



**National Assistive Technology Act Data System**  
**State Plan - Full Report**  
**New Hampshire 2021**

**General Information**

**Statewide AT Program (Information to be listed in national State AT Program Directory)**

<b>State AT Program Title</b>	Assistive Technology in New Hampshire (ATinNH)
<b>State AT Program URL</b>	www.atinnh.org
<b>Mailing Address</b>	10 West Edge Drive, Suite 101
<b>City</b>	Durham
<b>State</b>	New Hampshire
<b>Zip Code</b>	03824
<b>Program Email</b>	atproject@unh.edu
<b>Phone</b>	603-862-1867
<b>TTY</b>	

**Lead Agency**

<b>Agency Name</b>	Institute on Disability, UCED, University of New Hampshire
<b>Mailing Address</b>	10 West Edge Drive
<b>City</b>	Durham
<b>State</b>	NH
<b>Zip Code</b>	03824
<b>Program URL</b>	https://iod.unh.edu/

**Implementing Entity**

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? N/A	
<b>Name of Implementing Agency</b>	
<b>Mailing Address</b>	

<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
<b>Program URL</b>	

## General Information (Continued...)

### Program Director and Other Contacts

<b>Program Director for State AT Program (last, first)</b>	Willkomm, Therese
<b>Title</b>	Director
<b>Phone</b>	603-862-1056
<b>E-mail</b>	theresew@unh.edu
<b>Program Director at Lead Agency (last, first)</b>	Kelly Nye-Lengerman Ph.D
<b>Title</b>	Director
<b>Phone</b>	603-862-4320
<b>E-mail</b>	Kelly.nye@unh.edu
<b>Primary Contact at Implementing Agency (last, first) - If applicable</b>	
<b>Title</b>	
<b>Phone</b>	
<b>E-mail</b>	

### Person Responsible for completing this form if other than Program Director

<b>Name (last, first)</b>	Kathleen Babin-johnson
<b>Title</b>	Project Manager
<b>Phone</b>	6033650432
<b>E-mail</b>	kathleen.babin-johnson@unh.edu

### Certifying Representative

<b>Name (last, first)</b>	Mooney, Devina
<b>Title</b>	Senior Grant Administrator
<b>Phone</b>	603-862-34114
<b>E-mail</b>	devina.mooney@unh.edu

**Module A: Change in Lead Agency or Implementing Entity**

- Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf (From General Information)? No
2. Is the Lead Agency named in this State Plan a new or different Lead Agency from the one designated by the Governor in your previous State Plan? No
3. Is the Implementing Entity named in this State Plan a new or different Implementing Entity from the one designated by the Governor in the previous State Plan? No

## Module B: Advisory Council

1. How many representatives of the designated State agency for Vocational Rehabilitation are members of the advisory council? 1
2. How many representatives of the designated State agency for Vocational Rehabilitation for individuals who are blind are members of the advisory council (when there is such a separate VR agency for individuals who are blind)? 1
3. How many representatives of a state Center for Independent Living are members of the advisory council?. 1
4. How many representatives of the State workforce development board established under the Workforce Innovation and Opportunity Act are members of the advisory council? 1
5. How many representatives of the State educational agency are members of the advisory council? 1
6. How many additional representatives of other agencies and/or organizations are members of the advisory council? 1
  - 6.1 Description of additional representatives of other agencies and/or organizations are members of the advisory council.  
1 oversees TVI's
7. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 7

### Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	7
Total number of individuals on the advisory council	13
Percentage	53.85%

8. 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, and types of disabilities across the age span, and users of types of services that an individual with a disability may receive. Yes

## Module C: Actual Expenditures and Budgeted Allocations

### 1. Actual Expenditures Carryover Year Close-out

In the following table provide the actual expenditure data for the closed-out carryover fiscal year AT grant award (liquidated the previous December 31). Please note, this data is for a specific year AT Act grant award amount, NOT any specific 12 month period of time as funds from a grant award can be obligated over more than that initial 12 month period.

For the State Plan submitted in the spring of 2022, you will report the closed-out grant award for FY19. The grant began 10/1/2018 with the first year ending on 9/30/2019, the first carryover year ended on 9/30/2020 and the second carryover year ended on 9/30/2021 with the 3 month liquidation period ending 12/31/2021.

<b>Actual Expenditures for Closed-out Carryover Year Award</b>	<b>Final Expenditures</b>	<b>Percentage</b>	<b>Requirements</b>
<b>a. All State Level Activities</b>	\$314,431.28	70.06%	The AT Act required state level expenditures to be at least 60% of grant award. If flexibility is claimed, at least 70% is required.
<b>b. All State Leadership Activities</b>	\$134,362.72	29.94%	
<b>c. Total Expenditures</b>	\$448,794.00		
<b>d. Total Award</b>	\$448,794.00		
<b>e. Lapsed Amount</b>	\$0.00	0.00%	
<b>f. Transition Training &amp; Technical Assistance Set Aside</b>	<b>\$6,718.14</b>	5.00%	The AT Act requires at least 5% of state leadership expenditures to be spent on transition activities.

## Module C: Actual Expenditures and Budgeted Allocations (Continued...)

### 2. Actual YTD Expenditures and Budgeted Allocations for Preceding Year Award

In the following table provide year-to-date (YTD) obligated and liquidated expenditure data for the preceding fiscal year AT grant award along with planned budget allocations for the unobligated remainder of that award. Please note, this data is for a specific year AT Act grant award amount, NOT any specific 12 month period of time as funds from a grant award can be obligated over a 24 month period.

For the State Plan submitted in the spring of 2022, you will report the closed-out grant award for FY20. The grant began 10/1/2019 with the first year ending on 9/30/2020, the first carryover year ended on 9/30/2021 and the second carryover year ended on 9/30/2022 with the 3 month liquidation period ending 12/31/2022.

The total grant award for was **\$460,058.00**

<b>Actual &amp; Planned Immediate Preceding Year Award Expenditures</b>	<b>YTD Obligated not Liquidated Expenditures</b>	<b>YTD Liquidated Expenditures</b>	<b>Planned not yet Obligated Expenditures</b>	<b>Total</b>
<b>All State Level Activities</b>	\$1,726.47	\$317,479.99	\$0.00	\$319,206.46
<b>All State Leadership Activities</b>	\$4,562.42	\$136,289.12	\$0.00	\$140,851.54
<b>Total</b>	\$6,288.89	\$453,769.11	\$0.00	\$460,058.00
<b>Transition Training &amp; Technical Assistance</b>	\$228.12	\$6,814.46	\$0.00	\$7,042.58

## Module D: State Level Activity Summary

### 1. Which State Financing Activities do you conduct?

- Other State Financing that creates AT savings (cooperative buying programs, etc.)

### 2. Which Reutilization Activities do you conduct?

- Device Reassignment or Open Ended Loan

### 3. Do you conduct Short-term Device Loans?

Yes

### 4. Do you conduct Device Demonstrations?

Yes







## Module G: Other State Financing Activities that Create AT Savings

**1. Which of the following activity/activities are conducted? (select all that apply)**

Identify all types of other state financing programs that create AT savings that are conducted.

- AT Fabrication Program

**2. Select the one option that best describes who conducts this activity/activities.**

The Statewide AT Program (State AT)

**3. Select the one option that best describes from where this activity/activities is conducted.**

A combination of a central location and regional sites (Combination)

**4. Do you charge a fee for this activity/activities? (select one)**

No

**5. Identify the types of collaborations you have in place to conduct this activity/activities.**

**Banks/Financial Institution (select any/all)**

**Independent Living Center (select any/all)**

**Easter Seals (select any/all)**

**Disability/Assistive Technology Organizations (select any/all)**

**Federal Entities/Agencies (select any/all)**

**State Entities/Agencies (select any/all)**

**Module G: Other State Financing Activities that Create AT Savings (Continued...)**

**Local/Community Entities (select any/all)**

**Private Entities (select any/all)**

**Other (select any/all)**

**6. Describe the activity/activities.**

ATinNH conducts an AT Fabrication Program. Devices are created as part of hands-on trainings, as well as, on demand needs. Occupational Therapy students and work study students assist in the creation of devices.

**7. The online page for this specific activity can be found at:**

<https://atinnh.at4all.com/>  
<https://iod.unh.edu/assistive-technology-new-hampshire-atinnh>



## Module I: Device Refurbish and Reassignment and/or Open-ended Loan

**1. Select the one option that best describes who conducts this activity.**

Both the Statewide AT Program and other entities/contractors (Both)

**2. Select the one option that best describes from where this activity is conducted.**

A combination of a central location and regional sites (Combination)

**3. Do you charge a fee for this activity?**

No

**4. Identify the types of collaborations you have in place to conduct this activity.**

**Banks/Financial Institution (select any/all)**

**Independent Living Center (select any/all)**

- Have written agreement with this entity
- Provide financial support to this entity

**Easter Seals (select any/all)**

**Disability/Assistive Technology Organizations (select any/all)**

- Have written agreement with this entity
- Provide financial support to this entity

**Federal Entities/Agencies (select any/all)**

**State Entities/Agencies (select any/all)**

- Have written agreement with this entity
- Provide financial support to this entity

## Module I: Device Refurbish and Reassignment and/or Open-ended Loan (Continued...)

### Local/Community Entities (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

### Private Entities (select any/all)

### Other (select any/all)

### 5. Select the option(s) that describe how a reutilized device is provided to a recipient. (select all that apply)

- Device ownership is transferred to the recipient
- Device is loaned for as long as the recipient needs it with no ownership transfer

### 6. Describe the activity.

The Refurbished Equipment Marketplace (REM) subcontracts with us to operate an open-ended loan program. The REM receives donations of used equipment. Receipts for tax purposes are issued. Equipment is parted out, cleaned and repaired/refurbished. Equipment is then assigned a price and offered for sale (or long-term loan). Equipment is offered through a physical and an online showroom. Pick-up and delivery of equipment may be arranged with advance notice. Anyone is welcome to purchase or receive devices from the REM. Consumers are supported through a seven-day return policy, as well as, available technical assistance, repairs, part replacement, and home pickup and delivery. The Chapin Center receives donations of used equipment as well as purchases new equipment. The donated equipment is cleaned and added to the online inventory of available devices. The equipment is offered to anyone in the region and assigned as an open-ended loan, without charging the consumer. ATinNH provides technical assistance and training as needed. ServiceLink of Grafton County (ADRC) receives donations of used equipment. The equipment is then cleaned and made available to the clients of Servicelink in Grafton county free of charge and is assigned as an open-ended loan. ATinNH provides technical assistance and training as needed. We also have an assortment of devices that have been made by staff and volunteers who have donate the items for open end loans to give to people as an openend loan.

**7. The online page for this specific activity can be found at:** <http://shoprem-com.3dcartstore.com> <https://atinnh.at4all.com/>

## Module J: Device Loan

**1. Select the one option that best describes who conducts this activity.**

Both the Statewide AT Program and other entities/contractors (Both)

**2. Select the one option that best describes from where this activity is conducted.**

A combination of a central location and regional sites (Combination)

**3. Do you charge a fee for this activity?**

No

**4. Identify the types of collaborations you have in place to conduct this activity.**

**Banks/Financial Institution (select any/all)**

**Independent Living Center (select any/all)**

- Have written agreement with this entity
- Provide financial support to this entity

**Easter Seals (select any/all)**

**Disability/Assistive Technology Organizations (select any/all)**

- Have written agreement with this entity
- Provide financial support to this entity

**Federal Entities/Agencies (select any/all)**

**State Entities/Agencies (select any/all)**

- Have written agreement with this entity
- Provide financial support to this entity



## Module J: Device Loan (Continued...)

### Local/Community Entities (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

### Private Entities (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

### Other (select any/all)

### 5. Select the option that describes how the majority of devices loaned are delivered to and returned from a borrower. (select one)

The majority of devices are shipped via mail or other delivery service

### 6. Describe the activity.

ATinNH supports the short term loans around the state, through an inventory we house in two locations as well as supporting the inventories of our partners around the state. All short term loans are tracked in a database with routine follow-up to ensure timely return of devices. Devices are loaned to clinicians and consumers. Purchasing decisions are based on the needs of consumers. No fees are charged to borrow devices. Most devices are given to consumers in person with related technical assistance for getting started with the device. Some devices are shipped.

7. The online page for this specific activity can be found at: <https://atinnh.at4all.com/>

## Module K: Device Demonstration

**1. Select the one option that best describes who conducts this activity.**

Both the Statewide AT Program and other entities/contractors (Both)

**2. Select the one option that best describes from where this activity is conducted.**

A combination of a central location and regional sites (Combination)

**3. Do you charge a fee for this activity?**

No

**4. Identify the types of collaborations you have in place to conduct this activity.**

**Banks/Financial Institution (select any/all)**

**Independent Living Center (select any/all)**

- Have written agreement with this entity
- Provide financial support to this entity

**Easter Seals (select any/all)**

**Disability/Assistive Technology Organizations (select any/all)**

- Have written agreement with this entity
- Provide financial support to this entity

**Federal Entities/Agencies (select any/all)**

**State Entities/Agencies (select any/all)**

- Have written agreement with this entity
- Provide financial support to this entity

## Module K: Device Demonstration (Continued...)

### Local/Community Entities (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

### Private Entities (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

### Other (select any/all)

#### 5. Describe the activity.

ATinNH supports device demonstrations around the state, through an inventory we house in two locations as well as supporting the inventories of our partners around the state. All device demonstrations are tracked in a database. Devices are demonstrated to and by clinicians, as well as, to consumers. Purchasing decisions are based on the needs of consumers. No fees are charged to have a device demonstrated. At this time demonstrations are being conducted in person but remote demonstrations are possible.

6. The online page for this specific activity can be found at: <https://atinnh.at4all.com/>

## Module L: Training

### 1. Identify the types of collaborations you have in place to conduct this activity.

**Banks/Financial Institution (select any/all)**

**Independent Living Center (select any/all)**

**Easter Seals (select any/all)**

**Disability/Assistive Technology Organizations (select any/all)**

**Federal Entities/Agencies (select any/all)**

**State Entities/Agencies (select any/all)**

## Module L: Training (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

**2. Provide a short description of at least one and no more than three planned training activities. One of the activities described must be planned Information and Communication Technology (ICT) accessibility training that will provide the required ICT Training performance measures. If the Statewide AT Program is meeting the transition requirements of the AT Act through training, please describe that planned activity. If the Statewide AT Program sponsors or co-sponsors a statewide conference please include that event as one you describe.**

### **Planned ICT Accessibility Training (required)**

ATinNH has conducted a series of webinars around the topics of general accessibility, document accessibility, and accessible presentations. These were conducted with staff from ATinNH and staff from the Institute on Disability.

### **Planned Transition Training or Other Training Activity (optional)**

### **Planned Statewide Conference or Other Training Activity (optional)**

**3. The online page for this specific activity can be found at:** <https://online.unh.edu/program/graduate-certificate/assistive-technology-graduate>

## Module M: Technical Assistance

### 1. Identify the types of collaborations you have in place to conduct this activity.

**Banks/Financial Institution (select any/all)**

**Independent Living Center (select any/all)**

**Easter Seals (select any/all)**

**Disability/Assistive Technology Organizations (select any/all)**

**Federal Entities/Agencies (select any/all)**

**State Entities/Agencies (select any/all)**

**Module M: Technical Assistance (Continued...)**

**Local/Community Entities (select any/all)**

**Private Entities (select any/all)**

**Other (select any/all)**

**2. Provide a short description of at least one and no more than two planned technical assistance activities. If the Statewide AT Program is meeting the transition requirements of the AT Act through technical assistance, please describe that planned activity.**

**Planned Transition Technical Assistance or Other Technical Assistance Activity (required)**

Staff from ATinNH have been a member of the UNH-4U planning as UNH and the IOD roled out of a Transition and Postsecondary Program for Students with Intellectual Disabilities (TPSID) program.

**Planned Other Technical Assistance Activity (optional)**

## Module N: Public Awareness

### 1. Identify the types of collaborations you have in place to conduct this activity.

**Banks/Financial Institution (select any/all)**

**Independent Living Center (select any/all)**

**Easter Seals (select any/all)**

**Disability/Assistive Technology Organizations (select any/all)**

**Federal Entities/Agencies (select any/all)**

**State Entities/Agencies (select any/all)**



**Module N: Public Awareness (Continued...)**

**Local/Community Entities (select any/all)**

**Private Entities (select any/all)**

**Other (select any/all)**

**2. Provide a short description of at least one and no more than two planned major public awareness activities. If the Statewide AT Program conducts a major ongoing public awareness activity such as an annual AT awareness day with a Governor's Proclamation, please include that activity.**

**Major Annual Planned or Other Public Awareness Activity (required)**

ATinNH attends a variety of events, as an exhibitor, throughout the year. We regularly attend the state ALS Conference, the Caregivers Conference, and the Next Steps NH Transition Summit, the Tri-State Summit on Aging, the State Assistive Technology Expo and the National Assistive Technology Maker's Fair, as well as a variety of other events.

**Planned Other Public Awareness Activity (optional)**

**Module O: Information and Assistance**

**1. Identify the types of collaborations you have in place to conduct this activity.**

**Banks/Financial Institution (select any/all)**

**Independent Living Center (select any/all)**

**Easter Seals (select any/all)**

**Disability/Assistive Technology Organizations (select any/all)**

**Federal Entities/Agencies (select any/all)**

**State Entities/Agencies (select any/all)**

**Module O: Information and Assistance (Continued...)**

**Local/Community Entities (select any/all)**

**Private Entities (select any/all)**

**Other (select any/all)**

**2. Describe the activity**

ATinNH provides technical assistance through email and phone requests directly to ATinNH and through the Institute on Disability. When ATinNH staff aren't able to answer questions, consumers are referred to our partners for additional assistance.

## Assurances and Measurable Goals

Section 4(d) of the AT Act prescribes the duties of the Lead Agency receiving a grant under section 4 of the AT Act and requires the State to provide a number of assurances in its application for funds. 34 CFR part 76 also requires that any State Plan include certain assurances. The Statewide AT Program certifying representative will attest to these assurances and other requirements below and by submitting the State Plan, will affirm that to the best of his or her knowledge and belief all information provided in the State Plan is true and correct and the State Plan fully discloses all known weaknesses concerning the accuracy, reliability, and completeness of the information.

### Assurances

As the Certifying Representative of the Lead Agency for the State of , I hereby assure the following:

1. The Lead Agency prepared and submitted this State Plan on behalf of the State of New Hampshire.
2. The Lead Agency submitting this plan is the State agency that is eligible to submit this plan and if an Implementing Entity is identified it is designated to implement the required AT Act activities.
3. The State agency has authority under State law to perform the functions of the State under this program.
4. The State legally may carry out each provision of this plan.
5. All provisions of this plan are consistent with State law.
6. 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.
7. The State officer who submits this plan, specified by title in this certification, has authority to submit this plan.
8. The agency that submits this plan has adopted or otherwise formally approved this plan.
9. The plan is the basis for State operation and administration of the program.
10. The Lead Agency will maintain and evaluate the program under this State Plan.
11. 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.
12. The Lead Agency will submit the annual progress report on behalf of the State.
13. 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.
14. The Lead Agency will control and administer the funds received through the grant.
15. The Lead Agency will make programmatic and resource allocation decisions necessary to implement the State Plan.
16. 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.
17. The Lead Agency will ensure conformance with all applicable Federal and State accounting requirements.
18. 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.
19. 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.
20. 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.
21. 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)
22. 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)
23. 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.
24. 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.