

State Grant for Assistive Technology Program - RSA-664 Rhode Island State Plan for FY 2015-2017 (submitted FY 2015) H224A150039

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.

Ronald Racine

Department of Human Services/Office of Rehabilitation Services

40 Fountain Street

Providence, RI 02903

Tel: 401-462-7888

Email: ronald.racine@dhs.ri.gov

5. Information about Program Director at Lead Agency:

Kathleen Grygiel, Administrator/Acting Program Director

Department of Human Services

Office of Rehabilitation Services

49 Fountain Street

Providence, RI 02903

Tel: 401-462-7873 email: kathleen.grygiel.@ors.ri.gov

40%

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

Carol Mattson

ORS, 40 Fountain Street, Providence, RI 02903

Tel: 401-462-7812, carol.mattson@ors.ri.gov, 8%

Sharon DiPinto, ORS, 40 Fountain Street, Providence, RI 02903

Tel: 401-462-7818, sharon.dipinto@ors.ri.gov, 20%

7. Telephone at Lead Agency for Public: 800-916-8324

8. E-mail at Lead Agency for Public: kathleen.grygiel@ors.ri.gov

9. Descriptor of the agency: General or Combined Vocational Rehabilitation Agency

10. If Other was selected for question 9, identify and describe the agency:

N/A

11. Contract with an Implementing Entity? No

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. Type of organization:

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 new or different Lead Agency? No

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? n/a

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:

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

1. In accordance with section 4(c)(2) of the AT Act of 1998, as amended our state has a consumer-majority advisory council that provides consumer-responsive, consumer-driven advice to the state for planning of, implementation of, and evaluation of the activities carried out through the grant, including setting measurable goals. This advisory council is geographically representative of the State and reflects the diversity of the State with respect to race, ethnicity, types of disabilities across the age span, and users of types of services that an individual with a disability may receive. Yes
2. The advisory council includes a representative of the designated State agency, as defined in section 7 of the Rehabilitation Act of 1973 (29 U.S.C. 705) Yes
3. The advisory council includes a representative of the State agency for individuals who are blind (within the meaning of section 101 of that Act (29 U.S.C. 721)); Yes
4. The advisory council includes a representative of a State center for independent living described in part C of title VII of the Rehabilitation Act of 1973 (29 U.S.C. 796f et seq.); Yes
5. The advisory council includes a representative of the State workforce investment board established under section 111 of the Workforce Investment Act of 1998 (29 U.S.C. 2821); Yes
6. The advisory council includes a representative of the State educational agency, as defined in section 9101 of the Elementary and Secondary Education Act of 1965 Yes
7. The advisory council includes other representatives

Department of Health

8. The advisory council includes the following number of individuals with disabilities that use assistive technology or their family members or guardians 8
9. If the Statewide AT Program does not have the composition and representation required under section 4(c)(2)(B), explain.

N/A

10. Proposed Budget Allocations

State Financing Activities \$1-\$10,000

Device Reutilization Activities \$30,001-\$40,000

Device Loan Activity Proposed \$60,001-\$70,000

Device Demonstration Activity more than \$100,000

State Leadership Activities \$80,001-\$90,000

11. For every activity for which you selected "claiming comparability" in item 10, describe the comparable activity.

N/A

12. Describe your planned procedures for tracking expenditures for State-level and State Leadership activities.

Each ATAP partner submits a Quarterly Expenditure Statement. Included in this packet is a form that describes the 70-30% split of expenditures on state level and state leadership activities.

13. State Financing Activities Performed

Financial loan program No

Access to telework loan fund No

Cooperative buying program No

Financing for home modifications program No

Telecommunications distribution program Yes

Last resort program No

Other program No

Other Activities Performed

How many device exchange programs do you support? 1

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? 4

14. What is the baseline year for the measurable goals for this state plan? 2011

Section 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. 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. 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. Table of financial or in-kind support provided or received

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 | 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. A combination of a central location and regional sites

6. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 2

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 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. 2015 income for a household of one would be < \$29,425 per month, a household of two would be < \$39,825, etc...) or receive food stamps, Medicaid,

SSI, heating assistance, Rite Care, RI Works Program, general public assistance, RIPAE (assisting tiers 60% and 30%), or 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 Newsline for the Blind in the amount of \$40,000 annually 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, or 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).

ATEL will work with the Public Utilities Commission representative to ATEL who will submit amended legislation referencing the ATEL program to include verbiage allowing wireless technology. Since this program was developed over 25 years ago, we believe that the intent of the wording was to make sure the telephone line they were using was only accessed by one phone number. The initial law did not contemplate wireless, and we believe that wireless technology would not be in opposition to the intent of the regulation.

Section D - Device Reutilization Activities - Device Exchange

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 OSCIL to provide a device exchange program. OSCIL will facilitate the transfer of larger assistive technology equipment (either from vendor storage facilities or directly from one consumer home to another) to provide consumers with a means to address physical access barriers to increase mobility and safety in the home. These items may include used ramps, stair lifts, and vertical lifts. OSCIL will assess whether the available equipment accommodates the person in need. OSCIL does not take physical possession of the equipment at any time nor do they provide any guarantee of its longevity. All equipment is donated directly through exchange to the consumer. In addition, OSCIL may orchestrate the transfer, retrofitting and installation of items through the services of a licensed contractor or vendor.

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. 2012

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. Table of financial or in-kind support provided or received

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 : Yes

By mail : No

In person : Yes

11. The online page for this activity can be found at <http://www.oscil.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. Nothing

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

Due to the recent closure of PARI Independent Living Center, the other ILC, there is a possibility that OSCIL may expand during this time frame to a 2nd regional site. Decisions are still being made and some of the guidelines will be dictated by the IL funding sources which previously was through the Dept of Education, but is currently moving to Dept of Health and Human Services, Administration for Community Living.

Section D - Device Reutilization Activities - Device Reassignment

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

2. Enter the year when the program began conducting this activity. 2012

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. Table of financial or in-kind support provided or received

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

By mail : No

In person : Yes

9. Select the option that best describes the policy of the program for charging individuals with disabilities for a device. Nothing

10. Select the option that best describes the policy of the program for charging professionals for a device. Nothing

11. How do you get the device to the consumer? The device is delivered to the consumer by staff

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

| Type of device | Based on consumer choice and/or request | A professional recommendation is required | Qualified program staff match it to the consumer | Qualified consultants and/or volunteers match it to the consumer | The device is provided through a qualified third-party | Not applicable - this type of device is not made available |
|---|---|---|--|--|--|--|
| Vision | No | No | No | No | No | Yes |
| Hearing | No | No | No | No | No | Yes |
| Speech Communication | No | No | No | No | No | Yes |
| Learning, Cognition, and Developmental | No | No | No | No | No | Yes |
| Mobility, Seating, and Positioning | Yes | No | No | No | No | No |
| Daily Living | Yes | No | No | No | No | No |
| Environmental Adaptations | Yes | No | No | No | No | No |
| Vehicle Modification and Transportation | No | No | No | No | No | Yes |
| Recreation, Sports, and Leisure Equipment | Yes | No | No | No | No | No |
| Computer and Associated Equipment | No | No | No | No | No | Yes |

13. If applicable, describe how consumers demonstrate the need for devices.

Any person who has a disability or their representative 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 pick up, 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.

15. Describe the activity.

The Assistive Technology Access Partnership (ATAP) contracts with OSCIL to operate a device reassignment program which provides durable medical equipment to individuals with disabilities and their families.

OSCIL will expand its capacity to address AT needs of consumers by (1) the acquisition of more space for AT demonstration use, (2) the expansion of its AT inventory (used and new) to assist consumers in trying out assistive devices to address barriers to independence, (3) the purchase of special equipment for AT sanitation purposes, (4) maintenance of AT inventory of used durable medical equipment and devices to assist consumers with activities of daily living, and (5) development of a marketing plan to increase public knowledge of the availability of recycled AT.

Equipment is donated from individuals and businesses throughout Rhode Island and Southeastern Massachusetts; which is then restored to useful condition and made available for purchase. OSCIL 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 OSCIL. OSCIL'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.

Section E - Device Loan Activity - 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 device loan program is intended and why.

The Assistive Technology Access Partnership (ATAP) contracts with TechACCESS to operate a statewide device loan center that provides assistive technology loaner devices to individuals with disabilities and their families, therapeutic personnel, educational personnel, and employers. The state VR program is encouraging counselors to utilize the Device Loan program as a means to assist customers in the determination of the appropriate AT devices prior to purchase. Devices will be loaned to help people make decisions through trial use of equipment in natural environments; to serve as a loaner device while waiting for repair or funding; and/or to provide an accommodation on a short-term basis.

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, and 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 the 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. This past year, TechACCESS increased its Device Loan inventory in anticipation of the need for loan of equipment.

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. Table of financial or in-kind support provided or received

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. A fee is assigned based on the value or type of device

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 loan 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.

A small fee is charged for some devices especially computers, and consumers are also asked to pay for repairs due to misuse or replacement parts.

Section E - Device Loan Activity - 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 device loan 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 for children and youth age birth - 21. AT devices are provided to students, educators, therapists and families to trial before making decisions based on data, professional judgment and relevant information within multiple environments. The state VR program is encouraging counselors to use the Device Loan program assisting transition-aged youth in the determination of the appropriate AT devices prior to purchase. AT devices also serve as interim loaners during the acquisition period, repair of equipment or awaiting funding sources. 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 will continue to develop a relationship with early intervention programs such as RI Vision Education and Services Program (RIVESP) and RI Parent Information Network (RIPIN). Device Loan library increased its inventory anticipating an increase in loan equipment activity prior to acquisition of devices. EBEC would also like to expand the device loan inventory to include mobility technology tools in all disability areas: vision, hearing, learning and computer, environmental modifications, recreational and leisure, and mobility seating and positioning technology devices.

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. Table of financial or in-kind support provided or received

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 loan 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, EBEC will continually update existing loan library; catalogue digital photos of AT devices; and set up expanded loaning procedures.

Section E - Device Loan Activity - 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 device loan program is intended and why.

The Assistive Technology Access Partnership (ATAP) contracts with OSCIL to operate a device loan program intended to provide two types of device loan activities: 1) loans of durable medical equipment for short term accommodations and 2) short term loans of durable medical equipment for the purposes of evaluation. Durable medical equipment including wheelchairs, tub seats, portable ramps, electric scooters, electric wheelchairs, and daily living equipment is available for both types of loans.

Targeted consumers include individuals with disabilities and their families as well as rehabilitation professionals assisting consumers in obtaining assistive technology equipment.

Accommodation Loans:

The objective of this loan service is to provide a short term accommodation while an individual's own equipment is being repaired or if they are in need of equipment which might be prohibitive to purchase for short term use, such as a portable ramp, electric wheelchair, scooter, transport wheelchair or patient lift. Instructions on proper usage and care of the equipment are provided, as well as follow-up assessment of the loan.

Evaluation Loans:

The objective of this loan service is to provide the consumer with the opportunity to bring an assistive device home to evaluate in their home environment. Often equipment designed for a particular use does not work in every environment or with every consumer. The ability to simply take one or two types of equipment home and try them prior to purchase rather than accessing all of one's concerns in the showroom and making an immediate decision promotes the right choices being made regarding assistive technology equipment.

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. 2014

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. Table of financial or in-kind support provided or received

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 financial donation is requested

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 loan 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.

Section F - Device Demonstration Activity - Device Demonstration Activity 1 of 4

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 device demonstration program is intended and why.

The Assistive Technology Access Partnership (ATAP) contracts with ATEL to operate demonstrations for the telecom distribution program at both home and office, to ensure that when clients and their support (family/professionals) get their equipment they know how to properly use it. They have a satellite location at one of our ATAP Partners, TechACCESS, where individuals that do not qualify for the program are encouraged to come in and test different phones and assist them in making a confident purchasing decision. 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, and 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. Table of financial or in-kind support provided or received

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. A combination of a central location and regional sites

10. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 1

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.

During the current year ATEL added the following new products:

CapTel 840i, CapTel 2400i and Clarity Alto - the CapTel 2400i does not replace any of the other CapTel models: 840, 840i and 880i; it is just another offering. The CapTel 2400i is for a more tech savvy individual that is familiar with touch-screen technology. The Clarity Alto is a new phone device from Clarity that was tested by TEDPA and found to have better clarity and ease of use than the ClearSounds csc600d. The volume wheel controls the ringer volume, handset volume and speaker volume.

ATEL will continue and modify the new Technology Demonstration program as warranted that is scheduled for 6 pm on the 2nd Wednesday of each month, and which began on February 9, 2011, in collaboration with TechACCESS. ATEL will monitor the equipment that was donated to TechACCESS's loaner library, to insure that the equipment is in proper working order, and if funds are available to expand the number of equipment offerings. The loaner library of ATEL equipment contains the following equipment: CSC600D Ultraclear, Clarity XLC3.4, Clarity XLC2, CapTel 840, 840i, and 2400i, Ameriphone RC200 Speakerphone, Q90 and Ultratec Supersprint 4425 TTY.

Section F - Device Demonstration Activity - Device Demonstration Activity 2 of 4

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 device demonstration program is intended and why.

The ATAP demonstration center at TechACCESS is a statewide AT demonstration center with knowledgeable staff who have expertise with a variety of assistive technology devices, services and applications, and who can assist individuals with making informed choices. The focus is on communication, computer access, blind/low vision, hearing, 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 individuals with disabilities, their families, educators, therapeutic professionals and employers 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, evaluation, consultation, training and recommendation; loan opportunities; vendors to select/purchase equipment; or referred to other appropriate resources for funding.

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. Table of financial or in-kind support provided or received

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.

Section F - Device Demonstration Activity - Device Demonstration Activity 3 of 4

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 device demonstration program is intended and why.

Staff from the ATAP Children and Youth Center located at East Bay Educational Collaborative (EBEC) provide device demonstration to Rhode Island School Districts and Agencies using the ATAP Resource Center to include but not limited to: parent workshops, teacher workshops, vendor demonstrations, web cast electronic learning experience and list serve communications. The purpose of device demonstration is to present the device, explain its features, provide some direction for students/educators to explore a variety of Assistive Technology devices and their benefits to increase independence and productivity in educational settings, employment vocational arenas and community integration for persons with disabilities.

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 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. Table of financial or in-kind support provided or received

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

Section F - Device Demonstration Activity - Device Demonstration Activity 4 of 4

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 device demonstration program is intended and why.

The Assistive Technology Access Partnership (ATAP) contracts with OSCIL to provide in-home demonstrations to assist adults with disabilities, living in the community; to help identify appropriate AT to meet consumers' needs for assistance with activities of daily living; and to address barriers to independence in consumer homes and the community. OSCIL will expand its inventory of AT devices for in-home and community demonstrations to address barriers to independence, encompassing a full range of disabilities due to the closure of the other IL center, PARI. Items will include AT for vision or hearing loss, mobility impairment and AT enabling consumers to perform activities of daily 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. Table of financial or in-kind support provided or received

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.

Section G - State Leadership Activities - Training

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. Table of financial or in-kind support provided or received

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 | 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? 2

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.

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. EBEC also provides Assistive Technology Training to educators and families that support students and young children with disabilities and provides Assistive Technology training for students utilizing technology in classroom and vocational settings to increase independence and maintain function in social/personal, educational and future goals.

TechACCESS: Provides training activities such as classes, workshops, and presentations that will increase the knowledge, skills and competencies of individuals with disabilities, families, educational personnel, therapists, rehabilitation professionals, service providers, employers and others who interact with users of assistive technology. They will also provide graduate and undergraduate guest lectures on assistive technology devices and applications to state colleges and universities; and offer Open Time for children and adults in the adaptive technology lab to practice with specific devices.

Section G - State Leadership Activities - Technical Assistance

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. 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. 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. Table of financial or in-kind support provided or received

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 | 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 | Yes | 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 | 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? 5

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 (RIMAC) which is the statewide system to implement NIMAS - Part B of IDEA. Also, participates on Advisory Boards that serve children and youth with disabilities including RI Parent Information Network (RIPIN), RI Department of Education (RIDE), RI Vision Education and Services Program (RIVESP), Department of Health and other state agencies that have connectivity with children and families with disabilities/ technology needs.

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 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.

TechACCESS: Provides technical assistance to programs and agencies to assist in improving their services, management, policies, practices or outcomes. Provides technical assistance to RI Department of Education, Office of Student/Community & Academic Supports, with a focus on transition-aged individuals. TechACCESS will also collaborate with RIMAC to provide technical support for changes in technology and federal/state regulations.

ATEL will continue to work with Cox Communication in developing a program for the Hard of Hearing individuals that do not have internet access, to be able to get outgoing, as well as, incoming captions thru sending an internet signal to their non-internet customers. ATEL is also working to have a bill passed for adding the ability to add wireless devices to this program with no additional funds requested.

OSCIL will support consumer goals of transitioning from nursing facilities back into community living by (1) providing individual and small group targeted presentations to nursing home staff to educate them on how the provision of AT, home modifications, and/or other community supports enable the consumer to safely transition back into the community; and (2) helping to identify AT to address barriers to independence by conducting assessments, researching AT, and identifying possible sources of funding to secure AT necessary for safe transition.

Section G - State Leadership Activities - Public Awareness

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. Table of financial or in-kind support provided or received

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 | 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? 5

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) East Bay Educational Collaborative (EBEC); and (5) Adaptive Telephone Equipment Loan Program (ATEL).

ATAP sponsors an annual AT Conference, assembled through TechACCESS, that generally has between 350-375 attendees from the education, vocational rehabilitation, family, and consumer communities; as well as 60+ exhibitors; and 30 AT user demonstrations. As a partnership, we generally have booths at conferences and health fairs that focus on transition, independent living, employment, community living and education.

OSCIL produces quarterly 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 a new ATAP brochure for liberal distribution in the community and at conferences / presentations. The table top exhibit that showcases the various services ATAP provides as well as the device exchange website were revised as well.

Individual activities include:

ATEL will provide outreach to educate the community about the ATEL program and its eligibility requirements, in order to increase the numbers of those served annually by the program. The continued development and ongoing operation of a public information campaign, which utilizes the ATAP and ATEL brochures, ATAP and ATEL display boards and print media. This effort will include facilities serving elders and human service organizations and trade groups serving people with speech, hearing or neuromuscular impairments. ATEL will continue to develop its outreach partnership with OSCIL, TechACCESS and Hamilton Relay, thru pooling resources and contacts. Additionally, staff will continue to participate in the following annual activities and maintain the listed associations and sponsorships: 1) ATAP Conference, 2) CDHH Coffee Hour, 3) May Health Expo, and 4) Monthly TechACCESS Hearing Loss Demonstrations.

EBEC will provide outreach to educate the community about the AT Children and Youth Resource Center at East Bay Educational Collaborative through website access and linkage with partner agencies thus increasing the numbers of those served annually by the program. AT Children and Youth Public Awareness activities include: 1) Webinars and subsequent distribution of Webinar schedules to RI school districts, and 2) list serves that focus on children with disabilities, key state holders in education, post-secondary institutions and state colleges. EBEC is redesigning website with a connection to RILINK - RI Library system using LibAPPS. Website, Twitter, Google and RI Ed Chat participation are also engaged for public awareness.

OSCIL will raise awareness among adults with disabilities and their families on how Assistive Technology can remove barriers to independence. This will be accomplished through participation in informational exhibits at senior centers, meal sites, support or social group meetings or other events sponsored by disability organizations, and through presentations throughout the state targeting adults with disabilities. OSCIL's website includes an AT page which will be reviewed/updated quarterly.

TechACCESS offers public awareness activities designed to reach a large number of people with introductory information about assistive technology. The current website will be maintained with links to ATAP, RIDE and ATAP partners as well as other assistive technology resources and vendors sites. Staff will exhibit at various conferences, symposiums, fairs, expos, etc.

Section G - State Leadership Activities - Information and Assistance

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. Table of financial or in-kind support provided or received

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 | 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? 5

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.

Comprehensive inventory of AT devices available for evaluation/loan purposes is being developed for use by professionals, students and consumers.

OSCIL's I & R Specialist provides information to consumers via phone, email and one-on-one for walk-ins. Information is provided through 1) immediate answers to callers, 2) promoting self-advocacy to caller to directly pursue an answer from a community service provider, or 3) by acting as an advocate to secure community services for the consumer. In addition to

referring consumers to other ATAP partners, OSCIL also provides information about other funding sources within the state ie, Veterans Administration, ORS, DHS, Neighborhood Health Plan and MS Society.

Section H - Assurances, Measurable Goals and Signatures

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 technology and access to technology. All facilities are accessible to individuals with disabilities.

TechACCESS of RI, in conjunction with the RI Department of Education, is assisting Local Education Agencies in meeting the NIMAS/NIMAC standards for students with print disabilities.

27. Access Goal Table

| | Education | Employment | Community Living | IT/Telecomm |
|----------------------------|------------------|-------------------|-------------------------|--------------------|
| a. Long-term Goal | 70.00 | 70.00 | 70.00 | 70.00 |
| b. Long-term Goal Status | Met [d] | Met [d] | Met [d] | Met [d] |
| c. FY 2011 Performance | 86.07 | 85.71 | 96.86 | 100.00 |
| d. FY 2012 Short-term goal | 70.00 | 70.00 | 70.00 | 70.00 |
| e. FY 2012 Performance | 68.30 | 78.05 | 90.61 | 98.92 |
| f. FY 2012 Status | Not met | Met | Met | Met |
| g. FY 2013 Short-term goal | 70.00 | 70.00 | 70.00 | 70.00 |
| h. FY 2013 Performance | 72.96 | 51.06 | 89.43 | 99.54 |
| i. FY 2013 Status | Met | Not met | Met | Met |
| j. FY 2014 Short-term goal | 70.00 | 70.00 | 70.00 | 70.00 |
| k. FY 2014 Performance | 61.54 | 77.88 | 97.51 | 100.00 |
| l. FY 2014 Status | Not met | Met | Met | Met |

28. Acquisition Goal Table

| | Education | Employment | Community Living |
|----------------------------|------------------|-------------------|-------------------------|
| a. Long-term Goal | 75.00 | 75.00 | 75.00 |
| b. Long-term Goal Status | Met [d] | Met [d] | Met [d] |
| c. FY 2011 Performance | 100.00 | 100.00 | 100.00 |
| d. FY 2012 Short-term Goal | 75.00 | 75.00 | 75.00 |
| e. FY 2012 Performance | 100.00 | 100.00 | 99.65 |
| f. FY 2012 Status | Met | Met | Met |
| g. FY 2013 Short-term Goal | 75.00 | 75.00 | 75.00 |
| h. FY 2013 Performance | 100.00 | 100.00 | 99.26 |
| i. FY 2013 Status | Met | Met | Met |
| j. FY 2014 Short-term Goal | 75.00 | 75.00 | 75.00 |

| | | | |
|------------------------|--------|--------|--------|
| k. FY 2014 Performance | 100.00 | 100.00 | 100.00 |
| l. FY 2014 Status | Met | Met | Met |

29. Name of Certifying Representative for the Lead Agency See 'Official Certification' below

30. Title of Certifying Representative for the Lead Agency Associate Director

31. Signed? Yes

32. Date Signed 02/27/2015