

State Grant for Assistive Technology Program

Rhode Island Annual Report for Fiscal Year 2009

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State Grant for Assistive Technology Program

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General Information

A. Contacts

Statewide AT Program

1.	State and Program Title	Rhode Island Assistive Technology Access Partnership (ATAP)
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Lead Agency

2.	Agency name	Office of Rehabilitation Services
3.	Mailing address	40 Fountain Street
4.	City	Providence
5.	State	RI
6.	Zip code	02903
7.	Phone	401-421-7005
8.	Fax	401-222-3574
9.	Program URL	http://www.atap.ri.gov
10.	Program E-mail	kgrygiel@ors.ri.gov
11.	Program toll-free number	800-916-8324
12.	Program TTY number	800-916-8324

Implementing Agency		
13.	Check here if not applicable. If applicable, complete Items 14-24.	Yes
14.	Name of implementing entity	
15.	Mailing address	
16.	City	
17.	State	
18.	Zip code	
19.	Phone	
20.	Fax	
21.	Program URL	
22.	Program E-mail	
23.	Program toll-free number	
24.	Program TTY number	
Program Director and other contacts		
25.	Name of Program Director at Lead Agency (last, first)	Grygiel Kathleen
26.	Title	Deputy Administrator
27.	Phone	401-421-7005
28.	E-mail	kgrygiel@ors.ri.gov
29.	Name of Program Director at Implementing Entity (last, first) - If applicable	
30.	Title	
31.	Phone	
32.	E-mail	
Person Responsible for completing this form if other than Program Director		
33.	Name (last, first)	DiPinto Sharon

34.	Title	Human Services Policy & Systems Specialist
35.	Phone	401-421-7005
36.	E-mail	sharond@ors.ri.gov
37.	Date form completed (mm/dd/yy)	12/30/2009

Certifying Representative

38.	Name (last, first)	Brunero Stephen
39.	Title	Administrator
40.	Phone	401-421-7005
41.	E-mail	steveb@ors.ri.gov

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State Grant for Assistive Technology Program

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General Information

B. Overview of Activities Performed

42	Did your statewide AT program conduct any State financing activities during the reporting period?	Yes
	How many financial loan program(s) will you be reporting?	0
	How many other state financing activities that provide consumers with access to funds for the purchase of AT devices and services will you be reporting	1
	How many activities that allow consumers to obtain AT at reduced cost will you be reporting?	0
	Did your statewide AT program conduct any Device reutilization activities during the reporting period?	Yes
	Did your statewide AT program conduct any Short-term device loans activities during the reporting period?	Yes
	Did your statewide AT program conduct any Device demonstrations activities	Yes

	during the reporting period?	
	Did your statewide AT program conduct any Training activities during the reporting period?	Yes (required)
	Did your statewide AT program conduct any Technical Assistance activities during the reporting period?	
	How many will you be reporting?	2
	Did your statewide AT program conduct any Public awareness and Information and Assistance activities during the reporting period?	Yes (required)
	Did your statewide AT program conduct any Coordination and Collaboration activities during the reporting period?	
	How many State Level activities will you be reporting?	1
	How many State Leadership activities will you be reporting?	1
	Did you have State Improvement Outcomes to report?	Yes
	How many will you be reporting?	2
	Did you have Additional and Leveraged Funds to report?	No

State Grant for Assistive Technology Program
Rhode Island Annual Report for Fiscal Year 2009
State Financing
B. State financing activities that provide consumers with resources

**and services that result in the acquisition of AT devices and services
(1 of 1)**

1	General information
	Which of the following best describes this state financing activity?
	Telecommunications distribution
	If Other was chosen above, briefly describe.

2 Geographic Distribution, Number of Individuals Who Acquired AT Devices and Services and Number for whom Performance Measure Data are Collected

County of Residence	Number of Individuals Served
Metro (RUCC 1-3)	374
Non-Metro (RUCC 4-9)	0
Total	374
Number of Individuals Included in Performance Measures	
	374

3 Types and Dollar Amounts of AT Funded

Type of AT Device/Service	Number of Devices Funded	Value of AT Provided
Vision	0	0
Hearing	392	88,184
Speech communication	9	2,010
Learning, cognition, and developmental	0	0
Mobility, seating and positioning equipment	0	0

Daily living	14	5,580
Environmental adaptations	0	0
Vehicle modification and transportation	0	0
Computers and related	0	0
Recreation, sports, and leisure	0	0
Other (specify)	0	0
Total	415	\$95,774

**State Grant for Assistive Technology Program
Rhode Island Annual Report for Fiscal Year 2009**

State Financing

D	Anecdote
▪	<p>Provide at least one anecdote about an individual who benefited from a state financing activity. For guidance on information to include in the anecdote, please see the General Instructions.</p> <p>#1 A lady, who lived near program, walked into office. Her friend , a recipient of equipment, had attended an outreach activity at the Arthritis Foundation Health Fair. This woman has Rheumatoid Arthritis & a hearing loss. She is unable to use a standard phone & wanted help to communicate. She completed an application & within an hour was provided with an appropriate device.</p> <p>Anecdote #2 A home visit to a man living alone discovered he had lost communication with almost everyone, as he was extremely hard of hearing and no longer had his mother in the house (she had been hospitalized). He was provided with a flasher phone and referred to an Independent Living Center (OSCIL) for fire & safety home alert devices.</p>

E. Performance Measures

Response	AT Primarily Needed for Education	AT Primarily Needed for Employment	AT Primarily Needed for Community Living	Total
Could only afford the AT through the statewide AT program (n,d)	1	6	275	282
AT was only available through the statewide AT program (n,d)	0	2	32	34
AT was available through other programs, but the system was too complex or the wait time was too long (n,d)	0	0	0	0
Subtotal	1	8	307	316
None of the above	0	3	31	34
Subtotal	1	11	338	350
Nonrespondent	0	0	24	24
Total	1	11	362	374
Performance on this measure	100.00%	72.73%	84.81%	84.49%

F Customer Satisfaction			
Customer Rating of Services	Number of Customers	Percent	
Highly satisfied	251	71.71%	
Satisfied	98	28.00%	
Satisfied somewhat	1	0.29%	
Not at all satisfied	0	0.00%	
Nonrespondent	24		
Total	374		
Response rate	93.58%		

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G	Notes
.	State law dictates the type of disabilities that are eligible to participate in the program.

State Grant for Assistive Technology Program
Rhode Island Annual Report for Fiscal Year 2009

Reutilization

A Number of Recipients of Reutilized Devices

Activity	Number of Individuals Receiving a Device from Activity	Number of Individuals Included in Performance Measure
Device exchange	19	19
Recycling/refurbishment/repair	495	495
Open-ended loans	0	0
Total	514	514

B Device Exchange Activities

Type of AT Device	Are devices in this category included in your listing?	Number of Devices Exchanged	Total Estimated Current Purchase Price	Total Price for Which Device(s) Were Exchanged	Savings to Consumers
Vision	No				—

Hearing	No					—
Speech communication	No					—
Learning, cognition and developmental	No					—
Mobility, seating and positioning	Yes	1	1,500	0		\$1,500
Daily living	Yes	17	32,200	0		\$32,200
Environmental adaptations	Yes	1	3,000	0		\$3,000
Vehicle modification and transportation	No					—
Computers and related	No					—
Recreation, sports and leisure	No					—
Other (specify below)	No					—
Total		19	\$36,700	\$0		\$36,700

If Other was used in the above table, briefly describe.	
C	Device Recycling/Refurbishment/Repair Activities
▪	

Type of AT Device	Are devices in this category included in your program(s)?	Number of Devices Recycled / Refurbished / Repaired	Total Estimated Current Purchase Price	Total Price for Which Devices Were Sold	Savings to Consumers
Vision	No				—
Hearing	No				—
Speech	No				—

communication					
Learning, cognition and developmental	No				—
Mobility, seating and positioning	Yes	230	67,165	10,926	\$56,239
Daily living	Yes	265	18,288	9,144	\$9,144
Environmental adaptations	No				—
Vehicle modification and transportation	No				—
Computers and related	No				—
Recreation, sports and leisure	No				—
Other (specify below)	No				—
Total		495	\$85,453	\$20,070	\$65,383

If Other was used in the above table, briefly describe.	

D	Open-Ended Loans
----------	-------------------------

Type of AT Device	Are devices in this category included in your program(s)?	Number of Devices on Long-Term Loan	Total Estimated Current Purchase Price	Cost to Consumer for the Loan	Savings to Consumers
Vision	No				—
Hearing	No				—
Speech communication	No				—
Learning,	No				—

cognition and developmental					
Mobility, seating and positioning	No				—
Daily living	No				—
Environmental adaptations	No				—
Vehicle modification and transportation	No				—
Computers and related	No				—
Recreation, sports and leisure	No				—
Other (specify below)	No				—
Total		0	\$0	\$0	\$0

	If Other was used in the above table, briefly describe.

E	Anecdote
▪	
	Provide at least one anecdote about an individual who benefited from a state financing activity. For guidance on information to include in the anecdote, please see the General Instructions.
	<p>#1 Customer works at a local Home Depot & places an incredible amount of wear on her manual wheelchair. As her insurance would not cover a replacement chair and would not fund repairs, she obtained another chair through the ATAP program.</p> <p>#2 A woman with MS has been able to obtain several pieces of durable medical equipment and aids to daily living through program. She would not have been able to afford purchasing the items, but could through the affordable rates of the ATAP program.</p>

F	Performance Measures
▪	

Response	AT Primarily Needed for Education	AT Primarily Needed for Employment	AT Primarily Needed for Community Living	Total
	Could only afford the AT through the statewide AT program (n,d)	2	1	380
AT was only available through the statewide AT program (n,d)	0	0	0	0
AT was available through other programs, but the system was too complex or the wait time was too long (n,d)	0	0	0	0
Subtotal	2	1	380	383
None of the above	0	0	0	0
Subtotal	2	1	380	383
Nonrespondent	0	0	131	131
Total	2	1	511	514
Performance on this measure	100.00%	100.00%	74.36%	74.51%

G Customer Satisfaction

Customer Rating of Services	Number of Customers	Percent
Highly satisfied	280	73.11%
Satisfied	103	26.89%
Satisfied somewhat	0	0.00%
Not at all satisfied	0	0.00%
Nonrespondent	131	
Total	514	
Response rate	74.51%	

H**Notes**[Page 6 of 16](#)**State Grant for Assistive Technology Program****Rhode Island Annual Report for Fiscal Year 2009****Device Loans****A****Short-Term Device Loans by Type of Purpose**

▪

Report the number of short-term device loans* made by primary purpose of the loan.

Primary Purpose of Short-Term Device Loan	Number of Loans
Assist in decision making (device trial or evaluation)	107
Serve as loaner during device repair or while waiting for funding	14
Provide an accommodation on a short-term basis	29
Other	0
Total	150

B**Number of Device Loans by Type of Borrower**

▪

Type of Individual or Entity	Number of Device Borrowers
Individuals with disabilities	79
Family members, guardians, and authorized representatives	13
Representatives of Education	49

Representatives of Employment	7
Representatives of Health, allied health, and rehabilitation	0
Representatives of Community Living	2
Representatives of Technology	0
Others	0
Total	150

C Length of Short-Term Device Loans	
▪	
Usual length of short-term device loan, in days.	17
D Types of Devices Loaned	
▪	

Type of AT Device	Are devices in this category included in your loan pool?	Number
Vision	Yes	17
Hearing	Yes	7
Speech communication	Yes	21
Learning, cognition and developmental	Yes	16
Mobility, seating and positioning	Yes	13
Daily living	Yes	9
Environmental adaptations	Yes	5
Vehicle modification and transportation	No	
Computers and related	Yes	62

Recreation, sports and leisure	No	
Other (specify below)	No	
Total		150

If Other was used in the above table, briefly describe.

E Anecdote

Provide at least one anecdote about an individual who benefited from a state financing activity. For guidance on information to include in the anecdote, please see the General Instructions.

#1
 With funding becoming more difficult, the ability to obtain communication devices on loan and trial devices which often cost several thousand dollars, makes a significant impact on the assessment process.
 One particular student, who was able to successfully demonstrate increased communication competency with a high end device during the trial period with a loaner was able to persuade the IEP team to change its initial decision regarding the purchase of an electronic communication device.

#2
 Two post high school students from a Transition Academy borrowed AT equipment to assess whether it would assist them at a job site. One device was a noise reduction headset and the other an organizational keyboard system for note taking.

#3
 A long time customer of the program outgrew her wheelchair and needed a 21" 300 pound capacity replacement. She was provided with a chair at a reduced price for her trade-in & the new chair was delivered to her home.

F Performance Measures

Response	AT Primarily Needed for Education	AT Primarily Needed for Employment	AT Primarily Needed for Community	AT Primarily Needed for IT / Tele-	Total
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			Living	com-muni-cations	
Decided that an AT device/service will meet needs	57	8	3	0	68
Decided that an AT device/service will not meet needs	24	1	2	0	27
Subtotal	81	9	5	0	95
Have not made a decision	7	0	1	0	8
Subtotal	88	9	6	0	103
Nonrespondent	4	0	0	0	4
Total	92	9	6	0	107
Performance on this measure	92.05%	100.00%	83.33%	—	92.23%

G Customer Satisfaction

▪

Customer Rating of Services	Number of Customers	Percent
Highly satisfied	78	55.71%
Satisfied	59	42.14%
Satisfied somewhat	3	2.14%
Not at all satisfied	0	0.00%
Nonrespondent	10	
Total	150	
Response rate	93.33%	

H Notes

▪

State Grant for Assistive Technology Program
Rhode Island Annual Report for Fiscal Year 2009

Device Demonstrations

A Number of Device Demonstrations by Device Type

Type of AT Device/Service	Number of Demonstrations of this Type of AT Device/Service
Vision	61
Hearing	429
Speech communication	47
Learning, cognition and developmental	42
Mobility, seating and positioning	31
Daily living	158
Environmental adaptations	1
Vehicle modification and transportation	0
Computers and related	68
Recreation, sports and leisure	0
Other (specify below)	0
Total	837

	If Other was used in the above table, briefly describe.

B	Types of Participants
▪	

Type of Participant	Number of Participants in Device Demonstrations
Individuals with disabilities	684
Family members, guardians, and authorized representatives	345
Representatives of Education	237
Representatives of Employment	11
Representatives of Health, allied health, and rehabilitation	7
Representatives of Community Living	22
Representatives of Technology	0
Others	0
Total	1306

C	Number of Referrals
▪	

Type of Entity	Number of Referrals
Funding source (non-AT program)	215
Service provider	88
Vendor	145
Repair service	5

Total	462
-------	-----

D Anecdote

Provide at least one anecdote about an individual who benefited from a state financing activity. For guidance on information to include in the anecdote, please see the General Instructions.

#1
 A 38-year old Deaf customer who is a first-time mom contacted ATAP for assistance in basic parenting skills. During the assessment & training sessions that followed, it became apparent that she would benefit from AT devices to address communication issues. She was provided with an Alert Master system to alert her when someone is at the door, a visual alert baby monitor, and a Shake Awake Smoke Detector, designed for the Deaf & Hard of Hearing. With this adaptive equipment, she does not have to rely on others to alert her to the needs of her baby, a visitor at her door, nor the presence of a fire emergency in her home.

#2
 A 63-year old customer with severe arthritis needed adaptive equipment for his bathroom. After completing an assessment, we identified that he could benefit from a bath chair for the shower, grab bars around the toilet, a hand held shower & a pill minder to remind him to take his medication on schedule.

#3
 A college student & his mother dropped by without an appointment. The student was a senior at a local university and hoped to have his own graphic design business someday. He was using a laminated paper alphabet board to communicate. He realized he needed a more sophisticated device to "speak" to potential clients both face-to-face and over the phone. A consultant reconnected him to the Office of Rehabilitation Services (ORS) and provided him with an opportunity to meet 2 vendors. Together they decided upon a high-end device that would provide him with speech output communication as well as hook up to his phone & computer. ORS will fund the device as he is eligible.

E. Performance Measures

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Response	AT Primarily Needed for Education	AT Primarily Needed for Employment	AT Primarily Needed for Community Living	AT Primarily Needed for IT / Telecommunications	Total
Decided that an AT device/service	87	24	169	372	652

will meet needs					
Decided that an AT device/service will not meet needs	39	1	5	0	45
Subtotal	126	25	174	372	697
Have not made a decision	28	6	24	2	60
Subtotal	154	31	198	374	757
Nonrespondent	10	0	26	44	80
Total	164	31	224	418	837
Performance on this measure	76.83%	80.65%	77.68%	89.00%	83.27%

F Customer Satisfaction

Customer Rating of Services	Number of Customers	Percent
Highly satisfied	494	42.33%
Satisfied	671	57.50%
Satisfied somewhat	2	0.17%
Not at all satisfied	0	0.00%
Nonrespondent	139	
Total	1,306	
Response rate	89.36%	

G Notes

State Grant for Assistive Technology Program

Rhode Island Annual Report for Fiscal Year 2009

Training

A . Training Participants: Number and Types of Participants; Geographical Distribution

1 Enter the number of training participants by type.

Type of Participant	Number of Participants
Individuals with disabilities	242
Family members, guardians, and authorized representatives	101
Representatives of Education	766
Representatives of Employment	79
Representatives of Health, allied health, and rehabilitation	43
Representatives of Community Living	0
Representatives of Technology	0
Others	0
Unable to categorize	71
Total	1302

2 Geographic Distribution, Number of Individuals Who Acquired AT Devices and Services and Number for whom Performance Measure Data are Collected

County of Residence	Number of loans
Metro (RUCC 1-3)	896
Non-Metro (RUCC 4-9)	406
Unknown	0

Total	1,302
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B Training Topics

Primary Topic of Training	Number of Training Participants
1. AT Products/Services	298
2. AT Funding/Policy/ Practice	0
3. Information Technology/Telecommunication Access	0
4. Combination of any/all of the above	884
5. Transition	120
6 Other Topic (specify below)	0
Total	1302

If Other was used in the above table, briefly describe.

C Description of Training Activities

1	Briefly describe one innovative or high-impact training activity conducted during this reporting period. Note who conducted the training (e.g., type of expertise of staff) and characteristics of the audience (including number that attended). In one sentence, describe the topic, content, and/or approach of the training. In one sentence, summarize the positive result or intended impact of the training. Do not include overall descriptions of conferences held, unless the conference had a unique purpose and outcome.
	1. An introductory session was held for the Nurse/Teacher Course at Roger Williams University, given by the Blind/Low Vision Technology Specialist. This session is quite valuable in preparing School Nurses to recognize a student with a disability. Nurses often are one of the few disciplines that follow a student through the elementary school grades. In addition, it is often the Nurse who understands medical terminology and can express student needs to educators.

	<p>2. The Manager of Beacon Mutual (concerned about his company's ability to communicate with Deaf & Hard of Hearing Worker's Compensation Claimants) wanted training on the TTY device because no one at his office knew how to use one and did not know about relay services. We assisted him in ordering the appropriate TTY for his office, created a training packet for his staff, and taught his staff how to answer both TTY & Relay phones.</p>
2	<p>Briefly describe a training activity related to transition conducted during this reporting period. Note who conducted the training (e.g., type of expertise of staff) and characteristics of the audience (including number that attended). In one sentence, describe the topic, content, and/or approach of the training. In one sentence, summarize the positive result or intended impact of the training. Do not include overall descriptions of conferences held, unless the conference had a unique purpose and outcome.</p>
	<p>#1 The College Forum is offered every year to (about 80) parents and youth with disabilities who are planning on attending college in the fall. Students & parents are trained in types of AT and the use of Student Services Programs in the college environment.</p> <p>Training was conducted by an individual with a BS in Communication Disorders who is also Certified in Assistive Technology and has over 10 years experience in the field.</p>
D	Notes

State Grant for Assistive Technology Program
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Technical Assistance (1 of 2)
A. Frequency and Nature of Technical Assistance

1	<p>Primary description of program or agency receiving technical assistance.</p>
2	<p>For this technical assistance activity, identify the policy expertise areas that were addressed. Select all that apply.</p>

	Policy Area	
	ADA/504	No
	IDEA Part C	No
	IDEA Part B	No
	Section 508 and Section 255	Yes
	WIA/Rehabilitation Act/VR	No
	Medicaid	No
	Medicare	No
	Private insurance	Yes
	HAVA	No
	Older Americans Act	No
	SSI/SSDI/Work Incentives	No
	Olmstead	No
	Other (specify below)	No
	If Other selected, briefly describe.	

For this technical assistance activity, identify the product/service expertise areas that were addressed. Select all that apply.

	Product/Service Area	
	Web accessibility	No
	Accessible IT procurement	No
	AT purchasing (cost-effective options)	No
	Accessible voting systems	No
	AT eligibility determinations	No
	AT personnel development	No
	AT resource allocation	No

	AT service delivery options	No
	AT legislation/policy development	No
	Specific AT device assistance	No
	Transition-education	No
	Transition-community living	No
	Other (specify)	No
	If Other selected, briefly describe.	
3	Duration of technical assistance during this reporting period.	
4	Approximate number of person hours expended by AT program staff to deliver the technical assistance.	38
B. Description of Technical Assistance Activities		
1	Describe in detail one innovative or high-impact technical assistance activity conducted during this reporting period.	
	<p>#1</p> <p>Several town officials sought assistance to ensure compliance with open meeting law access for individuals with hearing loss. Worked with ADA Coordinators to explain uniqueness of each environment & recommended site specific technologies rather than the same device in all cities.</p> <p>Consultation provided by individual with MS in Speech Pathology who is an Assistive Technology & Augmentative Communication Specialist who has over 20 years experience in field.</p>	
2	Briefly describe one technical assistance activity related to transition conducted during this reporting period.	
	<p>#1</p> <p>Met with staff from the Disability Services Center of several local colleges to expand their knowledge and use of assistive technology tools for students with disabilities. Plan for follow-up meetings to continue staff development for peer student mentors.</p> <p>Information provided by individual with BS in Communication Disorders who is Certified in Assistive Technology & has over 10 years experience in field.</p>	

C. Notes[Page 10 of 16](#)**State Grant for Assistive Technology Program****Rhode Island Annual Report for Fiscal Year 2009****Technical Assistance (2 of 2)****A. Frequency and Nature of Technical Assistance**

1 Primary description of program or agency receiving technical assistance.

2 For this technical assistance activity, identify the policy expertise areas that were addressed. Select all that apply.

	Policy Area	
	ADA/504	No
	IDEA Part C	No
	IDEA Part B	No
	Section 508 and Section 255	No
	WIA/Rehabilitation Act/VR	No
	Medicaid	No
	Medicare	No
	Private insurance	No
	HAVA	No
	Older Americans Act	No
	SSI/SSDI/Work Incentives	No

	Olmstead	Yes
	Other (specify below)	No
	If Other selected, briefly describe.	
<p>For this technical assistance activity, identify the product/service expertise areas that were addressed. Select all that apply.</p>		
	Product/Service Area	
	Web accessibility	No
	Accessible IT procurement	No
	AT purchasing (cost-effective options)	No
	Accessible voting systems	No
	AT eligibility determinations	No
	AT personnel development	No
	AT resource allocation	No
	AT service delivery options	No
	AT legislation/policy development	No
	Specific AT device assistance	No
	Transition-education	No
	Transition-community living	Yes
	Other (specify)	No
	If Other selected, briefly describe.	
3	Duration of technical assistance during this reporting period.	
4	Approximate number of person hours expended by AT program staff to deliver the technical assistance.	3

B. Notes[Page 11 of 16](#)**State Grant for Assistive Technology Program****Rhode Island Annual Report for Fiscal Year 2009****Public Awareness and Information and Assistance****A. Public awareness activities**

Public Awareness Activity	Estimated Number of Individuals Reached
Newsletters	12,142
Other print materials	3,223
Listservs	520
Internet information	76,817
PSA/radio/TV	800
Presentations/expos/conferences	2,346
Other	0
Total	95,848

B. Information and Assistance

Types of Recipients of Information and Assistance	AT Device/Service	AT Funding	Related Disability Topics	Total

Individuals with disabilities	454	82	198	734
Family members, guardians, and authorized representatives	416	129	162	707
Representative of Education	291	42	1	334
Representative of Employment	18	0	4	22
Representative of Health, Allied Health, and Rehabilitation	62	8	14	84
Representative of Community Living	48	8	15	71
Representative of Technology	7	0	2	9
Others	2	0	0	2
Total	1,298	269	396	1,963

C. Notes

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Coordination and Collaboration Activities

A. State Level (1 of 1)

1	Identify the State Level activity for which you are reporting coordination and collaboration.
	Demonstration
2	What was the intended result of the coordination and collaboration?
	Expand a program or service to serve more individuals

3	With whom did you primarily coordinate and collaborate?
	Health, Allied Health, Rehabilitation
4	In three or four sentences, describe the collaboration and coordination including whether you achieved the result intended.
	#1 The ATAP Demonstration Center and Loan Program outreached to Veterans, expanding the demonstration and open lab activities to meet the special computer needs of veterans. Collaborated with the Veterans Vision Clinic to present free demonstrations prior to determining if assessment is warranted. Outreach to Veterans who are beginning to work with computers and access devices to participate in the Open Lab program. To date, 4 veterans have successfully participated and made decisions about moving forward with computer training for both employment and personal reasons.

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Coordination and Collaboration Activities

B. State Leadership (1 of 1)

1	Identify the State Leadership activity for which you are reporting coordination and collaboration.
	Public Awareness and Information and Assistance
2	What was the intended result of the coordination and collaboration?
	Expand a program or service to serve more individuals
3	With whom did you primarily coordinate and collaborate?
	Community Living
4	In three or four sentences, describe the collaboration and coordination including whether you achieved the result intended.
	#1 Continues to provide information, news articles and human interest stories about AT and how it can be used to address barriers to independence in the home & community through a quarterly

newsletter, "Signs of Independence", which is distributed in hard copy & is available on web-site.

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State Improvement Outcomes (1 of 2)

A. State Improvement Outcomes

1 In one or two sentences, describe the outcome.

The Telecommunications distribution program (ATEL/ATAP), funded primarily with state funds, was at acute risk of losing a substantial amount of funding due to severe budget problems in RI. The administration of the program had been subcontracted to a private non-profit agency by VR for the past twenty years.

ATAP leadership enlisted the state VR agency to provide office space for the coordinator, equipment and supplies of the program; thus eliminating the administrative costs of contracting the program to a private agency. The website was revised as well to reflect the new program location.

2 In one or two sentences, describe the written policies, practices, and procedures that have been developed and implemented as a result of the AT program's initiative. Include information about how to obtain the full documents, such as a Web site address or e-mail address of a contact person, but do not include the full documents here. (If there are no written policies, practices, and procedures, explain why.)

Worked with the state mandated advisory committee about the plan to re-locate the program to a state office for cost savings. Although no specific policies were modified, an increase in community-based meetings and outreach was necessary as most customers are not able to or interested in traveling to Providence for services.

The new website is linked to the lead agency's website. The e-mail address of the Coordinator, Denise Corson, is dcorson@ors.ri.gov.
Website for program: <http://www.atel.ri.gov/>

3 Was the primary outcome of the state improvement initiative outcome in a policy area? No

4	Identify the policy area in which the state improvement outcome had its primary impact.
	If other was selected above, briefly describe.
5	What was the role of the statewide AT program in achieving the outcome (e.g., primary leader, partner, participant) and means (e.g., technical assistance) were used to achieve the outcome?
	Salvaged a program. Primary leader in proposing and implementing the plan. Used technical resources (computer & webdesign of ORS) to establish program.

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State Improvement Outcomes (2 of 2)

A. State Improvement Outcomes

1	In one or two sentences, describe the outcome.
	<p>Enlisted the Advisory Council in developing more flexible guidelines of operation. Had previously had an advisory council that operated in isolation of the ATAP program, was organized into multiple sub-committees, and adhered to stringent by-laws (modeled after the Vocational Rehabilitation State Advisory Council).</p> <p>A sub-committee of the ATAP Advisory Council in collaboration with the lead agency ATAP Program Director worked together on a draft of operational guidelines that were submitted for review, discussion & a vote. The new guidelines were accepted by the Advisory Council & are posted on the ATAP website.</p>
2	In one or two sentences, describe the written policies, practices, and procedures that have been developed and implemented as a result of the AT program's initiative. Include information about how to obtain the full documents, such as a Web site address or e-mail address of a contact person,

	but do not include the full documents here. (If there are no written policies, practices, and procedures, explain why.)	
	The new guidelines are posted on the ATAP web-site: http://www.atap.ri.gov/ .	
3	Was the primary outcome of the state improvement initiative outcome in a policy area?	No
4	Identify the policy area in which the state improvement outcome had its primary impact.	
	If other was selected above, briefly describe.	
5	What was the role of the statewide AT program in achieving the outcome (e.g., primary leader, partner, participant) and means (e.g., technical assistance) were used to achieve the outcome?	
	An advisory council focused on implementation of the AT Act in RI.	
	Primary leader, facilitator & technical assistance.	

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Name and Title of Certifying Representative for the Lead Agency

Brunero Stephen

Title of Certifying Representative for the Lead Agency

Signed?	Yes
Date Signed	12/30/2009

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number of this information collection is 1820-0572. The time required to complete this information collection is estimated to average 456 hours per response, including the time to review instructions, search existing data sources,

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