



National Assistive Technology Act Data System
State Plan - Full Report
Connecticut 2024

General Information

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

State AT Program Title	Connecticut Tech Act Project
State AT Program URL	www.CTtechact.com
Mailing Address	55 Farmington Avenue, 12th Floor
City	Hartford
State	CT
Zip Code	06105
Program Email	arlene.lugo@ct.gov
Phone	860-803-0588
TTY	711

Lead Agency

Agency Name	Bureau of Rehabilitation Services
Mailing Address	55 Farmington Avenue, 12th Floor
City	Hartford
State	CT
Zip Code	06105
Program URL	www.CT.gov/BRS

Implementing Entity

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

City	
State	
Zip Code	
Program URL	

General Information (Continued...)

Program Director and Other Contacts

Program Director for State AT Program (last, first)	Lugo, Arlene
Title	Program Director
Phone	860-803-0588
E-mail	arlene.lugo@ct.gov
Program Director at Lead Agency (last, first)	Doukas, David
Title	Director of Bureau of Rehabilitation Services
Phone	860-424-4862
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Primary Contact at Implementing Agency (last, first) - If applicable	
Title	
Phone	
E-mail	

Person Responsible for completing this form if other than Program Director

Name (last, first)	
Title	
Phone	
E-mail	

Certifying Representative

Name (last, first)	Doukas, David
Title	Director of Bureau of Rehabilitation Services
Phone	860-424-4862
E-mail	David.Doukas@ct.gov

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. Do you have an alternative financing program (AFP) for assistive technology in your state/territory that is separate from the State AT Program and is operated by a non-profit entity? No
- 6.1. If yes, how many representatives of an alternative financing program (AFP) are members of the advisory council? 0
7. How many representatives of the following agencies and/or organizations are members of the advisory council? 3
(At least one is required by the AT Act.)
- | | |
|---|---|
| Medicaid state agency | 0 |
| State agency administering Developmental Disabilities Act | 1 |
| State agency administering or organization funded under Older Americans Act | 1 |
| Organization representing veterans | 0 |
| University Center for Excellence in Developmental Disabilities (UCEDD) | 0 |
| State Protection and Advocacy System | 1 |
| State Council on Developmental Disabilities | 0 |
8. How many additional representatives of other agencies and/or organizations are members of the advisory council? 1
- | | |
|--|---------------------|
| Early Intervention/Child Services state agency | 0 |
| State Deaf/Hard of Hearing Commission/Office | 0 |
| State Insurance agency | 0 |
| State Library/Secretary of State/Talking Books agency | 0 |
| State ADA Office/Disability Commission/Advocacy Office | 0 |
| State Legislators | 0 |
| State Parent Training Information Center (IDEA funded) | 0 |
| Other (description required in text box 1 below) | |
| Describe Other Agency | AT Service Provider |
9. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 10

Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	10
Total number of individuals on the advisory council	19
Percentage	52.63%

10. 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
11. Procedures are in place to ensure that the Advisory Council members are geographically representative of the State and reflects the diversity of the State with respect to race, ethnicity, age, and types of disabilities, and users of types of services that an individual with a disability may receive, including home and community-based

services (as defined in section 9817 (a)(2) of the American Rescue Plan Act of 2021 (42 U.S.C. 1396d not)), vocational rehabilitation services (as defined in section 7 of the Rehabilitation Act of 1973 (29 U.S.C. 705)) and services through the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.)

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 2024, you will report the closed-out grant award for FY21. The grant began 10/1/2020 with the first year ending on 9/30/2021, the first carryover year ended on 9/30/2022 and the second carryover year ended on 9/30/2023 with the 3 month liquidation period ending 12/31/2023.

Actual Expenditures for Closed-out Carryover Year Award	Final Expenditures	Percentage	Requirements
a. All State Level Activities	\$338,695.00	75.06%	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. All State Leadership Activities	\$112,523.50	24.94%	
c. Total Expenditures	\$451,218.50		
d. Total Award	\$451,220.00		
e. Lapsed Amount	\$1.50	0.00%	
f. Transition Training & Technical Assistance Set Aside	\$12,000.00	10.66%	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 2024, you will report year to date FY22 grant award expenditures. This grant began 10/1/2021 with the initial award year ending on 9/30/2022 and the carryover year ended on 9/30/2023. Many programs received a no cost extension which extended the obligation date to 9/30/2024

The total grant award for was **\$465,130.00**

Actual & Planned Immediate Preceding Year Award Expenditures	YTD Obligated not Liquidated Expenditures	YTD Liquidated Expenditures	Planned not yet Obligated Expenditures	Total
All State Level Activities	\$0.00	\$348,382.52	\$0.00	\$348,382.52
All State Leadership Activities	\$0.00	\$116,747.48	\$0.00	\$116,747.48
Total	\$0.00	\$465,130.00	\$0.00	\$465,130.00
Transition Training & Technical Assistance	\$12,000.00	\$0.00	\$0.00	\$12,000.00

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.)

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 E: Financial 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? (This fee is separate from and addition to the financial loan made.)

No

4. 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
- Receive financial support from 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)

Module E: Financial Loan (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

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.

- Loan guarantees

- | | |
|---|------------|
| 6. The lowest interest percentage for loans as established by the policies of the activity. | 4.0000% |
| 7. The highest interest percentage for loans as established by the policies of the activity. | 4.5000% |
| 8. The lowest loan amount (in dollars) provided as established by the policies of the activity. | \$500.00 |
| 9. The highest loan amount (in dollars) provided as established by the policies of the activity. | \$30000.00 |

10. Describe the activity.
The Assistive Technology Loan Program (ATLP) is a financial loan to help individuals with disabilities and/or their family members purchase Assistive Technology devices and services needed to enhance independence and/or functioning in the community, education and/or employment. The Loan application is processed by the state AT Act program staff who makes a recommendation of approval to our bank partner, or denies the loan if it does not meet our criteria. Grant funding is always sought to help reduce amount of loan for the applicant's benefit. The bank partner pulls a credit report and considers our recommendation and will either approve or deny the loan. If approved, closing is conducted electronically by the bank and they utilize their funds (up to \$270,000 annually) to issue the loan. Repayment to the bank is monitored by AT Act program staff, who will intervene with borrower and provide support if they miss payments to help them get back on track and reduce the possibility of defaulting. If the bank denies the loan, the applicant may appeal the decision to the ATLP sub-committee who will review and vote to offer the loan with a 100% guarantee. If denied by sub-committee, the decision is final and cannot be appealed again

11. The online page for this specific activity can be found at: www.cttechact.com/loan

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

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)

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)

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

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

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

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

6. Describe the activity/activities.

Our National Deaf Blind Equipment Distribution Program is known as the Access Through Technology program in CT. Applications are processed by an the state AT Act program staff member who reviews applications, determines eligibility, coordinates assessments, reviews reports, approves purchases of equipment (which are made by the Program Director), coordinates installation, training and interpreter services as needed. Assessments, installation, training and troubleshooting are performed by contracted Assistive Technology community agencies who are paid on a fee for service basis. Referrals for this program are generally provided by the Bureau of Education Services for the Blind, other community agencies, family members or self-referrals. Equipment provided must be related to allowing the eligible individual to have access to telecommunications and can range from amplified or big button telephones, to smart phones and tablets, computer and adaptive software or Braille devices.

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

www.cttechact.com/att

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?

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)

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

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

6. Describe the activity.

Reuse activities are conducted primarily by one of the state AT Act Program's contracted community Assistive Technology partner agencies the New England Assistive Technology Center (NEAT). They accept donations of gently-used durable medical equipment, sanitize and repair if needed, and recycle the equipment by selling at affordable deeply discounted rates and ensuring it gets into the hands of those who need it most. Several of the other contracted AT partners and the statewide AT Act program also participate in reuse by accepting donations of some equipment and/or reusing older equipment that is nearing end of life or where the demand for the item is near non-existent.

7. The online page for this specific activity can be found at: www.cttechact.com/atrecycling

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?

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)

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

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

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.

The state AT Act program offers device lending directly with our own inventory of devices and primarily through our contracted community AT partner agencies. One AT partner receives no funding for the service of device lending, but receive devices from the AT Act program for their inventory. The other AT partners receive funding to operate the program and to purchase inventory, while also receiving inventory directly from the AT Act program at times. Each contracted community AT partner agency operates their device lending programs a little differently from one another but in general an individual with a disability, family member, employer, educator or other entity can borrow an AT device(s) for a period of time from 2 weeks to 30 days and sometimes longer, to try the device out in their own environment to be able to determine if the device will perform as expected, reduce barriers and meet the individuals' needs. Some AT Partners may charge a "consortium" fee to schools, for example, which allows them to have access to device inventory for loans.

7. The online page for this specific activity can be found at: www.cttechact.com/atdeviceloans

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?

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)

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

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module K: Device Demonstration (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. Describe the activity.

The state AT Act program offers device demonstrations directly with our own inventory of devices and through the majority of our contracted community AT partner agencies. One AT partners receives no funding for the service of device demonstrations but receivesbut receive devices from the AT Act program for their inventory and the others receive funding to operate the program and to purchase inventory, while also receiving inventory directly from the AT Act program at times. Each contracted community AT partner agency operates their device demonstration programs a little differently from one another but in general an individual with a disability, family member, employer, educator or other entity can receive a device demonstration in order to make an informed decision about the device. Often times an AT device demonstration will take place as part of an AT partner's evaluation of an individual with a disability. Other times an AT device demonstration will take place after a public awareness event. Some AT partners charge fees, via membership or consortium fees or for other services where an AT demonstration might take place as part of that service.

6. The online page for this specific activity can be found at: www.cttechact.com/atdevicedemo

Module L: Training/Educational Activities

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
- Provide financial support to this entity

State Units on Aging (select any/all)

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

Area Agencies on Aging (select any/all)

State Departments of Education (select any/all)

Local School Districts (select any/all)

Institutions of Higher Education (select any/all)

Hospitals and Health Care Systems (select any/all)

Early Intervention Programs (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)

- Receive financial support from this entity

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)

The state AT Act program contracts with an Assistive Technology consultant, who is also a professor of Assistive Technology at one of our state universities, to provide virtual and in-person ICT trainings. Over the course of the first year of the state plan we are scheduled to conduct three virtual two-part trainings on "Introduction to Creating Accessible materials for Word, PowerPoint and PDFs 3 times", one virtual session on "Accessible Social Media content" and one in-person ICT training. This model of ICT trainings will be adjusted based on demand and provided again in year 2 and 3 of the state plan. Two of the other contracted AT partners also provide ICT training based on demand from the communities they serve.

Planned Transition Training or Other Training Activity (optional)

Several of the state AT act program's contracted AT partners work directly with Connecticut school systems, including three which are Regional Education Service Centers (RESCs). They provide a range of Assistive Technology training to educators and school district staff, including training on specific AT devices, training on supporting students need / use of AT within their districts and more. One contracted AT provider offers a training to school staff who are selected to become AT "Ambassadors" for their schools and districts and receive a specific training series develop their knowledge and skills for AT in education.

Planned Statewide Conference or Other Training Activity (optional)

The state AT Act program will be collaborating with one of our contracted AT partners to host a two day statewide Assistive Technology conference during the first year of this state plan with the goal of hosting this conference annually. The target audience will be professionals who work with individuals with disabilities, AT users, family members, educators, service providers, vocational rehabilitation staff and others who want to learn about Assistive Technology for work, home and community living. A fairly new area of focus for training over this state is with Virtual Reality. We have invested with one AT Partner, to obtain over 20 virtual reality headsets along with software from various VR companies to allow us to utilize the VR headsets to train AT experts and other professionals in related fields to use the headsets with individuals with disabilities in our state.

3. The online page for this specific activity can be found at: www.cttechact.com/category/enews-blog

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
- Receive financial support from this entity

State Agency on Aging (select any/all)

Area Agencies on Aging (select any/all)

State Departments of Education (select any/all)

Local School Districts (select any/all)

Hospitals and/or Health Systems (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

- Receive financial support from this entity

Module M: Technical Assistance (Continued...)

Local/Community Entities (select any/all)
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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)

Several of the state AT Act contracted AT partners work directly with school systems to provide transition technical assistance. Two combine their efforts to host an Assistive Technology and Alternative Communication (AT/AAC) Community of Practice (COP) meetings throughout the year with professionals in CT, including Teachers, Special Education Teachers, School Psychologists, Reading Specialists, and support services such as Speech and Language Pathologists, Occupational Therapists, Physical Therapists, AT Specialists, etc. The goal is to address issues and provide Training and Technical Assistance to professionals who work with students with disabilities and students in transition around Assistive Technology and AAC devices and services. The AT/AAC COP runs on a school calendar cycle and will take place annually throughout this state plan.

Planned Other Technical Assistance Activity (optional)

The state AT Act Program Director has continues to be a part of the Connecticut Libraries and Partners for Digital Equity committee to provide technical assistance to the state Library system and the state's public libraries around how they can best support their patrons with disabilities and older adults through technology devices, technology access, access to the Internet and Assistive Technology. The AT Act Program has been workign with the state Library system to help them create accessible workstations within public libraries and will provide TA to ensure they are able to provide appropriate devices and training to public library staff to help them better serve their patrons. Contracted AT partners may be a part of this activity which will hopefully begin during year 1 of this plan.

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)

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

Entities in the statewide and local workforce development systems (select any/all)

State Vocational Rehabilitation Agencies (select any/all)

- Receive financial support from this entity

Aging and Disability Resource Centers (select any/all)

Elementary and Secondary schools (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)

The state AT Act program sets a goal of a minimum number of public awareness activities annually provided by the Program Director or one staff person, which include participation and presentations in the annual Disability Employment Awareness conference, presenting at the Introduction to Vocational Rehabilitation Masters Level course at a state college, the annual AgingCT Summit, the annual Brain Injury Alliance of CT conference and more. Additionally, each AT contracted agency is expected to provide public awareness activities in their communities on a regular basis

Planned Other Public Awareness Activity (optional)

The state AT Act program responds to requests for AT Awareness trainings, which are frequent, to ensure we provide public awareness to a wide variety of disability groups, professionals, educators, employers and more. If we are not able to meet a request, we reach out to our contracted AT partners to see if they can provide this activity and they often do.

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)

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

State Agency on Aging (select any/all)

Area Agencies on Aging (select any/all)

State Aging and Disability Resource Center/No Wrong Door System (select any/all)

State Public Health Department (select any/all)

State Departments of Education (select any/all)

Elementary and Secondary School Systems (select any/all)

Institutions of Higher Education(select any/all)

- Have written agreement with this entity

Early Intervention Programs (select any/all)

Hospitals and/or Health Systems (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

- Receive financial support from this entity

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

All of the state AT Act contracted partner agencies are required to provide information and assistance activities, as well as resources and referrals. Although we do not have a written agreement with other agencies, such as Centers for Independent Living, Area Agencies on Aging, 211 (Infoline), and other community entities, disability specific agencies, grant organizations, parent and consumer advocacy agencies and more, they often share information about our programs and services. These resources along with our website and social media presence generates calls and inquires for Information and Assistance. Every person who contacts the AT Act Program is responded to via email or phone call by the AT Act Program Director or Processing Technician and is provided necessary and relevant information based on their inquiry. Referrals to appropriate resources are also provided.

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 CT.
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.
25. The Lead Agency or Implementing Entity will conduct outreach to and as appropriate, collaborate with other State agencies that receive Federal funding for assistive technology including –
 - a. The State educational agency receiving assistance under the Individuals with Disabilities Education Act (20 U.S.C.1400 et seq.);
 - b. The State vocational rehabilitation agency receiving assistance under title I of the Rehabilitation Act of 1973 (29 U.S.C. 720 et seq.);
 - c. The agency responsible for administering the State Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.); The State agency receiving assistance under the Older Americans Act of 1965 (42 U.S.C. 3001 et seq.); and
 - d. Any other agency in a State that funds assistive technology.