

State Grant for Assistive Technology Program - RSA-664  
Rhode Island State Plan for FY 2012-2014 (submitted FY 2012) H224A120039

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. Stephen J. Brunero  
Department of Human Services/Office of Rehabilitation Services  
40 Fountain Street  
Providence, RI 02903  
Tel: 401-421-7005 x354  
Email: [steveb@ors.ri.gov](mailto:steveb@ors.ri.gov)
5. Information about Program Director at Lead Agency. Roberta Greene Whittemore, Assistant Administrator/Program Director  
Department of Human Services  
Office of Rehabilitation Services  
49 Fountain Street  
Providence, RI 02903  
Tel: 401-421-7005 ext. 421  
email: [rgreene@ors.ri.gov](mailto:rgreene@ors.ri.gov)  
40%
6. Information about Program Contact(s) at Lead Agency. Mario Olivieri, ORS, 40 Fountain Street, Providence, RI 02903  
Tel: 401-421-7005 x313, [marioo@ors.ri.gov](mailto:marioo@ors.ri.gov), 8%  
Sharon DiPinto, ORS, 40 Fountain Street, Providence, RI 02903  
Tel: 401-421-7005 x318, [sharond@ors.ri.gov](mailto:sharond@ors.ri.gov), 20%
7. Telephone at Lead Agency for Public. 800-916-8324
8. E-mail at Lead Agency for Public. [rgreene@ors.ri.gov](mailto:rgreene@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.                       | 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. |
| 20. Is the Lead Agency named new or different Lead Agency?   | No21. 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? |   |
| 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

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|--|--------------|
| 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<br><br>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.<br><br>N/A   |              |
| 10. Proposed Budget Allocations  |              |
| State Financing Activities   | \$1-\$10,000 |
| Device Reutilization Activities<br>\$40,000  | \$30,001-    |
| Device Loan Activity Proposed<br>\$70,000  | \$60,001-    |
| Device Demonstration Activity<br>\$100,000   | more than    |
| State Leadership Activities<br>\$90,000  | \$80,001-    |
| 11. For every activity for which you selected "claiming comparability" in item 10, describe the comparable activity.<br><br>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?	3
How many device reassignment programs do you support?	2
How many device loan programs do you support?	3
How many device demonstration programs do you support?	5

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?      1

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

By phone  
By mail

Yes  
By e-mail  
Yes  
In person

Yes  
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. 2012 income for a household of one would be < \$27,925 per month, a household of two would be < \$37,825, 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 of 3

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 Assistive Technology Access Partnership (ATAP) contracts with PARI to provide a device exchange program. The PAAT Program (PARI's Affordable Assistance Program) maintains a database of environmental modification equipment which has been donated to the PAAT program. A home modification contractor partnered with PARI removes donated equipment and stores it at their facility at no cost to the donor or to PARI. When a person contacts PARI in need of equipment they are referred to the contractor, who assesses whether any or which of the available equipment best accommodates the person in need. If a proper match is determined, the equipment is installed by the contractor who verifies its safety and appropriateness in addition to providing proper training in its use. The only fee to the person receiving the equipment is for installation and any additional required modification of the equipment. A follow-up phone call is made to the person receiving the equipment to assess its effectiveness as well as the client's satisfaction. Equipment that is currently maintained on the database includes but is not limited to: outdoor ramps and lifts, indoor stair lifts, vehicle modification equipment, trunk mounted electric wheelchair/scooter lifts and indoor ceiling mounted lift /transfer systems. PARI does not take physical possession of the equipment at any time nor do we provide any guarantee of its longevity. All equipment is donated directly through exchange to the client.

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

N/A

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

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

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

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

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

7. 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
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Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	No
Easter Seals	No	No	No	No
Education-related agency	No	No	No	No
Employment-related agency	No	No	No	No

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

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

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

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

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

11. The online page for this activity can be found at <http://www.pari-ilc.org>

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

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

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

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

## Section D - Device Reutilization Activities

### Device Exchange 2 of 3

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

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

The New England regional states of Maine, New Hampshire, Vermont, Massachusetts, Connecticut, and Rhode Island operate [www.getATstuff.com](http://www.getATstuff.com).

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

The device exchange is a New England (NE) Regional web based AT device exchange, called [www.getATstuff.com](http://www.getATstuff.com).

The six NE states (MA, ME, NH, VT, RI, CT) created and operate the site. The states continue to fund this collaborative effort.

Each state is responsible for approving the AT devices that are posted by users from their state. The NE states maintain ongoing communication about any items of question or concerns. Items can be posted for sale, best offer or free.

A user can search for items posted throughout NE or limit the search to items in their own state. When an item is removed from the site, the user is sent the Performance Measures for data collection purpose.

Data collection "credit" is given to the NE state where the person who receives the device resides.

Each state identifies an individual as the state's Exchange administrator. In Rhode Island that person is located at the Office of Rehabilitation Services (ORS). If someone in Rhode Island does not have a computer, they contact ORS to get copies of listings or to list their AT item(s).

The NE states use a procedure manual as a guide to assure consistency among the states.

In addition, the states confer when necessary to discuss operational issues and marketing strategies for promoting the exchange website.

4. Enter the year when the program began conducting this activity. 2007

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

The Statewide AT Program Yes

Other entities (e.g. contractors) No

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

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

Provides in-kind support to other entities via an agreement with the Statewide AT Program. No

Receives financial support from the state. No

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. No

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

Yes

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. No  
 Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.

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	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	Yes
Protection and Advocacy Organization	No	No	No	No
Technology agency	No	No	No	No
UCP	No	No	No	No

Other	Yes	No	No	Yes
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8. Select the option that best describes from where this activity is conducted. One central location

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

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

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

11. The online page for this activity can be found at <http://www.getatstuff.com>

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

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

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

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 D - Device Reutilization Activities

### Device Exchange 3 of 3

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 assists consumers with accessing used assistive devices to address barriers to independence by maintaining a small AT inventory of used durable medical equipment that is provided to consumers at no charge to enable consumers to perform activities of daily living.

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:

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	No
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.

## Section D - Device Reutilization Activities

### Device Reassignment 1 of 2

1. Select the option that best describes the reassignment program

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

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

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

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

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

5. 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

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.      Other

10. Select the option that best describes the policy of the program for charging professionals for a device.      Other

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 pickup, the consumer or their representative is shown proper usage and care of the device. The Program is always available to provide any assistance or troubleshooting as long as the consumer is using the device. The Program provides a thirty-day return/refund/exchange policy for all equipment.

15. Describe the activity.

The Assistive Technology Access Partnership (ATAP) contracts with PARI to operate a device reassignment program which provides durable medical equipment at affordable prices to individuals with disabilities and their families. Equipment is donated to PARI from individuals and businesses throughout Rhode Island and Southeastern Massachusetts; which is then restored to useful condition and made available for purchase. PARI maintains the policy of providing

equipment to an individual regardless of their ability to pay and strives to provide the necessary information and referrals to locate equipment unavailable through PARI. PARI's inventory can include electric wheelchairs, manual wheelchairs, walkers, tub and toilet safety equipment, geriatric/cardiac chairs, patient lifts, ADL equipment, reclining lift chairs, quad canes, crutches and medical disposables.

Exploration of expanding the AT device offerings of our Re-Assignment Program over the next year. As educators and employers are obligated to respond to AT needs, the re-assignment program is underutilized by both. In addition, the Vocational Rehabilitation program has the capacity to directly purchase AT for customers to support their employment objective, and is underutilized by that system as well. The inventory in our re-assignment program may further impede use by educators and employers.

## Section D - Device Reutilization Activities

### Device Reassignment 2 of 2

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

d. Collaborate with

			private entities	
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	No
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
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Vision	No	No	No	No	No	Yes
Hearing	No	No	No	No	No	Yes
Speech Communication	No	No	No	No	No	No
Learning, Cognition, and Developmental	No	No	No	No	No	No
Mobility, Seating, and Positioning	Yes	No	No	No	No	No
Daily Living	Yes	No	No	No	No	Yes
Environmental Adaptations	Yes	No	No	No	No	Yes
Vehicle Modification and Transportation	No	No	No	No	No	No
Recreation, Sports and Leisure Equipment	Yes	No	No	No	No	Yes
Computer and Associated Equipment	No	No	No	No	No	No

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 pickup, the consumer or their representative is shown proper usage and care of the device. The Program is always available to provide any assistance or troubleshooting as long as the consumer is using the device.

15. Describe the activity.

Through its collaborations with local vendors/ contractors, OSCIL facilitates the transfer of larger assistive technology items either from vendor storage facilities or directly from one consumer home to another, (i.e. used ramps, stair lifts, vertical platform lifts, etc.), to allow consumers to address issues of access, mobility and safety in the home.

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

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

N/A

4. If you selected other, describe

N/A

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

1992

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

The Statewide AT Program

No

Other entities (e.g. contractors)

Yes

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

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

8. 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 for targeted consumers of 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 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. 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 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).

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 conduct a survey of district needs for AT Professional Development and additional AT devices; 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 Program for targeted consumers of 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 PARI 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. The loan is provided with a \$10.00 charge for each week with an average loan term length of two weeks. 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.

1986

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

The Statewide AT Program

No

Other entities (e.g. contractors)

Yes

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

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

Yes

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

Yes

Receives financial support from the state.

No

Receives in-kind support from the state.

No

Receives financial support from private entities.

No

Receives in-kind support from private entities.

No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No  
 Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes  
 Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

8. 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.

Due to items being donated, the requested items are not always in PARI's inventory.

## Section F - Device Demonstration Activity

### Device Demonstration Activity 1 of 5

1. Select the option that best describes the type Program for targeted consumers of 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 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, 1  
from how many regional sites is the activity  
conducted?

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

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

12. Select the option that best describes the primary type of demonstrations provided by the program. In-person demonstrations from a fixed location

Select the option that best describes the secondary type of demonstrations provided by the program. In-person demonstrations that move to multiple sites

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

14. Select the option that best describes the policy of the program for charging professionals for a demonstration. Nothing

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

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

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

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

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

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

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 and PARI Independent Living Center. 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: Ameriphone XL40D, CSC600 Ultraclear, CapTel 800 and 800i, Ameriphone RC200 Speakerphone, Ameriphone Dialogue VCO, Q90 and Ultratec Supersprint 4425 TTY.

## Section F - Device Demonstration Activity

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; 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<br>By mail | NoBy e-mail<br>NoIn person  | No<br>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 5

1. Select the option that best describes the type of program. Program for targeted consumers
2. If you indicated that you have a device demonstration program for targeted consumers or devices, describe the specific types of consumers or devices for whom this 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

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 5

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

2. If you indicated that you have a device demonstration program for targeted consumers or devices, describe the specific types of consumers or devices for whom this 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. 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

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



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 F - Device Demonstration Activity

### Device Demonstration Activity 5 of 5

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

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

The PARI PAAT Program (PARI's Affordable Assistance Program) maintains a device demonstration showroom exhibiting the various types of durable medical and assistive technology equipment available to individuals with disabilities. Visitors are provided the opportunity to compare several different types of equipment in order to determine an appropriate match to their needs, receive instruction for proper usage or to receive exposure to equipment they may not have had knowledge of. This equipment is also available for use in our loan services as well as for use in informational exhibits and demonstrations provided in rehabilitation, assistive living and support group settings. Often our equipment is borrowed by various agencies for use in their own demonstrations to employees and public awareness activities.

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

N/A

4. If you selected other, describe

N/A

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

2005

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

The Statewide AT Program

No

Other entities (e.g. contractors)

Yes

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

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

Yes

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

Yes

Receives financial support from the state.

No

Receives in-kind support from the state.

No

Receives financial support from private entities.

No

Receives in-kind support from private entities.

No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No  
 Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes  
 Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

8. 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



## 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 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 is also assisting the One Stop Career Center Disability Navigator in developing a powerpoint training program for the personnel of the netWORKri offices. ORS also is providing vocational evaluations to students transitioning from school to employment or post-secondary. They also worked with collaboratives in modifying vocational evaluation reports in order to capture AT needs of high school students.

TechACCESS: Provides technical assistance to programs and agencies to assist in improving their services, management, polices, practices or outcomes.

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.

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? 6

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

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

7. Describe the activity.

The Assistive Technology Access Partnership (ATAP) is comprised of several organizations which include: (1) the Office of Rehabilitation Services as the lead agency; (2) TechACCESS; (3) Ocean State Center for Independent Living (OSCIL); (4) PARI; (95) East Bay Educational Collaborative (EBEC); and (6) 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.

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

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, 4) Independent Living Conference, and 5) 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.

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 will also initiate a bus shelter campaign that will continue throughout the year with targeted placement of signage at hospitals (highlighting Community Living Option Program), in cities and towns with large Hispanic populations (OSCIL Minority Outreach Program), and signage throughout urban and rural areas (highlighting Home Access & AT Program). Fifty-eight signs are being posted statewide.

PARI raises awareness among individuals with disabilities and their families to the availability of assistive technology equipment and its ability to remove barriers to independence. Awareness activities include participation in informational exhibits and demonstrations we provide in rehabilitation and support group settings. Additionally, PARI distributes informational pamphlets describing the PAAT program to further enhance awareness of assistive technology and provides information through our website, [www.pari-ilc.org](http://www.pari-ilc.org). PARI is also an active demonstrator/vendor/participant in several conferences throughout the year as well as an active presence in statewide legislation hearings and public events. Bi-annually we co-host an Independent Living Conference with Ocean State Center for Independent Living, promoting the public awareness of disability related issues.

TechACCESS offers public awareness activities designed to reach a large number of people with introductory information about assistive technology.

## 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

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
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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
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Institution of Higher Education	No	No	No	Yes
Non-categorical disability organization	No	No	No	Yes
Organization that primarily serves individuals who are blind or visually impaired	No	No	No	Yes

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

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

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

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

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

7. Describe the activity.

If any one partner is contacted, the person is directed to the most appropriate partner. Resource and library including video, magazines, journals, demo discs are available for mailing. Also brochures and information sheets are kept from non-partner relevant sites on disability services. Informational newsletters are generated from partners.

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

## 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.

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				
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				
f. FY 2012 Status				
g. FY 2013 Short-term goal	70.00	70.00	70.00	70.00
h. FY 2013 Performance				
i. FY 2013 Status				
j. FY 2014 Short-term goal	70.00	70.00	70.00	70.00
k. FY 2014 Performance				
l. FY 2014 Status				

28. Acquisition Goal Table

	Education	Employment	Community Living
a. Long-term Goal	75.00	75.00	75.00
b. Long-term Goal Status			
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			
f. FY 2012 Status			
g. FY 2013 Short-term Goal	75.00	75.00	75.00
h. FY 2013 Performance			
i. FY 2013 Status			
j. FY 2014 Short-term Goal	75.00	75.00	75.00
k. FY 2014 Performance			
l. FY 2014 Status			

29. Name of Certifying Representative for the Lead Agency      Stephen J. Brunero

30. Title of Certifying Representative for  
the Lead Agency

## System information

Administrator, Department of Human Services/Office of Rehabilitation Services

31. Signed?

Yes32. Date Signed

02/22/2012

The following information is captured by the MIS.

This form has been approved for use by OMB through Nov 30, 2014.

Last updated on  
February 23, 2012

Last updated by  
saridipintos

Completed on  
February 23, 2012

Completed by  
saridipintos

Approved on

Approved by



OMB Notice