



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

General Information

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

State AT Program Title	DakotaLink
State AT Program URL	http://www.dakotalink.net
Mailing Address	P.O. Box 218
City	Sturgis
State	SD
Zip Code	57785
Program Email	atinfo@dakotalink.net
Phone	605-977-1779
TTY	605-347-5212

Lead Agency

Agency Name	South Dakota Department of Human Services
Mailing Address	3800 East Hwy 34 Hillsview Plaza, C/O 500 E. Capitol
City	Pierre
State	SD
Zip Code	57501
Program URL	http://dhs.sd.gov/

Implementing Entity

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? N/A	
Name of Implementing Agency	Black Hills Special Services Cooperative
Mailing Address	P.O. Box 218

City	Sturgis
State	SD
Zip Code	57785
Program URL	https://bhssc.org

General Information (Continued...)

Program Director and Other Contacts

Program Director for State AT Program (last, first)	Hudson, Page
Title	Program Director
Phone	605-977-1779
E-mail	phudson@dakotalink.net
Program Director at Lead Agency (last, first)	Weiss, Eric
Title	Director, Division of Rehabilitation Services
Phone	605-773-4644
E-mail	eric.weiss@state.sd.us
Primary Contact at Implementing Agency (last, first) - If applicable	Hauge, Joe
Title	Executive Director
Phone	605-347-4467
E-mail	jhaug@bhssc.tie.net

Person Responsible for completing this form if other than Program Director

Name (last, first)	
Title	
Phone	
E-mail	

Certifying Representative

Name (last, first)	Rechtenbaugh, Shawnie
Title	Secretary, South Dakota Dept. of Human Services
Phone	605-773-5990
E-mail	Shawnie.Rechtenbaugh@state.sd.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)? No
2. Is the Lead Agency named in this State Plan a new or different Lead Agency from the one designated by the Governor in your previous State Plan? No
3. Is the Implementing Entity named in this State Plan a new or different Implementing Entity from the one designated by the Governor in the previous State Plan? No

Module B: Advisory Council

1. How many representatives of the designated State agency for Vocational Rehabilitation are members of the advisory council? 1
2. How many representatives of the designated State agency for Vocational Rehabilitation for individuals who are blind are members of the advisory council (when there is such a separate VR agency for individuals who are blind)? 1
3. How many representatives of a state Center for Independent Living are members of the advisory council?. 1
4. How many representatives of the State workforce development board established under the Workforce Innovation and Opportunity Act are members of the advisory council? 1
5. How many representatives of the State educational agency are members of the advisory council? 1
6. Do you have an alternative financing program (AFP) for assistive technology in your state/territory that is separate from the State AT Program and is operated by a non-profit entity? Yes
- 6.1. If yes, how many representatives of an alternative financing program (AFP) are members of the advisory council? 1
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 | 0 |
| Organization representing veterans | 0 |
| University Center for Excellence in Developmental Disabilities (UCEDD) | 0 |
| State Protection and Advocacy System | 1 |
| State Council on Developmental Disabilities | 0 |
8. How many additional representatives of other agencies and/or organizations are members of the advisory council? 1
- | | |
|--|---|
| Early Intervention/Child Services state agency | 0 |
| State Deaf/Hard of Hearing Commission/Office | 0 |
| State Insurance agency | 0 |
| State Library/Secretary of State/Talking Books agency | 0 |
| State ADA Office/Disability Commission/Advocacy Office | 1 |
| 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? 9

Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	9
Total number of individuals on the advisory council	17
Percentage	52.94%

10. In accordance with section 4(c)(2) of the AT Act of 1998, as amended our state has a consumer-majority advisory council that provides consumer-responsive, consumer-driven advice to the state for planning of, implementation of, and evaluation of the activities carried out through the grant, including setting measurable goals. This advisory council is geographically representative of the State and reflects the diversity of the State with respect to race, ethnicity, and types of disabilities across the age span, and users of types of services that an individual with a disability may receive. Yes
11. Procedures are in place to ensure that the Advisory Council members are geographically representative of the State and reflects the diversity of the State with respect to race, ethnicity, age, and types of disabilities, and users of types of services that an individual with a disability may receive, including home and community-based

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

Yes

Module C: Actual Expenditures and Budgeted Allocations

1. Actual Expenditures Carryover Year Close-out

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

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

Actual Expenditures for Closed-out Carryover Year Award	Final Expenditures	Percentage	Requirements
a. All State Level Activities	\$271,450.00	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. All State Leadership Activities	\$181,000.00	40.00%	
c. Total Expenditures	\$452,450.00		
d. Total Award	\$452,451.00		
e. Lapsed Amount	\$1.00	0.00%	
f. Transition Training & Technical Assistance Set Aside	\$9,050.00	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 **\$462,922.00**

Actual & Planned Immediate Preceding Year Award Expenditures	YTD Obligated not Liquidated Expenditures	YTD Liquidated Expenditures	Planned not yet Obligated Expenditures	Total
All State Level Activities	\$0.00	\$283,387.13	\$0.00	\$283,387.13
All State Leadership Activities	\$0.00	\$179,534.87	\$0.00	\$179,534.87
Total	\$0.00	\$462,922.00	\$0.00	\$462,922.00
Transition Training & Technical Assistance	\$0.00	\$32,341.08	\$0.00	\$32,341.08

Module D: State Level Activity Summary

1. Which State Financing Activities do you conduct?

- Financial Loan
- 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.

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

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

One central location (Central)

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

Yes

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

Banks/Financial Institution (select any/all)

- 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)

- Have written agreement with this entity

State Entities/Agencies (select any/all)

- Have written agreement with this entity

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

- | | |
|---|------------|
| 6. The lowest interest percentage for loans as established by the policies of the activity. | 5.0000% |
| 7. The highest interest percentage for loans as established by the policies of the activity. | 5.0000% |
| 8. The lowest loan amount (in dollars) provided as established by the policies of the activity. | \$2500.00 |
| 9. The highest loan amount (in dollars) provided as established by the policies of the activity. | \$23861.00 |

10. Describe the activity.
We provided loans utilizing a band east river. They help us with the details of the loans, but we are allowed to vary the interest rate and the amount. DakotaLink makes the determination if they are eligible via separate loan committee.

11. The online page for this specific activity can be found at: <https://www.dakotalink.net/dakotalink-at-fund/>

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 Lease Program

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

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

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

One central location (Central)

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

Yes

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

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

Local/Community Entities (select any/all)
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Private Entities (select any/all)
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Other (select any/all)

6. Describe the activity/activities.

The duration of the Agreement begins the date the CCTV is received and will remain in effect as long as the unit remains with the client. A copy of this original signed agreement is to be sent to DakotaLink annually for records. If you receive a different machine during the course of the Lease/Loan arrangement, a copy of the most current agreement form signed by you will be sent to DakotaLink annually for records. Since the machine will remain the property of the State of South Dakota, You understand you cannot pawn or sell the device(s) at any time. Such action will result in loss of your rights to apply for future machines from CCTV Lease/Loan Program and legal charges may be filed. You agree to be responsible to use the machine solely for intended purposes and to take good care of the machine as if it is your own. Change of Address: If I move to another location in South Dakota, I must report my new address. If I plan to move out-of-state, I must return machine to DakotaLink or Division of Service to the Blind and Visually Impaired. Liability: I agree to hold harmless and indemnify the State of South Dakota, its officers, agents and employees, from and against any and all actions, suits, damages, expenses, liability or other proceedings caused by the use or misuse of the machine by anyone. Repair/Exchange: I understand that a broken or malfunctioning machine can be repaired or exchanged, depending on severity of the problem. I will immediately contact DakotaLink or the Division of Service to the Blind and Visually Impaired about any problems with the unit. Complaint: If for any reason I am not satisfied with the service provided, I may call or submit a written complaint to the Division of Service to the Blind and Visually Impaired. Death: In the event of my death, the executor or heir must return the machine to DakotaLink or the local Division of Service to the Blind and Visually Impaired district office in a reasonable time not to exceed 30 days. Release of Information: I further authorize the Division of Service to the Blind and Visually Impaired to release/supply to the State of South Dakota, the following information: name, social security number, date of birth, race, sex, demographic data, and program status for the purpose of collecting, analyzing, and reporting data, and to facilitate access to services/programs offered by the State of South Dakota

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

<https://www.dakotalink.net/at-partners/>

Module H: Device Exchange

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)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module H: Device Exchange (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

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

- The transaction is direct consumer-to-consumer
- The Statewide AT Program is involved in the transaction

6. Describe the activity.

DakotaLink Equipment From time to time, we receive equipment donations. DakotaLink supports recycling and reutilization efforts and our policy is to make donated equipment available to the public for free or at low cost if repairs are required. All equipment is cleaned and checked for functionality to ensure that it is in good working condition before being posted. List Your Own Items You can list your own assistive technology items for sale, trade or to give away. Just set up an account and you may list any type of adaptive device or assistive technology equipment that may benefit a person of any age with a disability or other functional limitation. And, it's free! Use the link below to search for equipment you would like to request. In order to fulfill your request you will either need to login or register for an account.

7. The online page for this specific activity can be found at: <https://www.dakotalink.net/equipment-software/>

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.

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)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

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

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

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

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

6. Describe the activity.

From time to time, we receive equipment donations. DakotaLink supports recycling and reutilization efforts and our policy is to make donated equipment available to the public for free or at low cost if repairs are required. All equipment is cleaned and checked for functionality to ensure that it is in good working condition before being posted. You can list your own assistive technology items for sale, trade or to give away. Just set up an account and you may list any type of adaptive device or assistive technology equipment that may benefit a person of any age with a disability or other functional limitation. And, it's free!

7. The online page for this specific activity can be found at: <https://myatprogram.org/home/46>

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.

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)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

- Have written agreement with this entity

Module 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.

As more people like you choose to use the free services provided by this site a wide variety of assistive technology devices will be featured. Some devices will be listed for sale, trade, or to donate by individuals. Other AT devices are available either for loan or demonstration from DakotaLink and over time from other participating agencies. DakotaLink loans equipment for up to two weeks to provide individuals an opportunity to make informed choices for their assistive technology needs. Hands on experience with the device will facilitate and enhance an evaluation or training associated with the devices. If the equipment you have borrowed from the DakotaLink Lending Library has met your expectations and you are interested in purchasing the device for ongoing use DakotaLink can assist you. Call 1-800-645-0673 for details.

7. The online page for this specific activity can be found at: <https://myatprogram.org/home/46>

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.

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)

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 K: Device Demonstration (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. Describe the activity.

Hands-on exploration: People can try out devices and see how they work Comparisons: People can compare the features of different devices to see how they differ Training: People can learn how to use specific devices properly Advice: People can get professional advice from experts Information: People can learn about the latest technology and low-tech solutions Vendor sources: People can learn where to buy devices and what they cost Device demonstrations can be in-person or online.

6. The online page for this specific activity n/a
can be found at:

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)

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

Module L: Training (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

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

Planned ICT Accessibility Training (required)

The State of South Dakota Bureau of Information and Technology has a List of Standard Assistive Technology and DakotaLink updates this list annually. The Software allows for State employees to have access to and improved access to Information Communication Technology specifically through the computer with access to email, the Web and other forms of communication technology. DakotaLink also has an agreement with the Bureau to provide training to State Employees on this technology. Over the past couple years DakotaLink evaluated a new web-based file management system that the Department of Human Services was implementing. This including having meetings with Department personal and the company providing the software. DakotaLink pointed out issues they observed during their evaluation of the product and made recommendations. Testing Tools WAVE toolbar add-on for Chrome and Firefox Lighthouse - Chrome DevTools audit feature Firefox Accessibility Inspector Chrome Vox a screen reader for Google Chrome

Planned Transition Training or Other Training Activity (optional)

Every Spring DakotaLink provides training for what is called "CATCH THE WAVE" events. These are one-day conferences designed specifically for high school students who have a disability and are considering post-secondary education at a college or technical institute. This event is for students, parents, special educators, school counselor, and any other interested parties. We provide demonstrations and presentations of Assistive Technology at these events throughout the state.

Planned Statewide Conference or Other Training Activity (optional)

DakotaLink actively participates in the annual Fall Conference, supporting the vocational rehabilitation needs of individuals with mental and physical disabilities throughout South Dakota. The South Dakota RehabACTion Network is a collaborative organization composed of community professionals, private practitioners, educators, families, individuals with disabilities, and local businesses. Together, we work to positively impact the state's public Vocational Rehabilitation (Voc Rehab) program. Our network highlights the valuable contributions made by employment specialists, vocational rehabilitation counselors, evaluators, educators, rehabilitation technicians, therapists, adjustment specialists, administrative staff, trainers, and many other dedicated professionals. These committed individuals work tirelessly to help people with disabilities regain their independence through high-quality vocational rehabilitation services.

3. The online page for this specific activity can be found at: <https://www.dakotalink.net/evaluations-training/>

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)

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)

- Have written agreement with this entity

Module M: Technical Assistance (Continued...)

Local/Community Entities (select any/all)
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Private Entities (select any/all)
--

Other (select any/all)

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

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

DakotaLink actively participates in the annual Fall Conference, supporting the vocational rehabilitation needs of individuals with mental and physical disabilities throughout South Dakota. The South Dakota RehabACTion Network is a collaborative organization composed of community professionals, private practitioners, educators, families, individuals with disabilities, and local businesses. Together, we work to positively impact the state's public Vocational Rehabilitation (Voc Rehab) program. Our network highlights the valuable contributions made by employment specialists, vocational rehabilitation counselors, evaluators, educators, rehabilitation technicians, therapists, adjustment specialists, administrative staff, trainers, and many other dedicated professionals. These committed individuals work tirelessly to help people with disabilities regain their independence through high-quality vocational rehabilitation services.

Planned Other Technical Assistance Activity (optional)

DakotaLink will participate in at least eight transition events, known as "Catch the Wave." During these events, DakotaLink technicians will collaborate with Transition Liaisons to enhance how students can benefit from Assistive Technology. We also provide guidance on acquiring this technology, often through the State Vocational Rehabilitation Program. These events are attended by hundreds of transitioning students. Additionally, DakotaLink will participate in the annual Youth Leadership Forum in Aberdeen, South Dakota, where many students focus on developing self-advocacy and leadership skills. Our technicians will also provide technical assistance to the Transition Services Liaison Project of South Dakota, supporting approximately 20 events this year.

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)

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)

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

Module N: Public Awareness (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

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

Major Annual Planned or Other Public Awareness Activity (required)

DakotaLink engages in a variety of outreach activities, including presentations, expos, and conferences, to maximize its reach and raise awareness about Assistive Technology (AT). These efforts are designed to educate individuals, families, educators, and professionals about the availability and benefits of AT solutions. Key components of DakotaLink's public awareness strategy include: 1. Presentations and Expos: DakotaLink regularly participates in local and statewide expos, presenting the latest advancements in Assistive Technology. These events provide hands-on demonstrations of devices and tools designed to improve the quality of life for individuals with disabilities. Presentations at these events are tailored to address the specific needs of different audiences, including students, parents, healthcare providers, and vocational rehabilitation professionals. 2. Conferences: DakotaLink takes an active role in regional and national conferences related to disability services, vocational rehabilitation, and special education. At these events, DakotaLink experts share best practices, deliver keynote speeches, and engage with professionals from various sectors to exchange ideas and discuss new developments in Assistive Technology. These conferences also provide networking opportunities to foster collaborations that can further enhance AT access. 3. Informational Brochures: To complement its in-person outreach efforts, DakotaLink distributes professionally designed brochures that offer detailed information on the types of AT available, the process for obtaining technology, and the support services offered. These brochures serve as a valuable resource for individuals seeking to learn more about how Assistive Technology can meet their specific needs. 4. Online Resources: DakotaLink's website and digital platforms serve as a comprehensive hub for information on Assistive Technology. The site offers a wide range of resources, including product descriptions, videos, training materials, and guides on how to acquire AT devices through various funding options, including the State Vocational Rehabilitation Program. The website is regularly updated to ensure that users have access to the latest information on available tools and services. Through this multifaceted approach—leveraging in-person events, printed materials, and digital resources—DakotaLink strives to raise public awareness and ensure that individuals with disabilities, their families, and professionals in the community are informed about the life-changing benefits of Assistive Technology. DakotaLink is involved community outreach campaigns that educate the general public, healthcare professionals, and people with disabilities about the benefits and availability of AT devices and services. This involves: Public Workshops or Presentations: DakotaLink organizes and participates in events where individuals can learn about the latest AT solutions, such as screen readers for the visually impaired, communication devices for non-verbal individuals, or mobility aids for people with physical disabilities and learning technologies such as speech to text, text to speech, math assistance, grammar assistance, etc. Social Media Campaigns: DakotaLink leverages platforms like Facebook, X, and Instagram to share stories, videos, and resources related to Assistive Technology, showcasing real-life examples of how AT empowers people to live independently.

Planned Other Public Awareness Activity (optional)

DakotaLink also provides quarterly newsletters, posts on listsrvs/blogs/social media.

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)

- Have written agreement with 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)

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

Here's a more professional version of your text: DakotaLink operates a statewide toll-free telephone line, a comprehensive website, and four demonstration centers to provide information and assistance regarding Assistive Technology devices and services. These demonstration centers are strategically located within a hundred-mile radius of 85% of South Dakota's population, ensuring optimal access for the majority of residents. Additionally, DakotaLink contributes informational articles to disability support group newsletters and provides specific updates for various listservs sponsored by education, employment, and community living agencies throughout South Dakota.

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 SD.
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.