



## National Assistive Technology Act Data System

### State Plan - Full Report

Oregon 2021

#### General Information

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

<b>State AT Program Title</b>	Oregon Statewide Assistive Technology Program
<b>State AT Program URL</b>	www.accesstechnologiesinc.org
<b>Mailing Address</b>	2225 Lancaster Drive NE
<b>City</b>	Salem
<b>State</b>	OR
<b>Zip Code</b>	97305
<b>Program Email</b>	info@accesstechnologiesinc.org
<b>Phone</b>	503-361-1201
<b>TTY</b>	503-370--4530

#### Lead Agency

<b>Agency Name</b>	Vocational Rehabilitation Services
<b>Mailing Address</b>	500 Summer Street NE E87
<b>City</b>	Salem
<b>State</b>	OR
<b>Zip Code</b>	97301
<b>Program URL</b>	www.oregon.gov/dhs

#### Implementing Entity

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? Yes	
<b>Name of Implementing Agency</b>	Access Technologies, Inc.
<b>Mailing Address</b>	2225 Lancaster Drive NE

<b>City</b>	Salem
<b>State</b>	OR
<b>Zip Code</b>	97305
<b>Program URL</b>	<a href="http://www.accesstechnologiesinc.org">www.accesstechnologiesinc.org</a>

**General Information (Continued...)**

**Program Director and Other Contacts**

<b>Program Director for State AT Program (last, first)</b>	Brooks, Laurie
<b>Title</b>	President
<b>Phone</b>	503-361-1201
<b>E-mail</b>	info@accesstechnologiesinc.org
<b>Program Director at Lead Agency (last, first)</b>	Ozols, Keith
<b>Title</b>	VR Director
<b>Phone</b>	503-945-5679
<b>E-mail</b>	keith.s.ozols@dhsoha.state.or.us
<b>Primary Contact at Implementing Agency (last, first) - If applicable</b>	Brooks, Laurie
<b>Title</b>	President
<b>Phone</b>	503-361-1201
<b>E-mail</b>	info@accesstechnologiesinc.org

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

<b>Name (last, first)</b>	
<b>Title</b>	
<b>Phone</b>	
<b>E-mail</b>	

**Certifying Representative**

<b>Name (last, first)</b>	Ozols, Keith
<b>Title</b>	VR Director
<b>Phone</b>	503-945-5679
<b>E-mail</b>	keith.s.ozols@dhsoha.state.or.us

## 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)? Yes

**1. Describe the mechanisms established to ensure coordination of activities and collaboration between the Implementing Entity and the state.**

Access Technologies, Inc. (ATI), as 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.

**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?  | 0 |
| 7. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council?  | 6 |

### Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	6
Total number of individuals on the advisory council	11
Percentage	54.55%

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>	\$280,740.31	62.07%	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>	\$171,591.69	37.93%	
<b>c. Total Expenditures</b>	\$452,332.00		
<b>d. Total Award</b>	\$452,332.00		
<b>e. Lapsed Amount</b>	\$0.00	0.00%	
<b>f. Transition Training &amp; Technical Assistance Set Aside</b>	<b>\$11,991.14</b>	6.99%	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 **\$467,972.00**

<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>	\$0.00	\$299,695.00	\$0.00	\$299,695.00
<b>All State Leadership Activities</b>	\$0.00	\$168,277.00	\$0.00	\$168,277.00
<b>Total</b>	\$0.00	\$467,972.00	\$0.00	\$467,972.00
<b>Transition Training &amp; Technical Assistance</b>	\$0.00	\$12,179.00	\$0.00	\$12,179.00

## Module D: State Level Activity Summary

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

- Financial Loan
- Other State Financing that directly provides AT (telecommunications programs, etc.)
- Other State Financing that creates AT savings (cooperative buying programs, etc.)

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

- Device Exchange
- Device Reassignment or Open Ended Loan

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

Yes

### 4. Do you conduct Device Demonstrations?

Yes



## Module E: Financial Loan

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

Other entities e.g. contractors (Others)

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

One central location (Central)

3. Do you charge a fee for this activity? (This fee is separate from and addition to the financial loan made.)

Yes

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)

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 E: Financial Loan (Continued...)**

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

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

- Have written agreement with this entity

**Other (select any/all)**

**5. This activity offers the following types of assistance. (select all that apply – at least one is required)**

Identify all types of loans the Statewide AT Program offers, regardless of whether any loans of that type are currently outstanding.

- Revolving loans

- 6. The lowest interest percentage for loans as established by the policies of the activity.** 5.0000%
- 7. The highest interest percentage for loans as established by the policies of the activity.** 5.0000%
- 8. The lowest loan amount (in dollars) provided as established by the policies of the activity.** N/A
- 9. The highest loan amount (in dollars) provided as established by the policies of the activity.** N/A

**10. Describe the activity.**

The Oregon AT Program and Northwest Access Fund have a mutual desire to increase Oregonians access to assistive technologies. Therefore the two agencies developed a MOA whereby the Oregon AT Program promotes financial services provided by NW Access Fund through a variety of mediums including electronically on our website and social media, in our newsletter, as well as during exhibits and presentations around the state. In return, NW Access Fund provides the Oregon AT Program with required ACL data.

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

## Module F: Other State Financing Activities that Directly Provides AT

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

Identify all types of other state financing programs that directly provide AT that are conducted.

- Deaf/Blind Telecommunications EDP-Federal
- Other (Describe)

### Provide a description of the other activity/activities conducted.

(1) The Oregon Statewide Assistive Technology Program implements the federally funded National DeafBlind Equipment Distribution Program, also known as iCanConnect. The goal of the National DeafBlind Equipment Distribution Program (NDBEDP) is to ensure

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

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

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

One central location (Central)

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

Both

### 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)

- Have written agreement with this entity

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

- Have written agreement with this entity

**Module F: Other State Financing Activities that Directly Provides AT (Continued...)**

<b>Local/Community Entities (select any/all)</b>
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<b>Private Entities (select any/all)</b>
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<b>Other (select any/all)</b>
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**6. Describe the activity/activities.**

(1) Our program implements the federally funded National DeafBlind Equipment Distribution Program, also known as iCanConnect. The goal of the National DeafBlind Equipment Distribution Program is to ensure that every qualified person with combined hearing and vision loss has access to modern telecommunication tools and the training necessary to use them. Thereby granting individuals the opportunity to interact with the world as involved, contributing members of society. iCanConnect-Oregon is a permanent equipment loan program. During this time the title of the equipment remains with Access Technologies, Inc. This allows for flexibility in the sense that as AT changes, or as a client's vision or hearing changes, individuals will be able to upgrade their AT to accommodate these changes as necessary. There is no cost to receive covered services. However, consumers are required to complete an application and must meet specific income and disability eligibility criteria to participate. (2) Critical Relief Funds for COVID-19 Pandemic Response has provided the opportunity for the Oregon Statewide Assistive Technology Program (OSATP) and the Oregon Aging and Disability Resource Centers (ADRC) to develop a Staying Connected Project to ensure seniors and individuals with disabilities are able to use technology to reduce difficulties and challenges associated with social distancing, social isolation and loneliness. During this limited duration project, the OSATP Specialists complete a technology needs assessment, purchase recommended technology and provide services to ensure qualified Oregonians are able to use their new computers, tablets or robotic pets to reduce the effects of social isolation and loneliness. (3) Our Concierge service is provided to consumers at no cost. When consumers acquire replacement parts such as walker wheels, legs and glides, or special batteries for their magnifiers, our AT Program staff clean and confirm integrity of the devices, then install the new parts for the individuals.

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

[https://accesstechnologiesinc.org/about/icanconnect-oregon;](https://accesstechnologiesinc.org/about/icanconnect-oregon)

## 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.

- Cooperative Buying Program
- AT Lease Program
- Other (Describe)

### Provide a description of the other activity/activities conducted.

The OSATP's Layaway activity allows customers to purchase assistive technologies without paying the full price immediately. AT Program staff provides technical expertise to assist individuals in selecting the correct AT device which best accommodate

### 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.

One central location (Central)

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

Yes

### 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...)**

<b>Local/Community Entities (select any/all)</b>
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<b>Private Entities (select any/all)</b>
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<b>Other (select any/all)</b>
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**6. Describe the activity/activities.**

(1) The Oregon AT Program manages a Cooperative Buy activity; commonly referred to as the Assistive Technology MarketPlace. The Marketplace includes new durable medical equipment and assistive technology devices. We purchase these items in bulk, receive free or reduced shipping and pass the savings on to consumers. Popular items in the Marketplace include bath chairs, dressing aids, mobility devices, and portable ramps. Consumers typically realize a cost savings of up to 50% when purchasing new items through the Marketplace as opposed to other DME providers – especially those who accept insurance. Our storefront is located in Salem, where people can walk in off the street or schedule time to meet with a Specialist traveling in their area. These knowledgeable Specialists provide technical expertise to assist individuals in selecting the correct AT device which best accommodates their needs. (2) Our Layaway Program provides an option for individuals wishing to purchase assistive technologies without paying the full price immediately. Individuals utilizing the Layaway activity complete a contract and make a down payment on the device. The Oregon AT Program holds onto the item while the individual pays the remainder of the price in monthly installments which are automatically charged to their credit card. Monthly payments are figured at 10% of the cost of the item, and the length of the layaway is determined based on the value of the item, with the maximum length of the layaway not to exceed nine months. Once the item is paid in full, they pick the item up from our storefront in Salem. For the health and safety of everyone involved, the Layaway Activity does not offer products which require a prescription for purchase, require supervision of a medical professional for purchase, pose hygiene or safety risk (i.e. ventilators, oxygen equipment, catheters, etc.), or are subject to any warnings, bans, or recalls issued by the FDA. (3) Our Lease to Buy activity provides an option for individuals wishing to purchase specific assistive technologies over a short period of time without taking out a loan. This activity will allow consumers to purchase new DME or AT devices with a value not to exceed \$3,000. Consumers will sign a contract agreeing to monthly installment payments based on the value of the equipment. A photo copy of the consumer’s valid credit card, along with their photo id will be retained on file while the contract is open. Monthly payments will be figured at 10% of the cost of the item, and the length of the layaway is determined based on the value of the item, with the maximum length of the layaway not to exceed nine months. Typical devices that will qualify for purchase through the Lease to Buy activity will include manual mobility devices, portable ramps, and electronic magnification devices. The Oregon AT Program is continuing to develop policies, practices, and the lease agreement to ensure the AT Lease activity is successful.

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

<https://accesstechnologiesinc.org/marketplace>

## Module H: Device Exchange

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

The Statewide AT Program (State AT)

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

One central location (Central)

**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)

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 H: Device Exchange (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. Select the option that best describes what happens when a device is exchanged. (select all that apply)

- The transaction is direct consumer-to-consumer

### 6. Describe the activity.

Oregon's Statewide AT Program's Device Exchange activity brings these folks together! This direct consumer-to-consumer activity provides an outlet for recycling assistive technology devices and durable medical equipment through our online marketplace. Here, individuals and agencies can sell, trade, or donate their gently used assistive technology device or durable medical equipment, by placing a FREE "want-ad" type posting on our online marketplace. Additional marketing of the Program is provided through the AT Program's quarterly newsletter, which is distributed statewide to churches, hospitals, Independent Living Centers, living and foster care facilities, Occupational Therapists, Physical Therapists, rehabilitation clinics, disease specific organizations, vocational rehabilitation clinics, and county health departments statewide. Listings on the website are updated regularly and accessed by individuals and agencies throughout Oregon. AT Act funds are used only to support the administration of the Exchange Activity.

7. The online page for this specific activity can be found at: <https://accesstechnologiesinc.org/marketplace/new-listing>



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

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

The Statewide AT Program (State AT)

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

One central location (Central)

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

Yes

**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)

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

Local/Community Entities (select any/all)

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.

1. Oregon's AT Program works to improve acquisition of assistive technology devices and durable medical equipment through our device reutilization activity. Our device repair/recycling activity accepts donations of gently used devices. Each piece of equipment is inspected to ensure integrity, and minor repairs are completed as necessary. All equipment is then thoroughly cleaned and sanitized before being placed into an inventory and offered for sale to consumers for a nominal fee; which is designed to prevent abuse of the activity. The type of equipment available varies, however examples of the most commonly available devices include wheelchairs, walkers, and other mobility aids, home health aids such as bedside commodes, raised toilet seats, and dressing aides, as well as assistive listening devices, and computer technologies. The device repair and recycling activity is operated out of our storefront in Salem, where people can walk in off the street or schedule time to meet up with a Specialist traveling in their area. These knowledgeable Specialists provide technical expertise to assist individuals in selecting the correct AT device which best accommodates their needs. The device repair/recycling activity is marketed through our online MarketPlace, in our quarterly newsletter, on social networking sites, craigslist, as well as during conferences, exhibits, presentations and trainings. 2. An Open-Ended Loan item is a pre-identified piece of Assistive Technology that is no longer potentially helpful to a customer in a decision making process and/or is no longer commercially available for purchase. However, these items still have potential usefulness to a person with a disability. Oregon AT Program staff follow up with the long term borrower on an annual basis to check on the user's status with the device or piece of equipment. If and when the device or piece of equipment malfunctions or is no longer needed by the user then arrangements are made for its return to the AT Program. There are no user fees associated with the Oregon AT Program Open-Ended Loan activity.

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

Refurbishment and Reassignment: <https://accesstechnologiesinc.org/solutions/obtaining-technology>  
Open-Ended Loan: <https://accesstechnologiesinc.org/solutions/obtaining-technology>

## Module J: Device Loan

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

The Statewide AT Program (State AT)

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

One central location (Central)

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

Yes

**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)**

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

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

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

- Have written agreement with this entity
- Receive financial support from this entity

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

- Have written agreement with this entity
- Receive financial support from this entity

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

Local/Community Entities (select any/all)

Private Entities (select any/all)

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 delivered or picked up in-person

### 6. Describe the activity.

1. Oregon's Statewide Assistive Technology Program operates a general device lending library that is available to all Oregonians including individuals with disabilities, their family members, care providers, as well as to employers, agencies, and school districts. Equipment is available for loan that meets the needs of adults and children of all ages with all types of disabilities. Borrowers complete a short-term device loan agreement assuring acceptance of specific responsibilities to be able to borrow devices. A nominal \$9 fee is charged for the first 30 days to borrow a device. Borrowers utilizing the general library may extend the length of the loan for up to 3 months for a fee of \$20 per additional 30 days. 2. The AT Program's second lending library was established through a partnership with Vocational Rehabilitation. This Activity is designed provide short-term device loans to vocational rehabilitation clients transitioning to higher education or employment, as well as clients in the workforce. 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 by the Oregon Vocational Rehabilitation agency. The Statewide AT Program provides management of the device inventory and staff expertise related to proper utilization of the devices at no cost to the agency. Both of these libraries include a wide range of equipment including switches and mounts, tablets, computer access devices, environmental controls, hearing devices, home modifications, vision devices and augmentative communication devices and the entire inventory is viewable online. Most devices are delivered or picked-up in person, ensuring the borrower receives hands-on demonstration and instructions in the use and care of the equipment. 3. The Oregon AT Program maintains a lending library that consists of telecommunication technologies; which are used for Oregonian's with combined hearing and vision loss. This library is maintained in a separate inventory for the National DeafBlind Equipment Distribution Program; iCanConnect-Oregon. The devices were purchased using funds provided by the National Deaf-Blind Equipment Distribution Program. The Statewide AT Program provides management of the device inventory and staff expertise related to proper utilization of the devices at no cost to the agency or iCanConnect consumers. There is no charge to qualified iCanConnect consumers to use this library. Most devices are delivered or picked-up in person, ensuring the borrower receives hands-on demonstration and instructions in the use and care of the equipment. Device loans for all the AT Program lending library activities are tracked in a database with routine follow-up to ensure timely return of devices. All devices are sanitized and checked for functionality before being loaned out again. All device loans include manufacturer's instructions and/or a "cheat sheet" developed by the program with basic instructions about set-up and use to support the borrower(s). The device loan program inventory is updated as resources allow and priority is given to purchasing devices to reduce waiting lists and provide current high demand items.

**7. The online page for this specific activity can be found at:** <https://accesstechnologiesinc.org/solutions/exploring-technology>

## Module K: Device Demonstration

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

The Statewide AT Program (State AT)

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

One central location (Central)

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)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

- Have written agreement with this entity

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

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

### 5. Describe the activity.

Device demonstrations allow an individual or small group of individuals the ability to compare the features and benefits of a particular AT device or category of devices. This activity is offered to participants either in person or remotely, when the individuals have the technology in their possession. During a demonstration participants are shown a variety of devices and receive a guided hands-on experience of a device(s) with the assistance of an AT specialist who has technical experience related to the devices. These demonstrations allow individuals to increase their knowledge and understanding about the details and functions of a device or category of devices; thereby gaining knowledge necessary to make an informed decision about whether they can benefit from an AT device, the potential device(s) or category of devices that may be of benefit. Following the device demonstration, participants are provided with resources about where they may obtain additional information related to the devices demonstrated.

**6. The online page for this specific activity can be found at:** <https://accesstechnologiesinc.org/solutions/exploring-technology>

## 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...)**

<b>Local/Community Entities (select any/all)</b>
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<b>Private Entities (select any/all)</b>
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<b>Other (select any/all)</b>
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**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)**

OSATP staff provide introductory and advanced ICT training to businesses and educators. During the two hour introductory trainings, attendees gain an understanding of what accessible documents are, why they are important and the fundamentals of accessible documents; learning what steps to take while creating documents that are inclusive to all people, regardless of their abilities. The Specialists also share examples of common formatting habits that can cause many documents to be inaccessible, and the simple alternative methods one could use instead to maximize inclusivity were provided. Transition Technical Assistance Network is just one of the agencies that the Oregon AT Program has provided this training to, and are scheduled to provide more advanced ICT trainings to their employees during this year.

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

The Oregon AT Program provides several AT Transition trainings throughout the year, including during the annual Oregon Statewide Transition Conference. This training presents parents and professionals with successful case studies highlighting the use of technology across a broad spectrum of academic and professional choices. Knowledge gained during the training increases participants awareness of how technology broadens the scope of employment possibilities for individuals with disabilities.

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

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



## 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)**

- Have written agreement with this entity

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

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

- Have written agreement with this entity

## 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)**

The OSAT Program provides transition technical assistance to a number of private and state rehabilitation agencies as well as higher education students studying in this field. This type of technical assistance ensures students with disabilities are able to successfully transition to higher education or into the workforce through ongoing activities with professionals either in or entering the rehabilitation field. At a minimum, these ongoing activities are designed to ensure AT is not simply considered, but is integrated into the development and implementation of service plans, while underlining the importance of multiple approaches to AT assessments and implementation, as well as providing skill-development training in assessing the need for assistive technology devices and assistive technology services.

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

The Oregon AT Program has partnered with Oregon's Aging and People with Disabilities Community Services and Support Unit to develop and implement a statewide Social Isolation and Loneliness Pilot Project. The project provides technology devices, needed internet access and training to seniors and people with disabilities so they can participate in technology strategies designed to increase social engagement and social connectedness while reducing social isolation. Participants with tablets and computers are invited to gain skills and confidence with their devices by attending virtual training sessions, while robotic pet owners are encouraged to join telephone conference sessions. These technical assistance sessions ensure participants gain knowledge and skill sets necessary to use their new technology independently to connect with family, friends, their medical teams, and their communities.

## 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...)**

<b>Local/Community Entities (select any/all)</b>
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<b>Private Entities (select any/all)</b> <ul style="list-style-type: none"><li>• Have written agreement with this entity</li></ul>
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<b>Other (select any/all)</b>
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**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)**

With people returning to in-person gatherings, the Oregon AT Program is planning on attending a variety of public awareness events throughout the next year including PIE Day at the Capitol. PIE Day is an opportunity for disability organizations to present, inform and educate all 90 members of Oregon’s legislation on services that are available to Oregonians with disabilities.

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

The Oregon AT Program produces a quarterly newsletter with current AT related topics. To ensure the information is accessible and available to a wider audience, Tech It Easy is distributed both digitally and in print. The statewide audience includes individuals with disabilities, family members and care providers, as well as, churches, hospitals, discharge nurses, Independent Living Centers, living and foster care facilities, Occupational Therapists, Physical Therapists, rehabilitation clinics, disease specific organizations, vocational rehabilitation clinics, and county health departments statewide.

## 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)**

- Have written agreement with this entity

**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)**

- Have written agreement with this entity
- Receive financial support from this entity

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

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

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

- Have written agreement with this entity

**Other (select any/all)**

### 2. Describe the activity

The Oregon AT Program takes pride in providing extensive and ongoing training in order to ensure staff are able to provide the expertise that has come to be expected from our customers. An individual can call or email our office and talk with an experienced Specialist. 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 a staff member is not able to respond to a request for assistance alone, the request is brought to the bi-weekly staff meeting to problem-solve. Additionally, the OSAT Program website and our Facebook Page 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.

## 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 OR.
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.