



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

**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>	503-602-4055
<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>	503-602-4055
<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.**

As the Implementing Entity for the Oregon Statewide AT Program, Access Technologies, Inc. (ATI), has an administrative agreement with Oregon's Lead Agency, the Department of Human Services (DHS). This agreement outlines activities that ATI must conduct 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 meet with the President of ATI on a quarterly basis to discuss the activities and implementation of the state plan. The Project Officer, or a representative from the Lead Agency, attends all Advisory Council meetings for ATI. To ensure appropriate fiscal management, ATI submits monthly expenditure reports to the Project Officer for review and approval, and the Lead Agency Project Officer ensures the DHS fiscal unit provides timely and appropriate assistance to ATI. Finally, ATI provides annual reports to DHS on activities completed, activities planned, and any data related to those activities. This reporting helps ensure that the Statewide AT Program is meeting its goals and objectives and that the funds allocated for the program are being used appropriately.

**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? 1  
(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 1
  - Organization representing veterans 0
  - University Center for Excellence in Developmental Disabilities (UCEDD) 0
  - State Protection and Advocacy System 0
  - State Council on Developmental Disabilities 0
8. How many additional representatives of other agencies and/or organizations are members of the advisory council? 0
- 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 below) 0
  - Describe Other Agency
9. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 7

### Advisory Council Calculation

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

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.

<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>	\$298,870.00	63.00%	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>	\$175,525.00	37.00%	
<b>c. Total Expenditures</b>	\$474,395.00		
<b>d. Total Award</b>	\$474,395.00		
<b>e. Lapsed Amount</b>	\$0.00	0.00%	
<b>f. Transition Training &amp; Technical Assistance Set Aside</b>	<b>\$9,653.88</b>	5.50%	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 **\$489,691.00**

<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	\$294,763.60	\$0.00	\$294,763.60
<b>All State Leadership Activities</b>	\$0.00	\$194,927.40	\$0.00	\$194,927.40
<b>Total</b>	\$0.00	\$489,691.00	\$0.00	\$489,691.00
<b>Transition Training &amp; Technical Assistance</b>	\$0.00	\$9,776.00	\$0.00	\$9,776.00



## 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.)

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

**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.

- Revolving loans

- |   |            |
|---|------------|
| <b>6. The lowest interest percentage for loans as established by the policies of the activity.</b>      | 5.0000%    |
| <b>7. The highest interest percentage for loans as established by the policies of the activity.</b>     | 9.2500%    |
| <b>8. The lowest loan amount (in dollars) provided as established by the policies of the activity.</b>  | N/A        |
| <b>9. The highest loan amount (in dollars) provided as established by the policies of the activity.</b> | \$60000.00 |

**10. Describe the activity.**  
Financial loans for purchasing assistive technology.

**11. The online page for this specific activity can be found at:** Northwest Access Fund:  
<https://www.nwaccessfund.or>

## 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) Social Isolation and Loneliness Technology Project (2) Concierge Service

### 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)

- 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 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.

(1) Our program administers the federally funded National DeafBlind Equipment Distribution Program (NDBEDP), also known as iCanConnect. The mission of this program is to ensure that every eligible individual with both hearing and vision loss has access to modern telecommunication devices and the necessary training to use them effectively. This enables individuals to engage with the world as active, contributing members of society. iCanConnect-Oregon is a permanent equipment loan program. Ownership of the equipment remains with Access Technologies, Inc., allowing for flexibility for individuals to upgrade their assistive technology (AT) as appropriate-whether due to advancements in technology or changes in their hearing or vision. The services covered under this program are provided at no cost to the consumer. However, participation requires completing an application and meeting specific income and disability eligibility criteria. (2) The Oregon Statewide Assistive Technology Program (OSATP) and the Oregon Aging and Disability Resource Centers (ADRC) have partnered to continue the Staying Connected Project. This initiative aims to help seniors who identify as part of the LGBTQIA2S+ community leverage technology to mitigate the challenges associated with social isolation and loneliness. During the project's limited duration, the OSATP Specialists conduct technology needs assessments, procure recommended devices and provide necessary support to ensure qualified Oregonians can effectively utilize their new tools, such as computers, tablets or robotic pets to stay connected and reduce social isolation. All funding used to purchase this equipment is provided by sources outside the AT Act. AT Act funds are used to support the administration of the program. There are no fees associated with this program. (3) The Oregon Statewide Assistive Technology Program and Oregon's Aging and People with Disabilities Long-Term Support Services are collaborating on a groundbreaking initiative to combat social isolation and loneliness among consumers of ODHS Long-Term Services and Supports. This project introduces robotic pets for older adults with high service priority levels due to physical or cognitive needs. Qualified consumers will receive robotic pets designed to help alleviate feelings of loneliness and reduce agitation, particularly in individuals experiencing cognitive decline, by harnessing the therapeutic benefits of robotic companions. (4) Our Concierge service is offered to consumers at no charge. When consumers acquire replacement parts such as walker wheels, legs and glides, or special batteries for their magnifiers, our program staff clean the devices, verify their integrity, and install the new parts for each individual. AT Act funds are used to support the administration of the program. There are no fees associated with this program.

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

iCanConnect:  
<https://accesstechnologiesinc.org/solutions/assessments-and-trainings/deaf-blind-telecommunication-access/>;  
<https://accesstechnologiesinc.org/about/icanconnect-oregon/> Social Isolation and Loneliness Project:  
<https://www.oregon.gov/odhs/agency/pages/apd-lgbtq-initiatives.aspx>

## 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
- Other (Describe)

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

(1) Layaway (2) Rent to Own

### 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 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) 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 accommodates the individuals needs. (3) Rent to Own program is designed to assist qualified individuals who have utilized our short-term device lending library for the maximum 3-month time frame and wish to continue borrowing the item. Through this program, recipients can opt to rent the device for a monthly fee until the total rental payments meet the purchase price of the item. Upon meeting the purchase price, ownership of the device is then transferred to the recipient.

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

Marketplace:  
<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 Statewide AT Program is involved in the transaction

### 6. Describe the activity.

Our online marketplace facilitates connections between individuals and organizations looking to buy, sell, trade, or donate gently used devices. By placing a free, classified-style listing, users can effortlessly find or transfer equipment, extending its useful life for others. We invite individuals to submit their listings directly on our website. To protect the privacy of sellers, no personally identifiable information is displayed online. Interested buyers must contact ATI to request the seller's contact information.

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

Reuse and Exchange: <https://accesstechnologiesinc.org/solutions/obtaining-technology/>  
Marketplace: <https://accesstechnologiesinc.org/marketplace/>

## 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

### 6. Describe the activity.

(1) Oregon's AT Program is dedicated to enhancing access to assistive technology devices and durable medical equipment through our device reutilization initiative. We accept donations of gently used devices, which undergo rigorous inspection to ensure functionality and structural integrity. Minor repairs are performed as needed, and all equipment is thoroughly cleaned and sanitized before being added to our inventory. The items are then made available for purchase at a nominal fee; a measure intended to maintain the integrity of the program and prevent misuse. Our inventory includes a wide range of equipment, with commonly available items such as wheelchairs, walkers, and other mobility aids, home health aids (e.g., bedside commodes, raised toilet seats, dressing aids), assistive listening devices, and computer technologies. The device repair and recycling services operate out of our storefront in Salem, where individuals can walk in or schedule an appointment with one of a specialists. These experts offer technical guidance to help individuals select the device that best accommodates their needs. We promote our device repair and recycling services through various channels, including our online Marketplace, quarterly newsletters, social media platforms, Craigslist, and by participating in conferences, exhibitions, presentations, and training sessions. (2) An Open-Ended Loan item refers to a pre-identified piece of assistive technology that is no longer actively assisting consumers in their decision-making process or is no longer commercially available for purchase. Despite this, this item may still be valuable to individuals with disabilities. Program staff conduct follow-ups with long-term borrowers to assess the user's ongoing need for the device or equipment. If the device malfunctions or is no longer required, appropriate arrangements will be made for its return to the Program. No fees are associated with the Program's Open-Ended Loan activity.

7. The online page for this specific activity can be found at: Reuse and Open-Ended Loans: <https://accesstechnologiesinc.org/solutions/obtaining-technology/>

## 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)**

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

**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)

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

### Private Entities (select any/all)

### Other (select any/all)

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

### Provide a description of the other collaborations.

Education Service District

### 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 to 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 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 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 AT Program is collaborating with a community partner to enhance access to communication technology. As part of this partnership, the AT Program has supplied iPads and AAC (Augmentative and Alternative Communication) applications to support the agency in conducting speech communication assessments. These tools are available for clients to trial or borrow while they await funding for their personal devices. (4) We are pleased to announce a new partnership the AT Program has developed with a rural Education Service District (ESD) in Oregon. Through this collaboration, the AT Program has supplied a variety of educational technology tools to support the Individualized Education Program (IEP) teams in enhancing student outcomes. In exchange, the ESD will provide essential federal reporting data. (5) The Oregon AT Program manages a lending library that provides telecommunication technologies for Oregonians with combined hearing and vision loss. This library is maintained under a separate inventory as part of the National DeafBlind Equipment Distribution Program, known as iCanConnect-Oregon. All devices in the library are purchased using funds provided by the National DeafBlind Equipment Distribution Program. The Statewide Assistive Technology (AT) Program oversees the management of the device inventory and offers expertise on the proper utilization of the devices, at no cost to the agency or iCanConnect consumers. Qualified iCanConnect consumers may access this library free of charge. Most devices are delivered or picked up in person, ensuring that borrowers receive hands-on demonstrations and instructions in the use and care of the equipment. (6) The AT Program partners with an Independent Living Center in rural Oregon to provide a range of assistive technology tools that promote independence for individuals with disabilities. In return, the Independent Living Center provides essential data for federal reporting. 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:** Oregon AT Program Device Loan Library: <https://acesstechnologiesinc.org/device-loan/>

## Module K: Device Demonstration

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

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

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

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

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

No

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

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

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

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

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

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

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

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

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

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

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

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

### Private Entities (select any/all)

### Other (select any/all)

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

### Provide a description of the other collaborations.

Education Service District

#### 5. Describe the activity.

Device demonstrations provide individuals or small groups the opportunity to explore and compare the features and benefits of specific Assistive Technology (AT) devices or categories of devices. These demonstrations can be conducted either in person or remotely, provided participants have access to the technology. During the demonstration, participants are introduced to a range of devices and are given the opportunity for hands-on interaction under the guidance of an AT specialist with relevant technical expertise. This experience helps participants enhance their understanding of the devices' functions and features. By engaging in these demonstrations, individuals gain the knowledge needed to make informed decisions about whether a particular AT device or category of devices is suitable for their needs. Additionally, participants receive information on where they can access further resources regarding the devices presented.

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

## 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)**

**State Units 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)**

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

**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)

- 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)**

OSATP staff offer both introductory and advanced ICT (Information and Communication Technology) training to businesses and educators. In the two-hour introductory sessions, attendees learn the essentials of accessible document creation, including what accessible documents are, why they are important, and the key steps for ensuring inclusivity in their document design. The specialists also highlight common formatting practices that can render documents inaccessible, while demonstrating simple, effective alternatives to enhance accessibility for all users, regardless of their abilities. Vocational Rehabilitation is just one of the agencies that the Oregon AT Program has provided this training to and are scheduled to provide more advanced ICT training to their employees during this year.

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

In addition to ICT training, the Oregon AT Program offers several Assistive Technology (AT) Transition training sessions throughout the year, including at the annual Oregon Statewide Transition Conference. These sessions provide parents and professionals with case studies that illustrate how technology can facilitate success across a broad spectrum of academic and professional paths. Participants leave with a deeper understanding of how technology can expand employment opportunities for individuals with disabilities. The Oregon AT Program offers educational activities to various agencies that work with individuals who have transitioned from K-12 education. One of our upcoming events will provide training to over 400 Direct Support Professionals at a community entity who collectively serve approximately 1,000 people with disabilities annually.

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

The Oregon AT Program provides training opportunities for educational agencies. One of our upcoming events will focus on Assistive Technology (AT) training for members of an IEP team in rural Oregon. This education opportunity will introduce new technology that the team can trial with their students.

**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)**

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

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

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

**State Agency 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)**

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

**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)**

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

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

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

### Private Entities (select any/all)

### Other (select any/all)

**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 OSATP Program offers transitional technical assistance to various private and state rehabilitation agencies, as well as to students in higher education studying in this field. This assistance ensures that students with disabilities can transition successfully into higher education or the workforce. It involves ongoing collaboration with professionals currently working in or entering the rehabilitation field. At a minimum, these activities focus on the integration of assistive technology (AT) into service plans rather than simply considering its use. Additionally, they emphasize the importance of utilizing multiple approaches for AT assessments and implementation, while also providing skill-development training to assess the need for assistive technology devices and services. The Oregon AT Program has partnered with Oregon's Aging and People with Disabilities Community Services and Support Unit to develop and provide a statewide Connecting Through Technology Program. The Program provides assistive technology assessments, technology devices, needed internet access and training for demographically diverse LGBTQIA2S+ Oregonians aged 55 and older so they can participate in technology strategies designed to increase social engagement and social connectedness while reducing social isolation. Participants who receive tablets and computers are invited to attend virtual training sessions to develop confidence and proficiency with their devices. Additionally, robotic pet owners can join telephone conference sessions for further engagement. These technical assistance sessions are designed to ensure participants acquire the knowledge and skills needed to use their new technologies independently, enabling them to connect with family, friends, healthcare providers, and their broader communities.

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

## Module N: Public Awareness

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

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

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

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

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

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

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

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

**Aging and Disability Resource Centers (select any/all)**

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

**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)

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

### 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 Oregon AT Program actively engages with the community through various public awareness events across the state. We are honored to participate in events where we will share information with staff and residents of senior communities, agencies providing direct services to individuals with developmental disabilities, as well as at the annual Occupational Therapy Association of Oregon conference, the 2nd Annual DeafBlind Expo, and the Oregon Governor's Occupational Health Association Conference, among others.

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

The Oregon AT Program collaborates with a local media company to engage with members of the DeafBlind community. Last year, the program successfully executed a radio campaign. This year, our public awareness initiative is specifically targeted at professionals who provide services to the DeafBlind community.

## Module O: Information and Assistance

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

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

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

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

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

**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)**

**Early Intervention Programs (select any/all)**

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

## 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

The Oregon AT Program is dedicated to delivering comprehensive, ongoing training to ensure our staff consistently meets the high standards of expertise our customers expect. Clients can contact our office via phone or email to speak directly with an experienced specialist. Additionally, we engage with the community through a variety of public awareness events across the state. Our quarterly newsletter, Take It Easy, provides updates on the latest AT-related topics and is available in both digital and print formats. Our website offers a wealth of resources for consumers and others interested in technology, software, assistive devices, AT assessments and training services, as well as AT related finance options. Furthermore, the Oregon AT Program has created a series of brief, informative training videos on computer and internet literacy, as well as software fundamentals. These videos are accessible through our website and YouTube channel.

## 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.
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.