for items posted throughout all of New England or restrict their search to items within their state or a certain radius. When an item is removed from the site, the user is presented with the Performance Measures for data collection purposes. Data collection "credit" is given to the New England state where the person who receives the AT device resides.

A person may contact their state's Program Administrator to access the site on their behalf, if they do not have access to a computer or if they would like the Program Administrator to be the point of contact. Each state acts as the Program Administrator for their own state.

The NE states meet face to face two times a year and have regular conference calls to discuss marketing of the getATstuff website, address any issues or areas of concern and ensure that we are addressing issues in a consistent manner.

- 4 Enter the year when the program began conducting this activity.

2007

5 Who conducts this activity? Check all that apply.

The Statewide AT Program Yes
 Other entities (e.g. contractors) No

6 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. Yes
 Provides in-kind support to other entities via an agreement with the Statewide AT Program. No
 Receives financial support from the state. No
 Receives in-kind support from the state. No
 Receives financial support from private entities. No
 Receives in-kind support from private entities. No
 Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No
 Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes
 Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

7 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 of the following table.

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 of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column c of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column d of the following table.

| 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 | No | No | No | No |
| Alliance for Technology Access Center | No | No | No | No |
| Bank or other financial institution | No | No | No | No |
| Community Living agency | No | No | No | No |
| Easter Seals | No | No | No | No |
| Education-related agency | No | No | No | No |
| Employment-related agency | No | No | No | No |
| Health, allied health, and rehabilitation-related agency | No | No | No | No |
| Independent Living Center | Yes | No | No | No |

| | | | | |
|---|-----|----|----|-----|
| Institution of Higher Education | No | No | No | No |
| Non-categorical disability organization | No | No | No | No |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | No |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | No |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | No |
| Organization that primarily serves individuals with physical disabilities | No | No | No | No |
| Organization focused specifically on providing AT | No | No | No | No |
| Protection and Advocacy Organization | No | No | No | No |
| Technology agency | No | No | No | No |
| UCP | No | No | No | No |
| Other | Yes | No | No | Yes |

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

One central location

9 If you indicated the use of regional sites, from how many regional sites is the activity conducted?

10 This activity is available (choose all that apply)

| | |
|------------|-----|
| By website | Yes |
| By phone | No |
| By e-mail | No |
| By mail | No |
| In person | No |

11 The online page for this activity can be found at

<http://www.getatstuff.com>

12 Select the option that best describes what happens when a device is exchanged.
the transaction is direct consumer-to-consumer

13 Select the option that best describes the policy of the program for charging individuals with disabilities for a device.

Nothing

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

The New England State AT Act Programs collaborated on creating a regional website for exchanging AT and worked with AgoraNet on the site design. The programs shared strategies for marketing the site throughout each state to the public and to disability group constituencies. Also an administration manual was written for staff to outline the

standard procedures for operating the site. The ATAP Lead Agency (ORS) had delegated oversight of the getATstuff website for RI to a subcontractor. However, consistent attention to managing the website has been problematic due to resources, so this function will be assumed by the Lead Agency as of 3/1/09.

Assistive Technology State Grant Program

Rhode Island State Plan for FY 2009-2011 D Device Reutilization Activities

Device Reassignment (1 of 1)

- 1 Select the option that best describes the reassignment program reassigns general AT

- 2 Enter the year when the program began conducting this activity. 1986

- 3 Who conducts this activity? Check all that apply.

| | |
|-----------------------------------|-----|
| The Statewide AT Program | No |
| Other entities (e.g. contractors) | Yes |

- 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. | Yes |
| Provides in-kind support to other entities via an agreement with the Statewide AT Program. | Yes |
| Receives financial support from the state. | No |
| Receives in-kind support from the state. | No |
| Receives financial support from private entities. | No |
| Receives in-kind support from private entities. | No |
| Coordinates and collaborates with other entities for the purpose of establishing a new program or service. | No |
| Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. | Yes |
| Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. | No |

- 5 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 of the following table.
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 of the following table.
If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column c of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column d of the following table.

| 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 | No | No | No | No |
| Alliance for Technology Access Center | No | No | No | No |
| Bank or other financial institution | No | No | No | No |
| Community Living agency | No | No | No | No |
| Easter Seals | No | No | No | No |
| Education-related agency | No | No | No | No |
| Employment-related agency | No | No | No | No |
| Health, allied health, and rehabilitation-related agency | No | No | No | No |
| Independent Living Center | Yes | No | No | Yes |
| Institution of Higher Education | No | No | No | No |
| Non-categorical disability organization | No | No | No | No |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | No |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | No |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | No |
| Organization that primarily serves individuals with physical disabilities | No | No | No | No |
| Organization focused specifically on providing AT | No | No | No | No |
| Protection and Advocacy Organization | No | No | No | No |
| Technology agency | No | No | No | No |
| UCP | No | No | No | No |
| Other | No | No | No | No |

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

One central location

7 If you indicated the use of regional sites, from how many regional sites is the activity conducted?

8 This activity is available (choose all that apply)

- By website No
- By phone Yes
- By e-mail Yes

Any person or their representative who has a disability is qualified to utilize the reassignment program.

- 14 Describe any supports provided to the consumer to ensure successful use of the device. When the program is first contacted, a determination is made of the proper equipment required. At the time of equipment pickup, the consumer or their representative is shown proper usage and care of the device. The Program is always available to provide any assistance or troubleshooting as long as the consumer is using the device. The Program provides a thirty-day return/refund/exchange policy for all equipment.

- 15 If this is an open-ended loan program, describe it.

The Assistive Technology Access Partnership (ATAP) contracts with PARI to operate a device reassignment program. PARI operates a device reassignment program providing durable medical equipment at affordable prices to individuals with disabilities and their families. Equipment is donated to PARI from individuals and businesses throughout Rhode Island and Southeastern Massachusetts; which is then restored to useful condition and made available for purchase. PARI maintains the policy of providing equipment to an individual regardless of their ability to pay and strives to provide the necessary information and referrals to locate equipment unavailable through PARI. PARI's inventory can include electric wheelchairs, manual wheelchairs, walkers, tub and toilet safety equipment, geriatric/cardiac chairs, patient lifts, ADL equipment, reclining lift chairs, quad canes, crutches and medical disposables.

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

Exploration of expanding the AT device offerings of our Re-Assignment Program over the next year.

As educators and employers are obligated to respond to AT needs, the re-assignment program is underutilized by both. In addition, the Vocational Rehabilitation program has the capacity to directly purchase AT for customers to support employment objective, so underutilized by that system as well. The inventory in our re-assignment program may further impede use by educators and employers.

Assistive Technology State Grant Program

Rhode Island State Plan for FY 2009-2011 E Device Loan Activity (1 of 3)

- 1 Select the option that best describes the type of program.

General program

- 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 this demonstration program is intended and why.

The Assistive Technology Access Partnership (ATAP) contracts with TechACCESS to operate a device loan program. The intention of these loans is to introduce people to specific technologies, to assist people to make better decisions about purchasing, or to serve as a loaner while consumer is waiting for device repair or funding.

Consumers include: individuals with disabilities, families, professional staff, educators, students wishing to obtain devices.

Types of devices TechACCESS inventory includes: AAC, technologies for blind low vision, tech for alternate computer access, assistive listening devices for Deaf and Hard of Hearing, switches and adaptive toys, alternative keyboards, items for learning and cognitive disabilities. If a device is available from the inventory, consumers may pick up the device at the center, have the device delivered to the home if necessary, or if they are familiar with the operations of the device, can choose to have device mailed to them. Most loans are for 2-4 weeks at which time if the consumer needs to keep device longer, he/she contacts the agency. If device has not been requested by another consumer the current borrower can keep device for an additional 2 weeks. Some devices have operational instructions on CD or tape which may be given to consumer. Most often the consumer receives a short personal training session on device. Consumers who experience difficulty may contact agency for additional assistance. After loan devices are returned to TECHACCESS most often by visit, a paperwork trail is maintained. Following the loan, the person is surveyed as to the outcomes. For some devices especially computer systems, a small fee is charged. Consumers are also asked to pay for repairs due to misuse or replacement parts.

- 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.

N/A

- 4 If you selected other, describe

N/A

5 Enter the year when the program began conducting this activity. 1992

6 Who conducts this activity? Check all that apply.

The Statewide AT Program No
 Other entities (e.g. contractors) Yes

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. Yes
 Provides in-kind support to other entities via an agreement with the Statewide AT Program. Yes
 Receives financial support from the state. No
 Receives in-kind support from the state. No
 Receives financial support from private entities. No
 Receives in-kind support from private entities. No
 Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No
 Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes
 Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

8 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 of the following table.

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 of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column c of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column d of the following table.

| 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 | No | No | No | No |
| Alliance for Technology Access Center | Yes | No | No | Yes |
| Bank or other financial institution | No | No | No | No |
| Community Living agency | No | No | No | No |
| Easter Seals | No | No | No | No |
| Education-related agency | No | No | No | Yes |
| Employment-related agency | No | No | No | No |
| Health, allied health, and rehabilitation-related agency | No | No | No | Yes |

| | | | | |
|---|----|----|----|-----|
| Independent Living Center | No | No | No | Yes |
| Institution of Higher Education | No | No | No | Yes |
| Non-categorical disability organization | No | No | No | No |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | No |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | Yes |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | No |
| Organization that primarily serves individuals with physical disabilities | No | No | No | No |
| Organization focused specifically on providing AT | No | No | No | No |
| Protection and Advocacy Organization | No | No | No | No |
| Technology agency | No | No | No | No |
| UCP | No | No | No | No |
| Other | No | No | No | No |

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

One central location

10 If you indicated the use of regional sites, from how many regional sites is the activity conducted?

11 This activity is available (choose all that apply)

| | |
|------------|-----|
| By website | No |
| By phone | Yes |
| By e-mail | Yes |
| By mail | Yes |
| In person | Yes |

12 Select the option that best describes the policy of the program for charging individuals with disabilities for a loan.

The fee is based on the length/complexity/value/type

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

Other

14 Describe any supports provided to the consumer to ensure a successful loan.

Devices have operational instructions on CD or tape which may be given to consumer, as well as copies of manuals. If an individual is Deaf or Hard of Hearing, an ASL interpreter would assist or a sound amplifier or personal talker would be used. Most consumers receive a personal training session on the device. Consumers who experience difficulty may contact agency for additional assistance. Most loans are for 2-4 weeks at which time if the consumer needs to keep device longer, he/she must contact agency. If

device has not been requested by another consumer they can keep device for an additional 2 weeks. At the end of the trial, the consumer receives a phone call. Loan devices are returned to TECHACCESS most often by visit. On the back of the loan tracking form, there is a survey which is filled out when device is returned as to the outcome.

- 15 Devices in the load pool also are made available for the following (choose all that apply).
- | | |
|-----------------------------|-----|
| Device demonstrations | Yes |
| Evaluations and assessments | Yes |
| Training | Yes |
| Public awareness | Yes |

- 16 How do you get the device to the consumer?
The consumer picks up the device at a designated site

- 17 Provide any additional information about this activity you wish to share.
Clinical trials have proven to be significant in the client's acceptance or abandonment of a device. As many vendors have limited or no longer provide rentals, this is a critical component for the AT program.

ORS has underutilized the loan program as an aspect for decision making around AT. Over the next 3 years, the ATAP program hopes to increase utilization of the device loan program with consumers of ORS following an evaluation, prior to AT purchase.

Assistive Technology State Grant Program

Rhode Island State Plan for FY 2009-2011 E Device Loan Activity (2 of 3)

- 1 Select the option that best describes the type of program.
Program for targeted consumers

- 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 this demonstration program is intended and why.
The Assistive Technology Access Partnership (ATAP) contracts with the East Bay Educational Collaborate (EBEC) to operate a device loan program. Device loan program is for children and youth age birth 21. Consumers include: families, educators, and professionals. Devices are loaned for school and home use to facilitate inclusion, transition, and access in general education. Devices are loaned to professionals to improve their knowledge base and competency for training, self use, and determining AT needs of students. Inventory includes: learning and access software and hardware for communication, literacy, low vision, cognition and learning. Over the period of state plan, we envision trying to develop a relationship with early intervention programs. When developing partnership for ATAP, EBEC was subcontracted in order to target youth and schools.
ATAP Children & Youth Resource Center provides opportunities for children/students, families, educators, therapeutic staff and other professionals to try out Assistive Technology Devices in order to make decisions about purchasing, increase knowledge about an array of technology tools, and have access to equipment while being procured or repaired.

- 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.
N/A

- 4 If you selected other, describe
N/A

- 5 Enter the year when the program began conducting this activity. 1998

- 6 Who conducts this activity? Check all that apply.
The Statewide AT Program No
Other entities (e.g. contractors) Yes

- 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. Yes
- Provides in-kind support to other entities via an agreement with the Statewide AT Program. Yes
- Receives financial support from the state. No
- Receives in-kind support from the state. No
- Receives financial support from private entities. No
- Receives in-kind support from private entities. No
- Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No
- Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes
- Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

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

| 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 | No | No | No | No |
| Alliance for Technology Access Center | No | No | No | No |
| Bank or other financial institution | No | No | No | No |
| Community Living agency | No | No | No | No |
| Easter Seals | No | No | No | No |
| Education-related agency | Yes | No | No | Yes |
| Employment-related agency | No | No | No | No |
| Health, allied health, and rehabilitation-related agency | No | No | No | No |
| Independent Living Center | No | No | No | No |
| Institution of Higher Education | No | No | No | No |
| Non-categorical disability organization | No | No | No | No |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | No |

| | | | | |
|--|----|----|----|----|
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | No |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | No |
| Organization that primarily serves individuals with physical disabilities | No | No | No | No |
| Organization focused specifically on providing AT | No | No | No | No |
| Protection and Advocacy Organization | No | No | No | No |
| Technology agency | No | No | No | No |
| UCP | No | No | No | No |
| Other | No | No | No | No |

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

One central location

10 If you indicated the use of regional sites, from how many regional sites is the activity conducted?

11 This activity is available (choose all that apply)

| | |
|------------|-----|
| By website | No |
| By phone | Yes |
| By e-mail | Yes |
| By mail | No |
| In person | Yes |

12 Select the option that best describes the policy of the program for charging individuals with disabilities for a loan.

Nothing

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

Other

14 Describe any supports provided to the consumer to ensure a successful loan.

Device selection, device demonstration/training, orientation, basic use, and curriculum may be offered to students and professionals. When device is loaned, sign off sheet re: time needed is written, follow-up meetings are provided, multiple individualized trainings with student and staff, best practices implementing classroom use, written material (manuals, tutorial disks) is provided. Email is available for questions.

15 Devices in the load pool also are made available for the following (choose all that apply).

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

16 How do you get the device to the consumer?

The device is delivered to the consumer by staff

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

#13 - No charge to professionals for loan equipment. Most professionals coming for training or demonstration loan program are from Local Education Agencies and therapeutic staff (OT/PT). In exploring sustainability, EBEC will be exploring charging therapeutic staff from agencies.

Over the next few years, explore services to children birth -3 activities because it is such a critical time for learning and development and expanding current role in transition of youth to secondary education and other vocational programs to include technology supports.

Assistive Technology State Grant Program

Rhode Island State Plan for FY 2009-2011 E Device Loan Activity (3 of 3)

- 1 Select the option that best describes the type of program.
Program for targeted consumers

- 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 this demonstration program is intended and why.
The Assistive Technology Access Partnership (ATAP) contracts with PARI to operate a device loan program intended to be of use during periods of repair or awaiting purchase. Durable medical equipment including wheelchairs, tubseats, portable ramps, electric scooters, electric wheelchairs, and daily living equipment is made available for loans to provide an accommodation on a short-term basis until device is no longer needed or individual purchases device. Targeted consumers include individuals with disabilities and their families. Short term loan time frames average 2 weeks - 1 month depending on situation. Benefits of the program include: 1) avoids expense of purchasing AT for temporary need, 2) increases or maintains functional mobility in home and/or work environment.

- 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.
N/A

- 4 If you selected other, describe
N/A

- 5 Enter the year when the program began conducting this activity. 1986

- 6 Who conducts this activity? Check all that apply.
The Statewide AT Program No
Other entities (e.g. contractors) Yes

- 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. Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program. Yes

Receives financial support from the state. No

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

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

| 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 | No | No | No | No |
| Alliance for Technology Access Center | No | No | No | No |
| Bank or other financial institution | No | No | No | No |
| Community Living agency | No | No | No | No |
| Easter Seals | No | No | No | No |
| Education-related agency | No | No | No | No |
| Employment-related agency | No | No | No | No |
| Health, allied health, and rehabilitation-related agency | No | No | No | No |
| Independent Living Center | Yes | No | No | Yes |
| Institution of Higher Education | No | No | No | No |
| Non-categorical disability organization | No | No | No | No |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | No |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | No |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | No |
| Organization that primarily serves individuals with physical disabilities | No | No | No | No |

| | | | | |
|---|----|----|----|----|
| Organization focused specifically on providing AT | No | No | No | No |
| Protection and Advocacy Organization | No | No | No | No |
| Technology agency | No | No | No | No |
| UCP | No | No | No | No |
| Other | No | No | No | No |

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

One central location

10 If you indicated the use of regional sites, from how many regional sites is the activity conducted?

11 This activity is available (choose all that apply)

| | |
|------------|-----|
| By website | No |
| By phone | Yes |
| By e-mail | Yes |
| By mail | No |
| In person | Yes |

12 Select the option that best describes the policy of the program for charging individuals with disabilities for a loan.

A donation of time or other non-financial commitment is requ

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

Other

14 Describe any supports provided to the consumer to ensure a successful loan.

Provides orientation for safe functional use. Available for questions and/or referrals to manufacturer or service professional (PT/OT). Instructs consumer to request additional support if required, including extending loan period or any additional instructional materials. Monitors loan process and equipment. At the end of loan period, referrals to new equipment vendors are made.

15 Devices in the load pool also are made available for the following (choose all that apply).

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

16 How do you get the device to the consumer?

The consumer picks up the device at a designated site

- 17 Provide any additional information about this activity you wish to share.
Due to items being donated, the requested items are not always in PARI's inventory.

Assistive Technology State Grant Program

Rhode Island State Plan for FY 2009-2011 F Device Demonstration Activity (1 of 5)

- 1 Select the option that best describes the type of program.
Program for targeted consumers

- 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.
The Assistive Technology Access Partnership (ATAP) contracts with ATEL to operate demonstrations for the telecom distribution program. Targeted individuals for this statewide program include those who are Deaf, Hard of Hearing, have a speech disability or who suffer from neuromuscular damage disease. Devices demonstrated are amplified phones, speaker phones, emergency devices, alerting devices, relay devices. In addition, training is provided for CAPTEL, and traditional 711 relay. The purpose of this program is to match the appropriate equipment for this specific disability and make adjustments to devices to accommodate additional disabilities in order to facilitate communication at home. Devices are provided free of charge for qualified individuals. Individuals not eligible are referred to vendors or other funding sources.

- 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.
N/A

- 4 If you selected other, describe
N/A

- 5 Enter the year when the program began conducting this activity. 2008

- 6 Who conducts this activity? Check all that apply.
The Statewide AT Program No
Other entities (e.g. contractors) Yes

- 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. Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program. Yes

Receives financial support from the state. Yes

Receives in-kind support from the state. Yes

Receives financial support from private entities. No

Receives in-kind support from private entities. No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. Yes

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

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

| 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 | No | No | No | No |
| Alliance for Technology Access Center | No | No | No | No |
| Bank or other financial institution | No | No | No | No |
| Community Living agency | No | No | No | No |
| Easter Seals | No | No | No | No |
| Education-related agency | No | No | No | No |
| Employment-related agency | No | No | No | No |
| Health, allied health, and rehabilitation-related agency | No | No | No | No |
| Independent Living Center | No | No | No | No |
| Institution of Higher Education | No | No | No | No |
| Non-categorical disability organization | No | No | No | No |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | No |
| Organization that primarily serves individuals who are deaf or hard of hearing | Yes | Yes | No | Yes |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | No |
| Organization that primarily serves individuals with physical disabilities | No | No | No | No |

| | | | | |
|---|----|----|----|-----|
| Organization focused specifically on providing AT | No | No | No | No |
| Protection and Advocacy Organization | No | No | No | No |
| Technology agency | No | No | No | Yes |
| UCP | No | No | No | No |
| Other | No | No | No | No |

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

One central location

10 If you indicated the use of regional sites, from how many regional sites is the activity conducted?

11 This activity is available (choose all that apply)

| | |
|------------|-----|
| By website | No |
| By phone | Yes |
| By e-mail | Yes |
| By mail | No |
| In person | Yes |

12 Select the option that best describes the primary type of demonstrations provided by the program.

In-person demonstrations from a fixed location

Select the option that best describes the secondary type of demonstrations provided by the program.

In-person demonstrations that move to multiple sites

13 Select the option that best describes the policy of the program for charging individuals with disabilities for a demonstration.

Nothing

14 Select the option that best describes the policy of the program for charging professionals for a demonstration.

Nothing

15 Devices in the demonstration pool also are made available for the following (choose all that apply).

| | |
|-----------------------------|-----|
| Device loans | No |
| Evaluations and assessments | No |
| Training | Yes |
| Public awareness | Yes |

16 Select the option that best describes what is shared with the device loan program.

N/A

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

ATEL does not provide short term loans. All equipment is distributed as long term loans to qualified individuals. Main operating budget comes from state funding. ATAP funds cover the administrative expenses in order to free up funds for demonstration and state financed long-term loans.

The ATEL program has been in operation since 1986. However, in 2008, the program became an ATAP partner. Funding from ATAP contributes to administration expenses, thus freeing funds for equipment distribution.

Assistive Technology State Grant Program

Rhode Island State Plan for FY 2009-2011 F Device Demonstration Activity (2 of 5)

1 Select the option that best describes the type of program.

General program

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.

The ATAP demonstration center at TechACCESS is a statewide AT demonstration center focusing on technologies for communication, computer access, blind/low vision technologies, hearing technologies, and learning/cognitive technologies. A variety of activities including public demonstrations, after school activities, exploration in an adaptive computer lab, and individual demonstrations are provided to assist people in learning about the AT devices that are available which can impact significantly on their lives. Following demonstrations, consumers are either directed to service providers for assessment and recommendation, vendors to select/purchase equipment, or referred to appropriate other resources for funding. All demonstrations are provided by individuals who have expertise and experience in selecting and using a variety of assistive technologies.

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.

N/A

4 If you selected other, describe

N/A

5 Enter the year when the program began conducting this activity.

1992

6 Who conducts this activity? Check all that apply.

The Statewide AT Program

No

Other entities (e.g. contractors)

Yes

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. Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program. Yes

Receives financial support from the state. No

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

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

| 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 | No | No | No | No |
| Alliance for Technology Access Center | Yes | No | No | No |
| Bank or other financial institution | No | No | No | No |
| Community Living agency | No | No | No | No |
| Easter Seals | No | No | No | No |
| Education-related agency | No | No | No | Yes |
| Employment-related agency | No | No | No | No |
| Health, allied health, and rehabilitation-related agency | No | No | No | Yes |
| Independent Living Center | No | No | No | Yes |
| Institution of Higher Education | No | No | No | No |
| Non-categorical disability organization | No | No | No | No |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | Yes |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | Yes |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | No |

| | | | | |
|---|----|----|----|----|
| Organization that primarily serves individuals with physical disabilities | No | No | No | No |
| Organization focused specifically on providing AT | No | No | No | No |
| Protection and Advocacy Organization | No | No | No | No |
| Technology agency | No | No | No | No |
| UCP | No | No | No | No |
| Other | No | No | No | No |

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

One central location

10 If you indicated the use of regional sites, from how many regional sites is the activity conducted?

11 This activity is available (choose all that apply)

- By website No
- By phone No
- By e-mail No
- By mail No
- In person Yes

12 Select the option that best describes the primary type of demonstrations provided by the program.

In-person demonstrations from a fixed location

Select the option that best describes the secondary type of demonstrations provided by the program.

In-person demonstrations that move to multiple sites

13 Select the option that best describes the policy of the program for charging individuals with disabilities for a demonstration.

Nothing

14 Select the option that best describes the policy of the program for charging professionals for a demonstration.

Other

15 Devices in the demonstration pool also are made available for the following (choose all that apply).

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

16 Select the option that best describes what is shared with the device loan program.

Both staff and space

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

#14 - Professionals affiliated with private agencies are charged for professional development.

Assistive Technology State Grant Program

Rhode Island State Plan for FY 2009-2011 F Device Demonstration Activity (3 of 5)

- 1 Select the option that best describes the type of program.
Program for targeted consumers

- 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.
Staff from the ATAP Children and Youth Center located at EBEC, one of the states 5 educational collaboratives, provides demonstrations statewide on a variety of AT including educational software and hardware, low vision tools, communication devices, computer access, alternative keyboards for school age children, transitioning youth, and their educational teams. Students, families, professionals and educators participate in hands on exploration of AT to build capacity in school districts and affiliated agencies. Vendor demonstrations are held to introduce new technologies and provide introductory trainings to the targeted audience. Demonstrations and staff development assist with better decision making for educational teams.

- 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.
N/A

- 4 If you selected other, describe
N/A

- 5 Enter the year when the program began conducting this activity. 1995

- 6 Who conducts this activity? Check all that apply.
The Statewide AT Program No
Other entities (e.g. contractors) Yes

- 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. Yes
Provides in-kind support to other entities via an agreement with the Statewide AT Yes

| | |
|---|-----|
| Program. | |
| Receives financial support from the state. | No |
| Receives in-kind support from the state. | No |
| Receives financial support from private entities. | No |
| Receives in-kind support from private entities. | No |
| Coordinates and collaborates with other entities for the purpose of establishing a new program or service. | No |
| Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. | Yes |
| Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. | No |

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

| 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 | No | No | No | No |
| Alliance for Technology Access Center | No | No | No | No |
| Bank or other financial institution | No | No | No | No |
| Community Living agency | No | No | No | No |
| Easter Seals | No | No | No | No |
| Education-related agency | Yes | No | No | Yes |
| Employment-related agency | No | No | No | No |
| Health, allied health, and rehabilitation-related agency | No | No | No | No |
| Independent Living Center | No | No | No | No |
| Institution of Higher Education | No | No | No | No |
| Non-categorical disability organization | No | No | No | No |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | No |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | No |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | No |
| Organization that primarily serves individuals with physical disabilities | No | No | No | No |

| | | | | |
|---|----|----|----|----|
| Organization focused specifically on providing AT | No | No | No | No |
| Protection and Advocacy Organization | No | No | No | No |
| Technology agency | No | No | No | No |
| UCP | No | No | No | No |
| Other | No | No | No | No |

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

One central location

10 If you indicated the use of regional sites, from how many regional sites is the activity conducted?

11 This activity is available (choose all that apply)

- By website No
- By phone No
- By e-mail No
- By mail No
- In person Yes

12 Select the option that best describes the primary type of demonstrations provided by the program.

In-person demonstrations from a fixed location

Select the option that best describes the secondary type of demonstrations provided by the program.

In-person demonstrations from fixed regional sites

13 Select the option that best describes the policy of the program for charging individuals with disabilities for a demonstration.

Nothing

14 Select the option that best describes the policy of the program for charging professionals for a demonstration.

Nothing

15 Devices in the demonstration pool also are made available for the following (choose all that apply).

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

16 Select the option that best describes what is shared with the device loan program.

Both staff and space

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

N/A

Assistive Technology State Grant Program

Rhode Island State Plan for FY 2009-2011 F Device Demonstration Activity (4 of 5)

- 1 Select the option that best describes the type of program.
Program for targeted consumers

- 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.
The Assistive Technology Access Partnership (ATAP) contracts with OSCIL to provide a statewide device demonstration program to adults with disabilities that also offers recommendations for a variety of AT to assist individuals with activities of daily living at home and in the community. AT includes mobility aids, alerting devices, communication devices, and other equipment to address barriers to independent living. Specialized assistance is also provided to individuals transitioning from nursing homes to the community by identifying AT devices needed for a successful transition.

- 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.
N/A

- 4 If you selected other, describe
N/A

- 5 Enter the year when the program began conducting this activity. 1992

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

| | |
|-----------------------------------|-----|
| The Statewide AT Program | No |
| Other entities (e.g. contractors) | Yes |

- 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. | Yes |
| Provides in-kind support to other entities via an agreement with the Statewide AT Program. | Yes |
| Receives financial support from the state. | No |

| | |
|---|-----|
| Receives in-kind support from the state. | No |
| Receives financial support from private entities. | No |
| Receives in-kind support from private entities. | No |
| Coordinates and collaborates with other entities for the purpose of establishing a new program or service. | No |
| Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. | Yes |
| Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. | No |

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

| 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 | No | No | No | No |
| Alliance for Technology Access Center | No | No | No | No |
| Bank or other financial institution | No | No | No | No |
| Community Living agency | No | No | No | No |
| Easter Seals | No | No | No | No |
| Education-related agency | No | No | No | No |
| Employment-related agency | No | No | No | No |
| Health, allied health, and rehabilitation-related agency | No | No | No | No |
| Independent Living Center | Yes | No | No | Yes |
| Institution of Higher Education | No | No | No | No |
| Non-categorical disability organization | No | No | No | No |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | No |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | No |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | No |
| Organization that primarily serves individuals with physical disabilities | No | No | No | No |
| Organization focused specifically on providing AT | No | No | No | No |
| Protection and Advocacy Organization | No | No | No | No |

| | | | | |
|-------------------|----|----|----|----|
| Technology agency | No | No | No | No |
| UCP | No | No | No | No |
| Other | No | No | No | No |

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

One central location

10 If you indicated the use of regional sites, from how many regional sites is the activity conducted?

11 This activity is available (choose all that apply)

By website No
 By phone No
 By e-mail No
 By mail No
 In person Yes

12 Select the option that best describes the primary type of demonstrations provided by the program.

In-person demonstrations that move to multiple sites

Select the option that best describes the secondary type of demonstrations provided by the program.

In-person demonstrations from a fixed location

13 Select the option that best describes the policy of the program for charging individuals with disabilities for a demonstration.

Nothing

14 Select the option that best describes the policy of the program for charging professionals for a demonstration.

Nothing

15 Devices in the demonstration pool also are made available for the following (choose all that apply).

Device loans No
 Evaluations and assessments Yes
 Training No
 Public awareness Yes

16 Select the option that best describes what is shared with the device loan program.

N/A

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

Demonstrations are conducted in consumer homes and in nursing home facilities. Demonstrations of AT to support consumer employment goals are also conducted on a fee for service basis with ORS. Demonstrations of AT to support independent living for adults with disabilities are also conducted on a fee for service basis with DHS and Tri-Town Community Action.

Assistive Technology State Grant Program

Rhode Island State Plan for FY 2009-2011 F Device Demonstration Activity (5 of 5)

- 1 Select the option that best describes the type of program.
Program for targeted consumers

- 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.
PARI maintains a statewide demonstration center showcasing a variety of DME and AT equipment, including lift chairs, hospital beds, bathroom safety equipment, daily living aids, and manual/electric mobility equipment. Individuals with disabilities and their families are provided an opportunity to compare different equipment, receive instruction, and view available devices that can assist in their daily living. PARI provides device demonstration presentations in rehabilitation facilities, as well as assisted living and support group settings.

- 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.
N/A

- 4 If you selected other, describe
N/A

- 5 Enter the year when the program began conducting this activity. 2005

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

| | |
|-----------------------------------|-----|
| The Statewide AT Program | No |
| Other entities (e.g. contractors) | Yes |

- 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. | Yes |
| Provides in-kind support to other entities via an agreement with the Statewide AT Program. | Yes |
| Receives financial support from the state. | No |

| | |
|---|-----|
| Receives in-kind support from the state. | No |
| Receives financial support from private entities. | No |
| Receives in-kind support from private entities. | No |
| Coordinates and collaborates with other entities for the purpose of establishing a new program or service. | No |
| Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. | Yes |
| Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. | No |

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

| 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 | No | No | No | No |
| Alliance for Technology Access Center | No | No | No | No |
| Bank or other financial institution | No | No | No | No |
| Community Living agency | No | No | No | No |
| Easter Seals | No | No | No | No |
| Education-related agency | No | No | No | No |
| Employment-related agency | No | No | No | No |
| Health, allied health, and rehabilitation-related agency | No | No | No | No |
| Independent Living Center | Yes | No | No | Yes |
| Institution of Higher Education | No | No | No | No |
| Non-categorical disability organization | No | No | No | No |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | No |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | No |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | No |
| Organization that primarily serves individuals with physical disabilities | No | No | No | No |
| Organization focused specifically on providing AT | No | No | No | No |
| Protection and Advocacy Organization | No | No | No | No |

| | | | | |
|-------------------|----|----|----|----|
| Technology agency | No | No | No | No |
| UCP | No | No | No | No |
| Other | No | No | No | No |

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

One central location

10 If you indicated the use of regional sites, from how many regional sites is the activity conducted?

11 This activity is available (choose all that apply)

| | |
|------------|-----|
| By website | No |
| By phone | No |
| By e-mail | No |
| By mail | No |
| In person | Yes |

12 Select the option that best describes the primary type of demonstrations provided by the program.

In-person demonstrations from a fixed location

Select the option that best describes the secondary type of demonstrations provided by the program.

In-person demonstrations that move to multiple sites

13 Select the option that best describes the policy of the program for charging individuals with disabilities for a demonstration.

Nothing

14 Select the option that best describes the policy of the program for charging professionals for a demonstration.

Nothing

15 Devices in the demonstration pool also are made available for the following (choose all that apply).

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

16 Select the option that best describes what is shared with the device loan program.

Both staff and space

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

N/A

Assistive Technology State Grant Program

Rhode Island State Plan for FY 2009-2011 G1 State Leadership Activities

Training Activities

1 Who conducts this activity? Check all that apply.

- | | |
|-----------------------------------|-----|
| The Statewide AT Program | No |
| Other entities (e.g. contractors) | Yes |

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. | Yes |
| Provides in-kind support to other entities via an agreement with the Statewide AT Program. | Yes |
| Receives financial support from the state. | Yes |
| Receives in-kind support from the state. | No |
| Receives financial support from private entities. | No |
| Receives in-kind support from private entities. | No |
| Coordinates and collaborates with other entities for the purpose of establishing a new program or service. | No |
| Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. | Yes |
| Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. | Yes |

3 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 of the following table.

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 of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column c of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column d of the following table.

| Organization or Activity | a. You provide support | b. Receive support from | c. Receive support from | d. Collaborate with |
|--------------------------|------------------------|-------------------------|-------------------------|---------------------|
|--------------------------|------------------------|-------------------------|-------------------------|---------------------|

| | | the state | these private entities | |
|---|-----|-----------|------------------------|-----|
| AgrAbility Program | No | No | No | No |
| Alliance for Technology Access Center | Yes | Yes | No | Yes |
| Bank or other financial institution | No | No | No | No |
| Community Living agency | No | No | No | No |
| Easter Seals | No | No | No | No |
| Education-related agency | Yes | Yes | No | Yes |
| Employment-related agency | No | No | No | Yes |
| Health, allied health, and rehabilitation-related agency | No | No | No | Yes |
| Independent Living Center | No | No | No | Yes |
| Institution of Higher Education | No | No | No | Yes |
| Non-categorical disability organization | No | No | No | Yes |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | Yes |
| Organization that primarily serves individuals who are deaf or hard of hearing | Yes | Yes | No | Yes |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | Yes |
| Organization that primarily serves individuals with physical disabilities | No | No | No | Yes |
| Organization focused specifically on providing AT | No | No | No | Yes |
| Protection and Advocacy Organization | No | No | No | No |
| Technology agency | No | No | No | Yes |
| UCP | No | No | No | No |
| Other | No | No | No | No |

4 Select the option that best describes from where this activity is conducted.
Regional sites

5 If you indicated the use of regional sites, from how many regional sites is the activity conducted? 3

6 This activity is available (choose all that apply)

- By website No
- By phone No
- By e-mail No
- By mail No
- In person Yes

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

At sites arranged by those receiving the training

- 8 Select the option that best describes the policy of the program for charging individuals with disabilities for training.
Nothing
- 9 Select the option that best describes the policy of the program for charging professionals for training.
Nothing
- 10 Provide any additional information about this activity you wish to share.
ATEL: Provides training on new and existing devices in response to requests by targeted disability groups.

East Bay Educational Collaborative: Recognized as a statewide expert on AT for school-aged youth and educational teams that presents at conferences as well as working with the other educational collaboratives.

Assistive Technology State Grant Program

Rhode Island State Plan for FY 2009-2011 G2 State Leadership Activities

Technical Assistance Activities

1 Who conducts this activity? Check all that apply.

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

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. | Yes |
| Provides in-kind support to other entities via an agreement with the Statewide AT Program. | Yes |
| Receives financial support from the state. | No |
| Receives in-kind support from the state. | No |
| Receives financial support from private entities. | No |
| Receives in-kind support from private entities. | No |
| Coordinates and collaborates with other entities for the purpose of establishing a new program or service. | Yes |
| Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. | Yes |
| Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. | No |

3 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 of the following table.

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 of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column c of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column d of the following table.

| Organization or Activity | a. You provide support | b. Receive support from | c. Receive support from | d. Collaborate with |
|--------------------------|------------------------|-------------------------|-------------------------|---------------------|
| | | | | |

| | | the state | these private entities | |
|---|-----|-----------|------------------------|-----|
| AgrAbility Program | No | No | No | No |
| Alliance for Technology Access Center | Yes | No | No | No |
| Bank or other financial institution | No | No | No | No |
| Community Living agency | No | No | No | No |
| Easter Seals | No | No | No | No |
| Education-related agency | Yes | No | No | Yes |
| Employment-related agency | Yes | No | No | Yes |
| Health, allied health, and rehabilitation-related agency | No | No | No | Yes |
| Independent Living Center | No | No | No | No |
| Institution of Higher Education | No | No | No | Yes |
| Non-categorical disability organization | No | No | No | No |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | Yes |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | No |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | No |
| Organization that primarily serves individuals with physical disabilities | No | No | No | No |
| Organization focused specifically on providing AT | No | No | No | No |
| Protection and Advocacy Organization | No | No | No | No |
| Technology agency | No | No | No | No |
| UCP | No | No | No | No |
| Other | No | No | No | No |

4 Select the option that best describes from where this activity is conducted.
Regional sites

5 If you indicated the use of regional sites, from how many regional sites is the activity conducted? 3

6 This activity is available (choose all that apply)

- By website No
- By phone Yes
- By e-mail Yes
- By mail No
- In person Yes

7 Select the option that best describes the policy of the program for charging for technical assistance.

Nothing

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

East Bay Educational Collaborative: Continue support with RI Materials Accessibility Center at Northern RI Collaborative which is the statewide system to implement NIMAS - Part B of IDEA.

Office of Rehabilitation Services (ORS): ORS/ATAP personnel provide assistance to the One-Stop Career Centers, regarding their assistive technology needs and strategies for interacting with individuals with disabilities. ORS is also assisting the One Stop Career Center Disability Navigator in developing a powerpoint training program for the personnel of the netWORKri offices. ORS also is providing vocational evaluations to students transitioning from school to employment or post-secondary. They also worked with collaboratives in modifying vocational evaluation reports in order to capture AT needs of high school students.

Assistive Technology State Grant Program

Rhode Island State Plan for FY 2009-2011 G3 State Leadership Activities

Public Awareness Activities

1 Who conducts this activity? Check all that apply.

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

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. | Yes |
| Provides in-kind support to other entities via an agreement with the Statewide AT Program. | Yes |
| Receives financial support from the state. | No |
| Receives in-kind support from the state. | No |
| Receives financial support from private entities. | No |
| Receives in-kind support from private entities. | No |
| Coordinates and collaborates with other entities for the purpose of establishing a new program or service. | No |
| Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. | Yes |
| Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. | Yes |

3 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 of the following table.

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 of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column c of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column d of the following table.

| Organization or Activity | a. You provide support | b. Receive support from | c. Receive support from | d. Collaborate with |
|--------------------------|------------------------|-------------------------|-------------------------|---------------------|
| | | | | |

| | | the state | these private entities | |
|---|-----|-----------|------------------------|-----|
| AgrAbility Program | No | No | No | No |
| Alliance for Technology Access Center | Yes | No | No | Yes |
| Bank or other financial institution | No | No | No | No |
| Community Living agency | No | No | No | Yes |
| Easter Seals | No | No | No | No |
| Education-related agency | Yes | No | No | Yes |
| Employment-related agency | Yes | No | No | Yes |
| Health, allied health, and rehabilitation-related agency | No | No | No | No |
| Independent Living Center | Yes | No | No | Yes |
| Institution of Higher Education | No | No | No | Yes |
| Non-categorical disability organization | No | No | No | Yes |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | Yes |
| Organization that primarily serves individuals who are deaf or hard of hearing | Yes | No | No | Yes |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | Yes |
| Organization that primarily serves individuals with physical disabilities | No | No | No | No |
| Organization focused specifically on providing AT | No | No | No | Yes |
| Protection and Advocacy Organization | No | No | No | No |
| Technology agency | No | No | No | No |
| UCP | No | No | No | No |
| Other | No | No | No | No |

4 Select the option that best describes from where this activity is conducted.
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? 6

6 This activity is available (choose all that apply)

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

7 Describe the activity.

The Assistive Technology Access Partnership (ATAP) is comprised of several

organizations which include: (1) the Office of Rehabilitation Services as the lead agency; (2) TechACCESS; (3) Ocean State Center for Independent Living (OSCIL); (4) PARI; (5) East Bay Educational Collaborative (EBEC); and (6) Adaptive Telephone Equipment Loan Program (ATEL). ATAP sponsors an annual AT Conference that generally has between 250-300 attendees from the education, vocational rehabilitation, family and consumer communities. As a partnership, we generally have booths at conferences and health fairs that focus on transition, independent living, employment, community living and education.

The Office of Rehabilitation Services, PARI, OSCIL, and TechACCESS produce newsletters and/or annual reports that are widely distributed. In addition, the ATAP website is linked to the website of each partner agency. We developed an ATAP brochure, bookmark calendar, pads, grippers for liberal distribution in the community and at conferences/presentations. A table top exhibit that showcases the various services ATAP provides as well as the device exchange website were developed as well.

Assistive Technology State Grant Program

Rhode Island State Plan for FY 2009-2011 G4 State Leadership Activities

Information and Assistance Activities

1 Who conducts this activity? Check all that apply.

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

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. | Yes |
| Provides in-kind support to other entities via an agreement with the Statewide AT Program. | Yes |
| Receives financial support from the state. | No |
| Receives in-kind support from the state. | No |
| Receives financial support from private entities. | No |
| Receives in-kind support from private entities. | No |
| Coordinates and collaborates with other entities for the purpose of establishing a new program or service. | Yes |
| Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. | Yes |
| Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. | Yes |

3 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 of the following table.

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 of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column c of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column d of the following table.

| Organization or Activity | a. You provide support | b. Receive support from | c. Receive support from | d. Collaborate with |
|--------------------------|------------------------|-------------------------|-------------------------|---------------------|
| | | | | |

| | | the state | these private entities | |
|---|-----|-----------|------------------------|-----|
| AgrAbility Program | No | No | No | No |
| Alliance for Technology Access Center | Yes | No | No | No |
| Bank or other financial institution | No | No | No | No |
| Community Living agency | No | No | No | Yes |
| Easter Seals | No | No | No | No |
| Education-related agency | Yes | No | No | Yes |
| Employment-related agency | No | No | No | Yes |
| Health, allied health, and rehabilitation-related agency | No | No | No | Yes |
| Independent Living Center | Yes | No | No | Yes |
| Institution of Higher Education | No | No | No | Yes |
| Non-categorical disability organization | No | No | No | Yes |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | Yes |
| Organization that primarily serves individuals who are deaf or hard of hearing | Yes | No | No | Yes |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | Yes |
| Organization that primarily serves individuals with physical disabilities | No | No | No | Yes |
| Organization focused specifically on providing AT | No | No | No | Yes |
| Protection and Advocacy Organization | No | No | No | No |
| Technology agency | No | No | No | Yes |
| UCP | No | No | No | No |
| Other | No | No | No | No |

4 Select the option that best describes from where this activity is conducted.
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? 6

6 This activity is available (choose all that apply)

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

7 Describe the activity.

If any one partner is contacted, the person is directed to the most appropriate partner.

Resource and library including video, magazines, journals, demo discs are available for mailing. Also brochures and information sheets are kept from non-partner relevant sites on disability services. Informational newsletters are generated from partners.

Assistive Technology State Grant Program

Rhode Island State Plan for FY 2009-2011

Section H: Assurances and Signature

- | | | |
|----|---|-----|
| 1 | As Certifying Representative of the Lead Agency for the State of Rhode Island, I hereby assure the following. | Yes |
| 2 | The Lead Agency prepared and submitted this State Plan on behalf of the State of Rhode Island. | Yes |
| 3 | The Lead Agency submitting this plan is the State agency that is eligible to submit this plan. | Yes |
| 4 | The State agency has authority under State law to perform the functions of the State under this program. | Yes |
| 5 | The State legally may carry out each provision of this plan. | Yes |
| 6 | All provisions of this plan are consistent with State law. | Yes |
| 7 | 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. | Yes |
| 8 | The State officer who submits this plan, specified by title in this certification, has authority to submit this plan. | Yes |
| 9 | The agency that submits this plan has adopted or otherwise formally approved this plan. | Yes |
| 10 | The plan is the basis for State operation and administration of the program. | Yes |
| 11 | The Lead Agency will maintain and evaluate the program under this State Plan. | Yes |
| 12 | 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. | Yes |

- | | | |
|----|--|-----|
| 13 | The Lead Agency will submit the progress report on behalf of the State. | Yes |
| 14 | 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. | Yes |
| 15 | The Lead Agency will control and administer the funds received through the grant. | Yes |
| 16 | The Lead Agency will make programmatic and resource allocation decisions necessary to implement the State Plan. | Yes |
| 17 | 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. | Yes |
| 18 | The Lead Agency will ensure conformance with Federal and State accounting requirements. | Yes |
| 19 | 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. | Yes |
| 20 | 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. | Yes |
| 21 | 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. | Yes |
| 22 | 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) | Yes |
| 23 | 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) | Yes |

- 24 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. Yes
- 25 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. Yes
- 26 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.

Children & Youth at East Bay Educational Collaborative (EBEC) and TechACCESS Demonstration Center offer professional development workshops open to all RI Educators, educational support staff, parents and administrators. Materials for workshops are provided in alternate format when requested, including interpreters and CART. The program needs to offer literature and website in alternate languages. The device loan programs through EBEC and TechACCESS adapts to the individual needs of each student and team. Appointments are arranged convenient to school personnel and families. Students are seen on site with access to interpreters as needed. The device loan program is designed to identify appropriate adaptive and access to technology. All facilities are accessible to individuals with disabilities.

27 Access Goal Table

| Access | Education | Employment | Community Living | IT/Telecomm |
|----------------------------|-----------|------------|------------------|-------------|
| a. Long-term Goal | 70.00 | 81.00 | 95.06 | 90.00 |
| b. Long-term Goal Status | Met | Not met | Not met | Not met |
| c. FY 2007 Performance | 78.85 | 61.11 | 91.53 | 0.00 |
| d. FY 2008 Short-term goal | 79.85 | 62.11 | 92.53 | 25.00 |
| e. FY 2008 Performance | 61.95 | 80.00 | 94.06 | 100.00 |
| f. FY 2008 Status | Not met | Met | Met | Met |
| g. FY 2009 Short-term goal | 62.95 | 80.00 | 95.06 | 90.00 |
| h. FY 2009 Performance | 0.00 | 0.00 | 0.00 | 0.00 |
| i. FY 2009 Status | | | | |
| j. FY 2010 Short-term goal | 0.00 | 0.00 | 0.00 | 0.00 |
| k. FY 2010 Performance | 0.00 | 0.00 | 0.00 | 0.00 |
| l. FY 2010 Status | | | | |

28 Acquisition Goal Table

| Acquisition | Education | Employment | Community Living |
|-------------------|-----------|------------|------------------|
| a. Long-term Goal | 75.00 | 50.00 | 92.00 |

| | | | |
|----------------------------|-------|-------|--------|
| b. Long-term Goal Status | | | Met |
| c. FY 2007 Performance | 0.00 | 0.00 | 100.00 |
| d. FY 2008 Short-term goal | 0.00 | 0.00 | 90.00 |
| e. FY 2008 Performance | 0.00 | 0.00 | 100.00 |
| f. FY 2008 Status | | | Met |
| g. FY 2009 Short-term goal | 25.00 | 25.00 | 90.00 |
| h. FY 2009 Performance | 0.00 | 0.00 | 0.00 |
| i. FY 2009 Status | | | |
| j. FY 2010 Short-term goal | 0.00 | 0.00 | 0.00 |
| k. FY 2010 Performance | 0.00 | 0.00 | 0.00 |
| l. FY 2010 Status | | | |

- 29 Name of Certifying Representative for the Lead Agency Gary D. Alexander
- 30 Title of Certifying Representative for the Lead Agency Director Dept of Human Services
- 31 Signed? Yes
- 32 Date Signed 01/21/2009

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number of this information collection is 1820-0664. The time required to complete this information collection is estimated to average 75 hours per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4760. If you have any comments or concerns regarding the status of your individual submission of this form, write directly to: Robert Groenendaal.