

# **State Grant for Assistive Technology Program - RSA-664 Oregon State Plan for FY 2012-2014 (submitted FY 2012) H224A120037**

## **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: Oregon Statewide Assistive Technology Program

2. Website dedicated to Statewide AT  
Program: [http://accesstechnologiesinc.org/statewide\\_at\\_program/](http://accesstechnologiesinc.org/statewide_at_program/)

3. Name and Address of Lead Agency

David Ritacco, Program Director  
State of Oregon, Office of Vocational Rehabilitation Services  
500 Summer Street NE, E-87  
Salem, Oregon 97301-1120  
503-945-5880

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

David Ritacco, Program Director  
State of Oregon, Office of Vocational Rehabilitation Services  
500 Summer Street NE, E-87  
Salem, Oregon 97301-1120  
503-945-6720

5. Information about Program Director at Lead Agency:

David Ritacco, Program Director  
State of Oregon, Office of Vocational Rehabilitation Services  
500 Summer Street NE, E-87  
Salem, Oregon 97301-1120  
503-945-6720

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

David Ritacco, Program Director  
State of Oregon, Office of Vocational Rehabilitation Services  
500 Summer Street NE, E-87

Salem, Oregon 97301-1120

503-945-6720

David.J.Ritacco@state.or.us

7. Telephone at Lead Agency for Public: 503-945-5880

8. E-mail at Lead Agency for Public: david.j.ritacco@state.or.us

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

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

11. Contract with an Implementing Entity? Yes

12. Name and Address of Implementing Entity:

Access Technologies, Inc.

3070 Lancaster Drive NE

Salem, Oreogn 97305-1396

13. Information about Program Director at the Implementing Entity:

Laurie Brooks, Program Director

Access Technologies, Inc.

3070 Lancaster Drive NE

Salem, Oreogn 97305-1396

503-361-1201

800-677-7512

info@accesstechnologiesinc.org

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

Laurie Brooks, Program Director

Access Technologies, Inc.

3070 Lancaster Drive NE

Salem, Oreogn 97305-1396

503-361-1201

800-677-7512

info@accesstechnologiesinc.org

15. Telephone at Implementing Entity for Public: 503-361-1201

16. E-mail at Implementing Entity for Public: info@accesstechnologiesinc.org

17. Type of organization: Non-categorical disability 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:

Access Technologies, Inc. the Implementing Entity for the Oregon's Statewide AT Program has entered into an administrative agreement with Oregon's Lead Agency (the Department of Human Services or DHS). This administrative agreement sets forth the activities that must be conducted by ATI on behalf of DHS and the system of oversight to be provided by ATI's Board of Directors. DHS has assigned a Project Officer to oversee the administrative agreement, and who will meet with the President of ATI quarterly to discuss activities and the implementation of this state plan. The Project Officer, and/or a representative from the Lead Agency, attends all Advisory Council meetings for ATI. ATI submits monthly expenditure reports to the Project Officer for review and approval, while the Lead Agency Project Officer ensures that the DHS fiscal unit provides timely and appropriate assistance to ATI. ATI also provides annual reports to DHS on activities completed, activities planned, and any data related to those activities.

20. Is the Lead Agency named new or different Lead Agency? No

21. Explain why the Lead Agency previously designated by your state should not serve as the Lead Agency:

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

23. Is the Implementing Entity named in this State Plan a new or different Implementing Entity from the one designated by the Governor in your previous State Plan? No

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

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

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

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

1. In accordance with section 4(c)(2) of the AT Act of 1998, as amended our state has a consumer-majority advisory council that provides consumer-responsive, consumer-driven advice to the state for planning of, implementation of, and evaluation of the activities carried out through the grant, including setting measurable goals. This advisory council is geographically representative of the State and reflects the diversity of the State with respect to race, ethnicity, types of disabilities across the age span, and users of types of services that an individual with a disability may receive. Yes
2. The advisory council includes a representative of the designated State agency, as defined in section 7 of the Rehabilitation Act of 1973 (29 U.S.C. 705) Yes
3. The advisory council includes a representative of the State agency for individuals who are blind (within the meaning of section 101 of that Act (29 U.S.C. 721)); Yes
4. The advisory council includes a representative of a State center for independent living described in part C of title VII of the Rehabilitation Act of 1973 (29 U.S.C. 796f et seq.); Yes
5. The advisory council includes a representative of the State workforce investment board established under section 111 of the Workforce Investment Act of 1998 (29 U.S.C. 2821); Yes
6. The advisory council includes a representative of the State educational agency, as defined in section 9101 of the Elementary and Secondary Education Act of 1965 Yes
7. The advisory council includes other representatives
8. The advisory council includes the following number of individuals with disabilities that use assistive technology or their family members or guardians 6
9. If the Statewide AT Program does not have the composition and representation required under section 4(c)(2)(B), explain.
10. Proposed Budget Allocations
  - State Financing Activities \$50,001-\$60,000
  - Device Reutilization Activities \$40,001-\$50,000
  - Device Loan Activity Proposed \$60,001-\$70,000
  - Device Demonstration Activity \$60,001-\$70,000
  - State Leadership Activities more than \$100,000
11. For every activity for which you selected "claiming comparability" in item 10, describe the comparable activity.
12. Describe your planned procedures for tracking expenditures for State-level and State Leadership activities.

Oregon's Department of Human Services utilizes the Oregon state accounting system, and Access Technologies, Inc. utilizes an internal budget system is set up to track expenditures as "State Level" or "State Leadership" by amount. A standardized report provides summary data on current expenditure percentages for State Level and State Leadership activities to ensure the required distribution (at

least 60% State Level, no more than 40% State Leadership, and at least 2% for transition) is met at the end of the fiscal year.

### 13. State Financing Activities Performed

Financial loan program No

Access to telework loan fund No

Cooperative buying program Yes

Financing for home modifications program No

Telecommunications distribution program No

Last resort program Yes

Other program Yes

### Other Activities Performed

How many device exchange programs do you support? 1

How many device reassignment programs do you support? 2

How many device loan programs do you support? 2

How many device demonstration programs do you support? 2

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

## Section C - State Financing Activities - Cooperative buying program

1. Enter the year when the program began conducting this activity. 2004

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

The Statewide AT Program Yes

Other entities (e.g. contractors) No

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. No

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

Receives financial support from the state. No

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. No

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

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

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

#### 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.

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

Technology agency	No	No	No	Yes
UCP	No	No	No	Yes
Other	No	No	No	No

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

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

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

By website: Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

8. Describe the activity.

The Oregon Statewide Assistive Technology Program operates an established Cooperative Buying Program which improves access to and funding for assistive technology devices and services for individuals with disabilities, their care providers, and entities as identified in the AT Act. Oregon's Cooperative Buying Program is accessible to individuals of all ages, with all disabilities. The storefront is located at Access Technologies, Inc. (ATI) in Salem, where people can walk in off the street and skilled ATI staff provide technical expertise to assist individuals in selecting the correct AT device which best accommodates their needs.

This program makes assistive technology more affordable, and gets AT devices into the hands of individuals who couldn't otherwise afford it. By purchasing in bulk, ATI maintains a small inventory of specific AT devices, making it possible for the consumer to receive AT devices and services in a more timely fashion. In addition, bulk purchasing reduces the cost of many items, allowing the savings to be passed on to consumers.

During the past three years the OSAT Program has researched the possibility of obtaining reduced or donated shipping with trucking companies, but unfortunately from the trucking company's point of view this is not feasible as they sell the entire cargo space. Therefore, the Program will research additional means, including possible grant opportunities that may offset shipping charges for low income Oregonians accessing the Cooperative Buying Program.

To increase usage of the Cooperative Buying Program, the OSAT Program will continue marketing this activity electronically on our website and social networking sites, in our



quarterly newsletter, as well as during conferences, exhibits, presentations and trainings. Additionally, we will complete a feasibility study to determine the effectiveness of purchasing electronic ads such as Google and Yahoo clicks, and posting listing on Craigslist to drive more traffic to our website.

Based on past market demands Oregon's Cooperative Buying Program primarily includes mobility, seating and positioning and daily living products. During the next three years the OSAT Program will explore the need for additional types of products to be added to the Cooperative Buying Program, based on consumer request/demand. After tracking type and frequency of requested devices, the Program will work with vendors to establish buying power and pricing level to determine affordability for consumers without insurance coverage.

## Section C - State Financing Activities - Last resort program

1. Enter the year when the program began conducting this activity. 2006

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

The Statewide AT Program Yes

Other entities (e.g. contractors) No

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. No

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

Receives financial support from the state. No

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. No

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

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

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

#### 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.

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

Technology agency	No	No	No	No
UCP	No	No	No	Yes
Other	No	No	No	No

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

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

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

By website: Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

8. Describe the activity.

The OSAT Program is consumer-driven, and at the request of Oregon consumers, the OSAT Program developed a Layaway Program as an option for individuals wishing to purchase assistive technologies without using credit or paying the full price immediately. This proven Program allows individuals to receive technical expertise from our AT Specialists in selecting the correct AT device which best accommodates their needs. This last resort financing option is designed to work for a limited number of people, as it may not be the solution for everyone. However, Oregon has seen modest growth in the Program over the past three years as other finance options decrease and the economy struggles to stabilize.

During the next three years, the Oregon AT Program will explore the need for additional types of products to be available for consumers wishing to take advantage of the layaway activity. After tracking type and frequency of requested devices, the Program will work with vendors to establish buying power and pricing level to determine affordability for consumers without other finance opportunities.

Additionally, if space permits, the OSAT Program will increase marketing of this last resort activity to determine if there is an increase in consumer demand for the funding option.

## Section C - State Financing Activities - Other financing program

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

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

The Statewide AT Program Yes

Other entities (e.g. contractors) No

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. No

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. 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. 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.

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

Technology agency	No	No	No	Yes
UCP	No	No	No	Yes
Other	No	No	No	No

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

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

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

By website: Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

8. Describe the activity.

It's no surprise that technology changes rapidly, and as equipment in the Device Loan Library becomes discontinued from the manufacturers, it still has a useful life. However, it's not practical to continue demonstrating some of these devices, as individuals who have determined the device will accommodate their needs, are disappointed to learn the specific device they borrowed is not the same as the one they may ultimately purchase. Additionally, consumers have concerns as to whether or not the new AT will function in the same manner as the one they borrowed. Therefore, the OSATP will pilot a rent-to-own program that will allow individuals the opportunity to purchase discontinued products from the Loan Library. This activity is expected to provide a win-win opportunity as consumers will receive the accommodation they have successfully tried and tested in their environment, and the OSATP will use monies from the Rent-to-Own activity to purchase new AT for the Device Loan Library.

## Section D - Device Reutilization Activities - Device Exchange

1. Select the option that best describes the type of exchange. General device exchange
  
2. If you indicated this is a general exchange, describe it. If this exchange is part of a collaborative among states, identify the states and how the collaborative works as part of your description.
  
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. 1990
  
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. No  
Provides in-kind support to other entities via an agreement with the Statewide AT Program. No  
Receives financial support from the state. No  
Receives in-kind support from the state. No  
Receives financial support from private entities. No  
Receives in-kind support from private entities. No  
Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No  
Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes  
Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. Yes



## 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.

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

Technology agency	No	No	No	Yes
UCP	No	No	No	Yes
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: Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

11. The online page for this activity can be found at <http://www.accesstechnologiesinc.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. A flat fee only for posting a device on the site

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

Oregon's Device Exchange Program is a direct consumer to consumer transaction. The individual listing the device may simply post the advertisement online; and never have a need to directly interact with the AT Program. Therefore, we have experienced a difficult time collecting data in this area and are exploring a variety of options to make improvement in this area, including emailing and telephoning the listing party.

## Section D - Device Reutilization Activities - Device Reassignment 1 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. 1990

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

The Statewide AT Program Yes

Other entities (e.g. contractors) No

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. No

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

Receives financial support from the state. No

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. No

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

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

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

## 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.

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

Technology agency	No	No	No	Yes
UCP	No	No	No	Yes
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: Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

9. Select the option that best describes the policy of the program for charging individuals with disabilities for a device. A fee is assigned based on the value or type of device

10. Select the option that best describes the policy of the program for charging professionals for a device. A fee is assigned based on the value or type of device

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

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

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

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

14. Describe any supports provided to the consumer to ensure successful use of the device.

Prior to purchase, experienced staff from Access Technologies, Inc. provides training to the consumer, family member, and/or care provider on how to use and maintain devices purchased through the Reassignment Program

## 15. Describe the activity.

Individuals support Oregon's Statewide AT Program by donating their assistive technology and durable medical items no longer being utilized to Access Technologies, Inc. (ATI), the implementing agency for Oregon's Statewide AT Program. Because ATI is a non-profit organization, these donations are tax deductible. Donated items must be in operative condition at the time of donation or require only minimal reconditioning or repair, as the support of a single volunteer is solely responsible for maintenance and repair of the donated equipment. In addition, items must be delivered to the Salem Office, as ATI has no means of transporting equipment. To help offset expenses and maintain the Device Reassignment Program, these donated items are then sold for a nominal fee through ATI's storefront facility in Salem.

Acceptance and reassignment of donations have been restricted due to space. The Program is exploring the feasibility of moving to a larger facility, which will allow for the expansion of this activity.

## Section D - Device Reutilization Activities - Device Reassignment 2 of 2

1. Select the option that best describes the reassignment program is an open-ended loan program

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 Yes

Other entities (e.g. contractors) No

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. No

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. 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. 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.

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

Technology agency	No	No	No	Yes
UCP	No	No	No	Yes
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: Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

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 consumer picks up the device at a designated site

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

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

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

14. Describe any supports provided to the consumer to ensure successful use of the device.

15. Describe the activity.



## Section E - Device Loan Activity - Device Loan Activity 1 of 2

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.
  
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.
  
4. If you selected other, describe
  
5. Enter the year when the program began conducting this activity. 1990
  
6. Who conducts this activity? Check all that apply.  
The Statewide AT Program Yes  
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. No  
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.

<b>Organization or Activity</b>	<b>a. You provide support</b>	<b>b. Receive support from the state</b>	<b>c. Receive support from these private entities</b>	<b>d. Collaborate with</b>
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	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	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: Yes

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

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

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

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

Device demonstrations: Yes

Evaluations and assessments: No

Training: No

Public awareness: Yes

16. How do you get the device to the consumer? The device is shipped via mail or other commercial delivery

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

Shipping devices from this inventory allows the Statewide AT Program to reach more individuals. However, consumers are invited to pick devices up at a variety of designated sites.



## Section E - Device Loan Activity - Device Loan Activity 2 of 2

1. Select the option that best describes the type of program. Program for targeted agencies or entities

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 OSAT Program maintains an inventory of assistive technologies for use primarily with Oregon Vocational Rehabilitation clients. Devices in this inventory were purchased to complement assessment services provided by ATI.

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.

Access Technologies, Inc. has a partnership to provide device loans to vocational rehabilitation counselors serving students in transition and employees with disabilities. All requests for device loans are filled following an AT or Ergonomic Risk assessment for VR clients, and when equipment is not being used in the partnership, these inventories are available for loan to the general public.

The devices were purchased using funds provided to Access Technologies Inc. by the Oregon Vocational Rehabilitation agency, but the Statewide AT Program provides management of the device pool and staff expertise related to proper utilization of the devices at no cost to the agency.

4. If you selected other, describe

5. Enter the year when the program began conducting this activity. 2003

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

The Statewide AT Program  Yes

Other entities (e.g. contractors)  No

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.  No

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

Receives financial support from the state.  No

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. No

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

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

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

## 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.

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

Technology agency	No	No	No	Yes
UCP	No	No	No	Yes
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: Yes

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

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

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.

Devices in this inventory are typically setup and the individual's location following an assessment.

When the general public borrows one of these devices, the OSAT Program's Device Lending Library policies apply. In which case the technologies are shipped via mail or other commercial delivery, or picked up at a designated site. In addition, the same \$ 9.00 Maintenance and Refurbishment fee is charged for a 14-day loan period, and individuals are responsible for any damage that occurs to the device during this time.

## Section F - Device Demonstration Activity - Device Demonstration Activity 1 of 2

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.
  
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.
  
4. If you selected other, describe
  
5. Enter the year when the program began conducting this activity. 1990
  
6. Who conducts this activity? Check all that apply.  
The Statewide AT Program Yes  
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. No  
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



## 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.

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



Technology agency	No	No	No	Yes
UCP	No	No	No	Yes
Other	No	No	No	No

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

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

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

By website: Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

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

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

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

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

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

Device loans: Yes

Evaluations and assessments: No

Training: No

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.

The OSAT Program conducts device demonstrations throughout the year at our Salem and Portland Centers, as well as various locations throughout the state. Generally, demonstrations are done upon request, and come from consumers, family members, University classes, employers, as well as agencies and organizations.

In FY 2010 and 2011 Access Technologies, Inc. received two ARRA grants, which allowed for the expansion of the breadth and depth of the Device Demonstration and Loan Libraries by \$350,000. Based on consumer demand/requests, these monies were used to purchase some of the latest employment related technologies, including eReaders, iPads, iPods, tablet and netbook computers. With these new purchases, the Program undertook a huge endeavor of building out the Device Loan section of the website; allowing consumers greater awareness of the variety of AT available to them.

To further expand awareness of and access to assistive technology, during this next three year grant period, the OSAT Program will explore the possibility of working with community agency partners around the State to develop a means to provide interested partners with a set amount of AT devices to demonstrate at and loan from their location. In doing so, the OSAT Program must ensure staff within each agency is trained to have a basic understanding of the technologies at their location in order to provide device demonstrations to consumers within their region. Policies will need to be developed and implemented to ensure partner staff are knowledgeable in the care and maintenance of the AT, staff are willing to track device usage, and partner staff will willingly consult with certified AT Specialists at ATI when there are questions or concerns.

The Program is exploring the feasibility of moving to a larger facility, which will allow for the expansion in the type and number device demonstrations that will available.

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

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.
  
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.
  
4. If you selected other, describe
  
5. Enter the year when the program began conducting this activity. 2012
  
6. Who conducts this activity? Check all that apply.  
The Statewide AT Program Yes  
Other entities (e.g. contractors) No
  
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. No  
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. 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. 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.

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

Technology agency	No	No	No	Yes
UCP	No	No	No	Yes
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: Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

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

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

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

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

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

Device loans: Yes

Evaluations and assessments: No

Training: No

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.

Based on consumer demand, the OSAT Program will develop an electronic funding guide, which will be maintained on our website, to assist Oregonians in locating AT funding opportunities. This funding guide will take time to develop; therefore, during the initial development phase of this Guide, the Program will develop an electronic funding guide, which will be available on our website, to all phases of the Guide, the Program will develop a budget for the development of this activity, research similar guides available in other states, and work with the Program's web developers to build out the framework for an electronic database. Next the Program will collaborate with agencies and consumers throughout Oregon during the data development phase of the Guide. It is anticipated that this database will be ready for public use before the end of this grant period.

## Section G - State Leadership Activities - Training

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

The Statewide AT Program Yes

Other entities (e.g. contractors) No

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. No

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. 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.

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

Technology agency	No	No	No	Yes
UCP	No	No	No	Yes
Other	No	No	No	No

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

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

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

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

The OSAT Program provides trainings in a variety of venues and formats around the state. Whenever possible, an as a cost-saving measure, workshops are organized as special sessions at larger conferences.

## 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) No

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. No

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. 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.

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

Technology agency	No	No	No	Yes
UCP	No	No	No	Yes
Other	No	No	No	No

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

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

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 the policy of the program for charging for technical assistance. The fee is based on the length/complexity/value/type

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

The OSAT Program provides technical assistance in a collaborative manner with a number of other disability and AT related programs in the state. The technical assistance takes the form of participation on committees, joint planning, and preparation of special events. The

following projects are examples of on-going technical assistance efforts:

Participation in projects related to improving employment opportunities for persons with disabilities through greater access to AT.

Planning and implementation of training activities for specific professional groups around current AT product offerings.

Providing technical assistance to secondary and post-secondary educational programs to improve the AT expertise of practitioners who work directly with consumers with disabilities.

Participation on specific planning and overseeing committees including Portland Commission on Disability, Portland State University ADA Committee, PDC Accessibility of Built Environments, and the State Rehabilitation Council



## 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) No

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. No

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. 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.

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



Technology agency	No	No	No	Yes
UCP	No	No	No	Yes
Other	No	No	No	No

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

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

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

By website: No

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

7. Describe the activity.

Oregon's Statewide AT Program use a multifaceted approach to increase awareness about the benefits of assistive technology devices and services, the types of AT devices and services available, funding for AT devices and services, and policies related to AT.

We have a booth at a 15-20 conferences/expos every year, such as education conferences and health expos. Depending on the theme and attendees of the conference, the booth features various devices and staff with appropriate expertise. We also distribute material to promote the program and general information about AT.

The OSAT Program assists annually with the coordination of the state's Mega Conference; a collaboration of 29 agencies working to provide a forum to educate, empower, inspire and connect people of all ages involved in the field of disabilities.

At the request of several Vocational Rehabilitation offices, the OSAT Program will pilot the usefulness of developing and publishing a weekly AT awareness whitepaper. Each week, a new "Tech Tuesday" will be emailed to requesting VR branch offices, and posted on our website, as well as on the Program's social networking sites.

## 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) No

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. No

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

Receives financial support from the state. No

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. No

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

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

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.

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

Technology agency	No	No	No	Yes
UCP	No	No	No	Yes
Other	No	No	No	No

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

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

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.

Access Technologies, Inc. takes pride in providing extensive and ongoing training in order to ensure staff is able to provide the expertise that has come to be expected through Oregon's Statewide AT Program. A consumer can call or email either office and talk with an experienced Specialist staff member.

Our policy is to respond to all inquiries within one business day. When contacting a consumer, the staff has a routine of questions to ask to ensure that we have all of the information necessary to connect the consumer with appropriate resources. The expertise of the staff about AT-related resources in the state is backed up by several three-ring binders full of topical information for quick reference. If staff is not able to respond to a request for assistance alone, the request is brought to the weekly staff meeting to problem-solve.

Additionally, the OSAT Program website <http://accesstechnologiesinc.org>, our Twitter site <http://twitter.com/!OSATP> and our Facebook <http://www.facebook.com/pages/Oregon-Statewide-AT-Program/123420477682117> have been established to provide a wide variety of information to consumers and others who need to know about various types of technology, software, and devices.

## Section H - Assurances, Measurable Goals and Signatures

1. As Certifying Representative of the Lead Agency for the State of Oregon, I hereby assure the following. Yes
2. The Lead Agency prepared and submitted this State Plan on behalf of the State of Oregon. 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.

The Oregon Department of Human Services will take all the necessary steps to ensure that all partners and subcontractors will comply with the GEPA (General Education Provisions Act), section 427. We will ensure that all people have equal access to and equitable participation in our programs and services.

We will not discriminate on the basis of gender, race, national origin, color, disability or age. All programs and materials will be developed so that children and adults with disabilities and those with diverse backgrounds will be able to successfully and fully participate. For example:

1. For individuals who do not speak or understand English, we will utilize the AT&T Language line. This service has operators available to translate information over the telephone.
2. Literacy levels will be considered. For those individuals who cannot read, or have limited reading skills, we have the ability to put the information on audiotape, use captioning services and have materials prepared in Braille for individuals who are blind.
3. We systemically reach out to people in rural areas.
4. We make sure that all materials and services are developed and provided based on cultural needs of the people with whom we work.
5. Our programs will be held in physically accessible locations. In addition, we will ensure that if someone needs accommodations such as sign language interpreters to effectively participate they will be provided.
6. We will ensure that web sites are accessible and meet the Oregon State web content accessibility standard.

## 27. Access Goal Table

	<b>Education</b>	<b>Employment</b>	<b>Community Living</b>	<b>IT/Telecomm</b>
a. Long-term Goal	70.00	70.00	70.00	70.00
b. Long-term Goal Status	Met [d]	Met [d]	Met [d]	Met [d]
c. FY 2011 Performance	100.00	100.00	97.79	98.70
d. FY 2012 Short-term goal	70.00	70.00	70.00	70.00
e. FY 2012 Performance	100.00	100.00	99.88	100.00
f. FY 2012 Status	Met	Met	Met	Met
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

	<b>Education</b>	<b>Employment</b>	<b>Community Living</b>
a. Long-term Goal	75.00	75.00	75.00
b. Long-term Goal Status	Met [d]	Met [d]	Met [d]
c. FY 2011 Performance	100.00	100.00	100.00
d. FY 2012 Short-term Goal	75.00	75.00	75.00
e. FY 2012 Performance	100.00	100.00	100.00
f. FY 2012 Status	Met	Met	Met
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 David Ritacco

30. Title of Certifying Representative for the Lead Agency Budget & Performance Analysis Manager

31. Signed? Yes

32. Date Signed 02/23/2012