



**National Assistive Technology Act Data System**

**State Plan - Full Report**

**Illinois 2024**

**General Information**

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

<b>State AT Program Title</b>	Illinois Assistive Technology Program
<b>State AT Program URL</b>	www.iltech.org
<b>Mailing Address</b>	701 N. Walnut Street
<b>City</b>	Springfield
<b>State</b>	Illinois
<b>Zip Code</b>	62702
<b>Program Email</b>	wgunther@iltech.org
<b>Phone</b>	217-522-7985
<b>TTY</b>	800-852-5110

**Lead Agency**

<b>Agency Name</b>	Illinois Department of Human Services, Division of Rehabilitation Services
<b>Mailing Address</b>	100 S. Grand Avenue, East
<b>City</b>	Springfield
<b>State</b>	Illinois
<b>Zip Code</b>	62704
<b>Program URL</b>	http://www.dhs.state.il.us

**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>	Illinois Assistive Technology Program
<b>Mailing Address</b>	701 N. Walnut Street

<b>City</b>	Springfield
<b>State</b>	Illinois
<b>Zip Code</b>	62702
<b>Program URL</b>	<a href="http://www.iltech.org">http://www.iltech.org</a>

## General Information (Continued...)

### Program Director and Other Contacts

<b>Program Director for State AT Program (last, first)</b>	Gunther, Wilhelmina
<b>Title</b>	President/CEO
<b>Phone</b>	217-522-7985
<b>E-mail</b>	wgunther@iltech.org
<b>Program Director at Lead Agency (last, first)</b>	McCoy, Sarah
<b>Title</b>	Project Officer
<b>Phone</b>	217-524-0695
<b>E-mail</b>	sarah.m.mccoy@illinois.gov
<b>Primary Contact at Implementing Agency (last, first) - If applicable</b>	Gunther, Wilhelmina
<b>Title</b>	President/CEO
<b>Phone</b>	217-522-7985
<b>E-mail</b>	wgunther@iltech.org

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

<b>Name (last, first)</b>	Zinck, Jeannine
<b>Title</b>	Data Manager
<b>Phone</b>	217-522-7985
<b>E-mail</b>	jzinck@iltech.org

### Certifying Representative

<b>Name (last, first)</b>	Patrick, Rahnee
<b>Title</b>	Director
<b>Phone</b>	217-557-0401
<b>E-mail</b>	Rahnee.Patrick@illinois.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)? Yes

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

The Illinois Department of Human Services, Division of Rehabilitation Services (IDHS/DRS) contracts with the Illinois Assistive Technology Program (IATP), a statewide nonprofit to serve as the implementing agency responsible for carrying out the required activities of the Assistive Technology Act. The IDHS/DRS has representatives on IATP's Advisory Council as a way to ensure ongoing two-way communication. The IDHS/DRS provides additional funding to support the required state level and state leadership activities of the federal legislation. In addition, IDHS/DRS provides IATP with a contract for an Open-Ended Loan Program for Vocational Rehabilitation (VR) customers; and a grant for conducting Assistive Technology (AT) Demonstrations, Evaluations and Trainings for Division of Rehabilitation Services' customers receiving services through Vocational Rehabilitation, Blind Services, and Home Services. Several years ago, IATP developed a document entitled IDHS/IATP Highlights from an IDHS Provider and Partner which features customers' stories and pictures who have received services through IATP. The document is produced quarterly and is shared with the IDHS management team, the Governor's office and US HHS/ACL. In addition, IATP submits quarterly report and an Annual Report on all programs and services. IATP's CEO and management staff have regular conversations with the Project Officer and often is requested to conduct AT product training for staff of DRS and other divisions within IDHS.

**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? 2
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)? 0
3. How many representatives of a state Center for Independent Living are members of the advisory council?. 2
4. How many representatives of the State workforce development board established under the Workforce Innovation and Opportunity Act are members of the advisory council? 0
- 4.1 Please provide the reason(s) the Advisory Council does not have this required agency representative member and describe the actions that will be taken to become in compliance for Question 4.  
Requested a replacement through the Governor's Office.
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                   | 0 |
| State agency administering or organization funded under Older Americans Act | 2 |
| Organization representing veterans                                          | 0 |
| University Center for Excellence in Developmental Disabilities (UCEDD)      | 0 |
| State Protection and Advocacy System                                        | 0 |
| State Council on Developmental Disabilities                                 | 1 |
8. How many additional representatives of other agencies and/or organizations are members of the advisory council? 6
- |                                                        |                                                                                     |
|--------------------------------------------------------|-------------------------------------------------------------------------------------|
| Early Intervention/Child Services state agency         | 1                                                                                   |
| State Deaf/Hard of Hearing Commission/Office           | 0                                                                                   |
| State Insurance agency                                 | 0                                                                                   |
| State Library/Secretary of State/Talking Books agency  | 1                                                                                   |
| State ADA Office/Disability Commission/Advocacy Office | 0                                                                                   |
| State Legislators                                      | 0                                                                                   |
| State Parent Training Information Center (IDEA funded) | 1                                                                                   |
| Other (description required in text box below)         | 3                                                                                   |
| Describe Other Agency                                  | Department of Information Technology; Northwestern Illinois Association - Education |
9. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 15

### Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	15
Total number of individuals on the advisory council	29
Percentage	51.72%

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 Yes

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

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.

<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>	\$413,844.00	60.00%	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>	\$275,896.00	40.00%	
<b>c. Total Expenditures</b>	\$689,740.00		
<b>d. Total Award</b>	\$689,740.00		
<b>e. Lapsed Amount</b>	\$0.00	0.00%	
<b>f. Transition Training &amp; Technical Assistance Set Aside</b>	<b>\$13,794.80</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 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 **\$715,018.00**

<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	\$429,010.80	\$0.00	\$429,010.80
<b>All State Leadership Activities</b>	\$0.00	\$286,007.20	\$0.00	\$286,007.20
<b>Total</b>	\$0.00	\$715,018.00	\$0.00	\$715,018.00
<b>Transition Training &amp; Technical Assistance</b>	\$0.00	\$14,300.36	\$0.00	\$14,300.36



## Module D: State Level Activity Summary

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

- 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 Reassignment or Open Ended Loan

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

Yes

### 4. Do you conduct Device Demonstrations?

Yes



## 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.

- Other (Describe)

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

Illinois Care Connections - Direct provision of technology solutions to address social connectedness and AT and DME needs to increase independences and safety of seniors aged 60 and above living successfully in the community. Tech Kitchen - Direct

### 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)

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

<b>Local/Community Entities (select any/all)</b>
--------------------------------------------------

<b>Private Entities (select any/all)</b>
------------------------------------------

<b>Other (select any/all)</b>
-------------------------------

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

ICC - IATP contracts with the Illinois Department on Aging (IDoA) to conduct the Illinois Care Connections (ICC) program that directly provides technology solutions to help alleviate social isolation and identify AT and DME through Demonstrations and Device Loan to increase the independence and safety of seniors and individuals with disabilities aged 60 and above. Referrals must be made through the IDoA Community Care Programs. Qualifying older adults receive an Apple iPad or Android tablet with a case, keyboard, and headphones and staff address the need for AT and DME by conducting in home visits. Tech Kitchen - Through a contract with the Illinois Department of Human Services, Division of Rehabilitation Services the Tech Kitchen program provides device demonstrations and long term loans of assistive technology devices available to increase customers abilities to plan, prep and cook. These devices and techniques that are taught in a person centered approach increase the customers overall health, well-being and participation in the family and assisted many customers with employment opportunities they can pursue.

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

ICC - <https://iltech.org/services/icc-aging/> Tech Kitchen - <https://iltech.org/tech%20kitchen/>

## 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
- Other (Describe)

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

1) Fast Track Bulk Purchasing Program for VR Customers to access AT in a more timely manner. 2) AT fabrication for Illinois residents

### 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)

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

<b>Local/Community Entities (select any/all)</b>
--------------------------------------------------

<b>Private Entities (select any/all)</b>
------------------------------------------

<b>Other (select any/all)</b>
-------------------------------

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

IATP has a contract with the Illinois Department of Human Services, Division of Rehabilitation Services (DRS) to purchase AT and IT equipment in bulk to reduce the cost of the AT/IT and get it to consumers in a more timely and efficient manner. Consumers receiving services from DRS and directly referred by their Vocational Rehabilitation Counselor or other DRS program staff are eligible to benefit from this program. The Illinois Makers Program (formally the Creative Assistive Technology (ICAT) project) addresses two specific gaps to AT acquisition that currently exist in Illinois; 1) a needed alternative financing option to supplement cash loans and 2) a comprehensive infrastructure and statewide network to support AT fabrication as a resource for AT acquisition. The project is continually expanding the IATP Maker Network and coordinates fabrication requests, designs, and development with IATP staff and a variety of partners including University programs, STEM programs, transition programs, libraries, community maker groups, and interested individuals.

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

- 1. FastTrack is not a public facing site 2.  
<https://iltech.org/makers/>



## 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?**

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
- Receive financial support from this entity



## 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 is loaned for as long as the recipient needs it with no ownership transfer

### 6. Describe the activity.

IATP's Reuse Program provides new and used assistive technology and durable medical equipment to people of all ages with disabilities who can't afford to purchase new. The recipient may keep the equipment for as long as needed. When it is no longer being used, we ask that it be returned so that others in need may also benefit from the program. Our inventory changes very quickly and therefore we do not maintain an on-line listing.

7. The online page for this specific activity can be found at: <https://iltech.org/how-we-help/device-recycling/>

## 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?**

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
- 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 shipped via mail or other delivery service

### 6. Describe the activity.

IATP's device loan program is to let borrowers trial devices in the environments of their choice so that they may make informed decisions about what best meets their needs before purchasing a device from a vendor. The device loan program can also be used to provide a backup system when a device is in for repairs and/or while waiting for a device to be delivered. IATP does not sell assistive technology devices or endorse particular products.

**7. The online page for this specific activity can be found at:** <https://iltech.org/how-we-help/try-a-device/>

## 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
- Receive financial support from 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 are personal appointments with an assistive technology specialist that provide an opportunity to discuss your needs, learn about potential AT solutions, and explore different AT devices, their features, and possible benefits. The Demonstration Center includes a very large inventory of AT devices representing multiple AT categories. Examples of these items are listed below. IATP does not sell assistive technology products or endorse specific brands of products.

**6. The online page for this specific activity can be found at:** <https://iltech.org/how-we-help/see-a-device/>

## 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)**

- Have written agreement with this entity

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

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

- Have written agreement with 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)**

- Have written agreement with this entity

**State Departments of Education (select any/all)**

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

**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)**

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

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

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

- Have written agreement with 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)**

IATP offers training/education on ICT laws and guidelines, how to create accessible Microsoft Word and PowerPoint documents, basic PDF remediation, basic web accessibility, high-level overviews of accessible font and color contrast choices, and inclusive writing styles including how to adjust reading levels to reach more learners. IATP will continue training/education already underway with the Illinois Department on Aging staff and their partner agencies as well as create training/education opportunities for employees of the State Universities Civil Service System and the Statewide Independent Living Council who has requested ICT instruction for the 22 Centers for Independent Living serving communities across Illinois.

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

IATP will work with Illinois State University's Special Education Assistive Technology (SEAT) Center to plan training/educational activities for future teachers including at least one workshop each semester with hands-on AT demonstrations.

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

Through IATP's WIPA Program IATP will again conduct a workshop and exhibit on WIPA services and assistive technology at the Statewide Transition Conference. IATP will continue to participate in statewide conferences and reach out to our community partners such as the Illinois Association of Rehabilitation Facilities (IARF) who has worked with IATP to create an assistive technology survey aimed at gathering information on the needs of providers of services for Illinois' intellectual and developmentally disabled (IDD) population to help assess educational and training needs surrounding the provision of AT.

**3. The online page for this specific activity can be found at:** <https://ict.iltech.org/>

## 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)**

**State Agency on Aging (select any/all)**

**Area Agencies on Aging (select any/all)**

**State Departments of Education (select any/all)**

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

**Local School Districts (select any/all)**

- Have written agreement with this entity

**Hospitals and/or Health Systems (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 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)**

IATP will partner with education advocacy organizations statewide to conduct a webinar on the recently signed into law, HB5276 which focuses on ensuring transition planning includes AT in the transition plan.

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

IATP is planning trainings with the Illinois Department of Human Services Bureau of Accessibility and Job Accommodation (BAJA) to provide their staff with instruction on assistive technology devices and software, along with basic ICT instruction aimed at improving and expanding employment opportunities for workers with disabilities.

## 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

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

**State Vocational Rehabilitation Agencies (select any/all)**

- Have written agreement with this entity
- 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)**

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

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

<b>Local/Community Entities (select any/all)</b>
--------------------------------------------------

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

<b>Other (select any/all)</b>
-------------------------------

**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)**

IATP will collaborate with the Illinois Department on Aging and exhibit at the Illinois State Fair reaching over 3,000 individuals through demonstrations of AT and DME. This eleven-day event, which attracts attendees from across the state, features a senior day that showcases a wide range of services available to seniors and their families, empowering them with knowledge and options.

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

IATP will again be the Showcase Exhibitor at the annual Abilities Expo held in Schaumburg, Illinois. Abilities Expo is a free, three-day trade show that showcases products, technology, and resources for people with disabilities of all ages. The event also includes workshops, adaptive activities, and other features to educate and improve the lives of people with disabilities, as well as their families, caregivers, and healthcare professionals. Both IATP and Abilities Expo produces print and other media information highlighting IATP's Showcase Exhibit.

## 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)**

- Have written agreement with this entity

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

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

- Have written agreement with 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)**

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

**Elementary and Secondary School Systems (select any/all)**

**Institutions of Higher Education(select any/all)**

**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)**

- 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)

Other (select any/all)

### 2. Describe the activity

Information and Assistance is a service that all staff provide through phone calls, emails, exhibit opportunities and social media. IATP offers instate toll-free phone lines so that consumers and family members that are not local to its office in Springfield do not have to cover the cost of a long-distant call. IATP is fortunate that its lead agency, the Illinois Department of Human Services, Division of Rehabilitation Services provides funding to IATP to supplement the federal funding which ensures that IATP can truly have a statewide presence and positive impact on the number of individuals with disabilities that have access to and funding for assistive technology devices and services.

## 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 Illinois.
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.