## State Grant for Assistive Technology Program - RSA-664 Kentucky State Plan for FY 2015-2017 (submitted FY 2015) H224A150017

### Section A - Identification and Description of Lead Agency and Implementing Entity; Change in Lead Agency or Implementing Entity

1. Name Given to Statewide AT Program:  Kentucky Assistive Technology Service Network

2. Website dedicated to Statewide AT Program:  http://www.katsnet.org

3. Name and Address of Lead Agency

Office of Vocational Rehabilitation Central Office

Cabinet for Human Resources Building

275 E. Main Street

275 East Main Street

Mail Stop 2E-K

Frankfort, KY 40621

4. Name, Title, and Contact Information for Lead Agency Certifying Representative.

Dr. David Beach, PhD.

Executive Director

Office of Vocational Rehabilitation

Cabinet for Human Resources Building

275 East Main Street

Mail Stop 2E-K

Frankfort, KY 40621

502) 564-4440 (Office)

(800) 372-7172 (Toll Free)

DavidT.Beach@ky.gov

5. Information about Program Director at Lead Agency:

Dave Matheis, Branch Manager

Program, Planning and Development

Office of Vocational Rehabilitation Central Office

Cabinet for Human Resources Building

275 East Main Street

Mail Stop 2E-K

Frankfort, KY 40621

502) 564-4440 (Office)

(800) 372-7172 (Toll Free)

DaveS.Matheis@ky.gov

6. Information about Program Contact(s) at Lead Agency:

James A. Brown, Coordinator

KATS Network

200 Juneau Dr. Suite 200

Louisville, KY 40243

Local: (502) 489-8285

Toll Free: (800) 327-5287

TDD: (800) 648-6056 (KY Relay)

Fax: (502) 245-4804

JamesA.Brown@ky.gov

7. Telephone at Lead Agency for Public:  800-327-5287

8. E-mail at Lead Agency for Public:  katsnet@iglou.com

9. Descriptor of the agency:  General or Combined Vocational Rehabilitation Agency

10. If Other was selected for question 9, identify and describe the agency:

11. Contract with an Implementing Entity?  No

12. Name and Address of Implementing Entity:

13. Information about Program Director at the Implementing Entity:

14. Information about Program Contact(s) at Implementing Entity:

15. Telephone at Implementing Entity for Public:

16. E-mail at Implementing Entity for Public:

17. Type of organization:

18. If Other was selected, identify and describe the entity:

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

20. Is the Lead Agency named new or different Lead Agency?

21. Explain why the Lead Agency previously designated by your state should not serve as the Lead Agency:

22. Explain why the Lead Agency newly designated by your state should not serve as the Lead Agency:

23. Is the Implementing Entity named in this State Plan a new or different Implementing Entity from the one designated by the Governor in your previous State Plan?

If you answered no or not applicable to question 23, you may skip ahead to the next page. Otherwise, you must answer the following questions.

24. Explain why the Implementing Entity previously designated by your state should not serve as the Implementing Entity:

25. Explain why the Implementing Entity newly designated by your state should serve as the Implementing Entity:

### Section B - Advisory Council, Budget Allocations, and Identification of Activities Conducted

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

2. The advisory council includes a representative of the designated State agency, as defined in section 7 of the Rehabilitation Act of 1973 (29 U.S.C. 705)  Yes

3. The advisory council includes a representative of the State agency for individuals who are blind (within the meaning of section 101 of that Act (29 U.S.C. 721));  Yes

4. The advisory council includes a representative of a State center for independent living described in part C of title VII of the Rehabilitation Act of 1973 (29 U.S.C. 796f et seq.);  Yes

5. The advisory council includes a representative of the State workforce investment board established under section 111 of the Workforce Investment Act of 1998 (29 U.S.C. 2821);  Yes

6. The advisory council includes a representative of the State educational agency, as defined in section 9101 of the Elementary and Secondary Education Act of 1965  Yes

7. The advisory council includes other representatives

- Office of the Kentucky ADA Coordinator

- Kentucky Commission on Deaf and Hard of Hearing

8. The advisory council includes the following number of individuals with disabilities that use assistive technology or their family members or guardians  8

9. If the Statewide AT Program does not have the composition and representation required under section 4(c)(2)(B), explain.

10. Proposed Budget Allocations

State Financing Activities   $10,001-$20,000

Device Reutilization Activities  $40,001-$50,000

Device Loan Activity Proposed   more than $100,000

Device Demonstration Activity   $90,001-$100,000

State Leadership Activities   more than $100,000

11. For every activity for which you selected "claiming comparability" in item 10, describe the comparable activity.

12. Describe your planned procedures for tracking expenditures for State-level and State Leadership activities.

The Kentucky Assistive Technology Service (KATS) Network is a program of the Kentucky Office of Vocational Rehabilitation (OVR) within the Department of Workforce Investment, Education Cabinet. OVR utilizes the State’s accounting system to track and report expenditures. The electronic Management Administration and Reporting System (eMARS) provides the flexibility to assign identifying codes for specific programmatic budget functions. These function codes are often used to track expenditures for individual components within complicated program structures. OVR will use function codes for each of the State Level and State Leadership activities under this grant and code expenditures accordingly. Transition activities as a subset of State Leadership will also be tracked. Reports can be generated to monitor expenditures to assure compliance as per the State Plan. OVR fiscal staff and the KATS network director will monitor expenditures. For activities within State Level and State Leadership that are not independent and separate from one another, it may be impossible to accurately attribute certain general expenses to a particular discreet activity. In such cases, expenditures will be allocated among activities and may differ slightly from the projected budget.

13. State Financing Activities Performed

Financial loan program   No

Access to telework loan fund   No

Cooperative buying program   No

Financing for home modifications program  No

Telecommunications distribution program   No

Last resort program   Yes

Other program   No

Other Activities Performed

How many device exchange programs do you support?   1

How many device reassignment programs do you support?   1

How many device loan programs do you support?   1

How many device demonstration programs do you support?   1

14. What is the baseline year for the measurable goals for this state plan?  2011

### Section C - State Financing Activities - Last resort program

1. Enter the year when the program began conducting this activity. 2015

2. Who conducts this activity? Check all that apply.

The Statewide AT Program   Yes

Other entities (e.g. contractors)   No

3. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program.   No

Provides in-kind support to other entities via an agreement with the Statewide AT Program.   No

Receives financial support from the state.   No

Receives in-kind support from the state.   No

Receives financial support from private entities.   No

Receives in-kind support from private entities.   No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service.   Yes

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.   No

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.   No

#### 4. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.  
If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.  
If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.  
If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization or Activity | a. You provide support | b. Receive support from the state | c. Receive support from these private entities | d. Collaborate with |
| AgrAbility Program | No | No | No | No |
| Alliance for Technology Access Center | No | No | No | No |
| Bank or other financial institution | No | No | No | No |
| Community Living agency | No | No | No | Yes |
| Easter Seals | No | No | No | No |
| Education-related agency | No | No | No | No |
| Employment-related agency | No | No | No | Yes |
| Health, allied health, and rehabilitation-related agency | No | No | No | Yes |
| Independent Living Center | No | No | No | Yes |
| Institution of Higher Education | No | No | No | No |
| Non-categorical disability organization | No | No | No | No |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | Yes |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | Yes |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | No |
| Organization that primarily serves individuals with physical disabilities | No | No | No | No |
| Organization focused specifically on providing AT | No | No | No | No |
| Protection and Advocacy Organization | No | No | No | No |
| Technology agency | No | No | No | No |
| UCP | No | No | No | No |
| Other | No | No | No | Yes |

5. Select the option that best describes from where this activity is conducted. One central location

6. If you indicated the use of regional sites, from how many regional sites is the activity conducted?

7. This activity is available (choose all that apply)

By website :  Yes

By phone :  Yes

By e-mail :  Yes

By mail :  Yes

In person :  Yes

8. Describe the activity.

The KATS Network Statewide Hearing Aid Assistance and Reuse Program (SHARP) will provide the four (4) following key services to assist individuals in acquiring hearing aids in Kentucky: 1) Collect used hearing aids statewide; 2) Provide Information & Referral services to help identify potential funding sources, locate peer counseling, other related AT needs, etc.; 3) Provide financial assistance to cover the cost of application fees for the Hear Now program; and 4) Provide reconditioned hearing aids through the Starkey All Make Hearing Aid Repair Program.

Working with the national Hear Now program, SHARP will cover the cost of the application fee (currently $125/hearing aid, or $250/pair) for the Hear Now program. Hear Now is an application based charitable organization operated by the Starkey Hearing Foundation. Working with their Hearing Health Professional (HHP), qualifying applicants are able to receive either one or two (based on their need and level of hearing impairment) high quality hearing aids. The individual is responsible for covering the cost of the initial hearing evaluation. Hear Now asks that HHP's working with Hear Now to not charge for fittings and followups during the first warranty covered year.

SHARP will assist applicants in identifying an HHP in their area who works with the Hear Now program. Either the applicant or the HHP contacts SHARP to receive an authorization code which is to be included on the Hear Now application to identify that SHARP will be covering the application fee, SHARP will receive a monthly invoice from Hear Now.

### Section D - Device Reutilization Activities - Device Exchange

1. Select the option that best describes the type of exchange. General device exchange

2. If you indicated this is a general exchange, describe it. If this is exchange is part of a collaborative among states, identify the states and how the collaborative works as part of your description.

During this current Three Year State Plan, the KATS Network will be transitioning our Assistive Technology Exchange (ATEX) List over to the AT4All online tool developed by the Nebraska AT Act Program. Kentucky will become the 17th statewide AT Act Program to partner with Nebraska on the AT4All tool. In KY, the online tool will be branded as "The Kentucky Assistive Technology Locator".

In our previous Three Year State Plan, KATS examined other state web-based exchange programs and it was determined that this system would provide the greatest benefit to the program, its contracted AT Centers and consumers statewide.

During the first year of this state plan (FFY 2012), KATS will initiate the transition to The KY AT Locator website, including initial setup, deployment and marketing.

During year two (FFY 2013), KATS will work to increase the number of partnering entities throughout the state by reaching out to independent living centers, centers for accessible living, schools, non-profits, etc. who provide AT reuse, demo and loan programs to become unfunded partners listing their equipment on the KY AT Locator website in order to maximize the benefit to the consumers and to provide a one-stop resource for AT statewide.

During year three, KATS will continue to market the service and re-evaluate the effectiveness of the system and make changes/improvements as needed.

3. If you indicated that your device exchange serves a particular entity or agency, identify the entity or agency and describe the purpose of the exchange:

4. Enter the year when the program began conducting this activity. 1993

5. Who conducts this activity? Check all that apply.

The Statewide AT Program   Yes

Other entities (e.g. contractors)   No

6. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program.   No

Provides in-kind support to other entities via an agreement with the Statewide AT Program.   No

Receives financial support from the state.   No

Receives in-kind support from the state.   No

Receives financial support from private entities.   No

Receives in-kind support from private entities.   No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service.   No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.   Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.   Yes

#### 7. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.  
If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.  
If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.  
If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization or Activity | a. You provide support | b. Receive support from the state | c. Receive support from these private entities | d. Collaborate with |
| AgrAbility Program | No | No | No | No |
| Alliance for Technology Access Center | No | No | No | Yes |
| Bank or other financial institution | No | No | No | No |
| Community Living agency | No | No | No | Yes |
| Easter Seals | No | No | No | No |
| Education-related agency | No | No | No | Yes |
| Employment-related agency | No | No | No | Yes |
| Health, allied health, and rehabilitation-related agency | No | No | No | Yes |
| Independent Living Center | No | No | No | Yes |
| Institution of Higher Education | No | No | No | Yes |
| Non-categorical disability organization | No | No | No | Yes |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | Yes |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | Yes |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | Yes |
| Organization that primarily serves individuals with physical disabilities | No | No | No | Yes |
| Organization focused specifically on providing AT | No | No | No | Yes |
| Protection and Advocacy Organization | No | No | No | Yes |
| Technology agency | No | No | No | Yes |
| UCP | No | No | No | No |
| Other | No | No | No | No |

8. Select the option that best describes from where this activity is conducted. One central location

9. If you indicated the use of regional sites, from how many regional sites is the activity conducted?

10. This activity is available (choose all that apply)

By website :  Yes

By phone :  Yes

By e-mail :  Yes

By mail :  Yes

In person :  Yes

11. The online page for this activity can be found at http://katsnet.at4all.com

12. Select the option that best describes what happens when a device is exchanged. the transaction is direct consumer-to-consumer

13. Select the option that best describes the policy of the program for charging individuals with disabilities for a device. Nothing

14. Provide any additional information about this activity you wish to share.

Individuals are able to list devices on the KY AT Locator online tool by registering with the site and using a self-submit feature on the KATS AT4All website or by calling or emailing the KATS Network Coordinating Center with details. Consumers who are looking for AT devices for purchase are referred to the list and can also post listings for items they are in need of.

### Section D - Device Reutilization Activities - Device Reassignment

1. Select the option that best describes the reassignment program reassigns general AT

2. Enter the year when the program began conducting this activity. 1990

3. Who conducts this activity? Check all that apply.

The Statewide AT Program   Yes

Other entities (e.g. contractors)   Yes

4. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program.   Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program.   No

Receives financial support from the state.   No

Receives in-kind support from the state.   Yes

Receives financial support from private entities.   No

Receives in-kind support from private entities.   No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service.   No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.   Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.   Yes

#### 5. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.  
If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.  
If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.  
If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization or Activity | a. You provide support | b. Receive support from the state | c. Receive support from these private entities | d. Collaborate with |
| AgrAbility Program | No | No | No | No |
| Alliance for Technology Access Center | No | No | No | Yes |
| Bank or other financial institution | No | No | No | No |
| Community Living agency | No | No | No | Yes |
| Easter Seals | No | No | No | No |
| Education-related agency | No | No | No | No |
| Employment-related agency | No | No | No | Yes |
| Health, allied health, and rehabilitation-related agency | No | No | No | Yes |
| Independent Living Center | No | No | No | Yes |
| Institution of Higher Education | No | No | No | No |
| Non-categorical disability organization | No | No | No | Yes |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | Yes |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | Yes | No | Yes |
| Organization that primarily serves individuals with developmental disabilities | Yes | No | No | Yes |
| Organization that primarily serves individuals with physical disabilities | No | No | No | Yes |
| Organization focused specifically on providing AT | Yes | No | No | Yes |
| Protection and Advocacy Organization | No | No | No | Yes |
| Technology agency | No | No | No | No |
| UCP | No | No | No | No |
| Other | No | No | No | Yes |

6. Select the option that best describes from where this activity is conducted. A combination of a central location and regional sites

7. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 5

8. This activity is available (choose all that apply)

By website :  Yes

By phone :  Yes

By e-mail :  Yes

By mail :  Yes

In person :  Yes

9. Select the option that best describes the policy of the program for charging individuals with disabilities for a device. Multiple subcontractors are used and they set their own policies

10. Select the option that best describes the policy of the program for charging professionals for a device. Multiple subcontractors are used and they set their own policies

11. How do you get the device to the consumer? The consumer picks up the device at a designated site

12. In the following table, select by device type how the device is reassigned. Select the top two used by the program.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of device | Based on consumer choice and/or request | A professional recommendation is required | Qualified program staff match it to the consumer | Qualified consultants and/or volunteers match it to the consumer | The device is provided through a qualified third-party | Not applicable - this type of device is not made available |
| Vision | Yes | No | Yes | No | No | No |
| Hearing | Yes | No | Yes | No | No | No |
| Speech Communication | Yes | No | Yes | No | No | No |
| Learning, Cognition, and Developmental | Yes | No | Yes | No | No | No |
| Mobility, Seating, and Positioning | Yes | No | Yes | No | No | No |
| Daily Living | Yes | No | Yes | No | No | No |
| Environmental Adaptations | Yes | No | Yes | No | No | No |
| Vehicle Modification and Transportation | Yes | No | Yes | No | No | No |
| Recreation, Sports, and Leisure Equipment | Yes | No | Yes | No | No | No |
| Computer and Associated Equipment | Yes | No | Yes | No | No | No |

13. If applicable, describe how consumers demonstrate the need for devices.

Consumers demonstrate need for devices in many ways. Often times a physician, therapist or educator has either prescribed or suggested the item for the individual and recommended them to one of our regional centers. Other times, need is demonstrated through device demonstrations at one of our regional centers where the consumer can receive intensive, hands on experience with the equipment with the guidance of the center staff.

For more basic, low-tech items, consumers can contact the coordinator with the request. The consumer is not required to demonstrate the need for the device. When applicable, the center staff provides assistance with determining the appropriate device(s) needed.

14. Describe any supports provided to the consumer to ensure successful use of the device.

Consumers are encouraged to contact the regional center that provided the equipment at any time to receive additional assistance with a device. Staff also provides training to the consumer, their family and other advocates at the time of the exchange. Staff at the regional centers also provides follow-up contact with the consumer after the exchange has been made to determine outstanding needs/ questions.

15. Describe the activity.

The KATS Network’s five (5) Regional AT Resource Centers (ATRCs) conduct AT Reuse activities for consumers. The ATRCs can accept donations of used equipment and provide the equipment to consumers in need as space permits such activities. The amount of equipment available at one time is limited by storage space. Consumers can visit the Kentucky AT Locator website (http://www.katsnet.at4all.com) or contact the KATS Network or ATRCs by phone, e-mail, or in person to inquire about the availability of equipment that is needed. Consumers are trained on use of the equipment and provided with instruction manuals (if available) upon receipt of the equipment. Most equipment is reassigned on an as-is basis. Toys are also adapted for use with children with disabilities. Other types of AT that are provided through the Regional AT Centers include: adapted computer mice, adapted books, and computer recycling. Several of the four AT Regional Centers also host AT Reuse events throughout the year which are open to the public.

During the first year of this state plan, AT Reuse inventories will be made available to the public through the KY AT Locator (AT4All) online database to allow consumers statewide access to reused equipment available through our four (4) AT Regional Centers.

During FFY 2013, the KATS Network will also be collaborating with the Office of Vocational Rehabilitation (Lead Agency), Bluegrass Technology Center (KATS ATRC), The Carl D. Perkins Vocational Training Center, University of KY Division of Physical Therapy, the KY Appalachian Rural Rehabilitation Network and other partners on establishing and implementing Project CARAT (Coordinating and Assisting the Re-Use of Assistive Technology - http://www.projectcarat.org). Using our Eastern KY ATRCs reuse program as a model, Project CARAT enables underserved individuals with disabilities in the Appalachian region of Kentucky by collecting, refurbishing and redistributing assistive technology (AT) and durable medical equipment (DME) through a collaborative network of partners. Project CARAT will be utilizing the KY AT Locator website as a means of listing and tracking the distribution of items through the project.

Project CARAT will be transitioned over to the KATS Network during the 2015 FFY. During this time, the KATS Network will be expanding Project CARAT to include redistribution locations in Louisville and Paducah, with satellite locations in Murray and Owensboro.

In FFY 2015, the KATS Network will also be implementing it's Statewide Hearing Aid Assistance and Reuse Program (SHARP). As part of its core activities, SHARP will be working with the Starkey All Make Hearing Aid Repair program to provide reconditioned hearing aids to Kentuckians with hearing impairments. Through SHARP, the KATS Network will collect used hearing aids statewide which will be reconditioned by the Starkey All Make Repair Program. Starkey is a Hearing aid manufacturer which also operated a hearing aid reconditioning program that recycles all makes and models of hearing aids.

In FFY 2013, the KATS Network will begin operating a fifth ATRC location housed at the Carl D. Perkins Vocation Training Center (CDPVTC)in Thelma, KY which is operated by the Office of Vocational Rehabilitation. In the past, CDPVTC has served as a satellite AT center for the KATS Network in conjunction with our Central KY ATRC. Beginning in FFY 2013, CDPVTC will begin transitioning over to a full service ATRC for the KATS Network with AT Reuse being one of the activities that this center will provide for the program.

### Section E - Device Loan Activity - Device Loan Activity

1. Select the option that best describes the type of program. General program

2. If you indicated that you have a device loan program for targeted consumers or devices, describe the specific types of consumers or devices for whom this device loan program is intended and why.

3. If you indicated that you have a device loan program for targeted agencies or entities, identify the entity or agency and describe the purpose of the program.

4. If you selected other, describe

5. Enter the year when the program began conducting this activity. 1990

6. Who conducts this activity? Check all that apply.

The Statewide AT Program   No

Other entities (e.g. contractors)   Yes

7. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program.   Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program.   No

Receives financial support from the state.   No

Receives in-kind support from the state.   Yes

Receives financial support from private entities.   No

Receives in-kind support from private entities.   No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service.   No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.   Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.   Yes

#### 8. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.  
If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.  
If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.  
If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization or Activity | a. You provide support | b. Receive support from the state | c. Receive support from these private entities | d. Collaborate with |
| AgrAbility Program | No | No | No | No |
| Alliance for Technology Access Center | No | No | No | No |
| Bank or other financial institution | No | No | No | No |
| Community Living agency | No | No | No | Yes |
| Easter Seals | No | No | No | Yes |
| Education-related agency | No | No | No | Yes |
| Employment-related agency | No | No | No | Yes |
| Health, allied health, and rehabilitation-related agency | No | No | No | Yes |
| Independent Living Center | No | No | No | No |
| Institution of Higher Education | No | No | No | Yes |
| Non-categorical disability organization | No | No | No | Yes |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | Yes |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | Yes | No | Yes |
| Organization that primarily serves individuals with developmental disabilities | Yes | No | No | Yes |
| Organization that primarily serves individuals with physical disabilities | No | No | No | Yes |
| Organization focused specifically on providing AT | Yes | No | No | Yes |
| Protection and Advocacy Organization | No | No | No | Yes |
| Technology agency | No | No | No | No |
| UCP | No | No | No | No |
| Other | No | No | No | Yes |

9. Select the option that best describes from where this activity is conducted. Regional sites

10. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 5

11. This activity is available (choose all that apply)

By website :  Yes

By phone :  Yes

By e-mail :  Yes

By mail :  Yes

In person :  Yes

12. Select the option that best describes the policy of the program for charging individuals with disabilities for a loan. Multiple subcontractors are used and they set their own policies

13. Select the option that best describes the policy of the program for charging professionals for a loan. Multiple subcontractors are used and they set their own policies

14. Describe any supports provided to the consumer to ensure a successful loan.

Centers provide initial overview training, instruction sheets and also provide on-going support both over the phone and in-person on an as-needed basis. Technical support at a consumers home, school, or workplace is available for a fee. Technical support is available over the phone or on-site at the center.

15. Devices in the loan pool also are made available for the following (choose all that apply)

Device demonstrations :  Yes

Evaluations and assessments :  Yes

Training :  Yes

Public awareness :  Yes

16. How do you get the device to the consumer? The consumer picks up the device at a designated site

17. Provide any additional information about this activity you wish to share.

In order to access the device loan program, a device loan request is made to the AT Resource Center geographically closest to the individual in need. This request is completed by phone, fax, email, or in person. If the item is not available from that AT Resource Center, the center will inform the individual of other Center options. If the item is available for loan, the individual will sign a loan form and return policy. Beginning in FFY 2013, individuals will also be able to make loan requests online using the KY AT Locator website. Utilizing the KY AT Locator website allows the KATS Network and its participating ATRCs to expand its reach throughout the state. The website also allows the KATS Network the capacity to partner with programs throughout the state who operate smaller loan "closets", providing a central (online) location for locating Assistive Technology and adapted devices throughout the state.

A nominal fee for the loan of equipment will be charged by the ATRCs to the individual, or to the appropriate agency, school, or private rehabilitation professional. Fees will be collected to defray the costs of maintaining the depository of assistive technologies in good working condition. Consumers are also responsible for covering the cost of shipping and handling for items being returned to the ATRCs at the completion of the loan.

A component of the current device loan program is operated as part of the Kentucky Early Intervention System called "First Steps". A First Steps device loan catalog offers a listing of all assistive devices and adapted toys appropriate for children ages 0-3 which are available at ATRCs that participate in the First Steps program. The listings describes the items, highlights their intended use, provides vendor information and other information to help determine if appropriate. Information about the devices is available at each of the First Steps Point of Entry sites as well as participating ATRC locations. With the establishment of the KY AT Locator website, much of this information will be made available online, providing a more comprehensive listing of all device loan resources available to consumers of all ages.

During this three year state plan, KATS will become a partnering state with AT4All (in KY - The Kentucky Assistive Technology Locator), an online AT exchange, reuse, demo and loan tool. For short-term equipment loans, this will allow KATS to reach a far wider audience throughout the state that may otherwise be typically out of reach for the Regional AT Centers.

In FFY 2013, the KATS Network will begin operating a fifth ATRC location housed at the Carl D. Perkins Vocation Training Center (CDPVTC)in Thelma, KY which is operated by the Office of Vocational Rehabilitation. In the past, CDPVTC has served as a satellite AT center for the KATS Network in conjunction with our Central KY ATRC. Beginning in FFY 2013, CDPVTC will begin transitioning over to a full service ATRC for the KATS Network. Providing short-term loans of AT devices will be among the array of activities that this center will provide for the program throughout the Eastern/Appalachian region of the state.

Device Loans of assistive technology provided through the regional AT Resource Centers lending libraries have the potential to affect an increase in the percent of appropriate targeted individuals and entities who access device loan programs and make a decision about an AT device or service for purposes in the domains of education, employment, community living, and information technology and telecommunications by providing the consumer with an opportunity to personally assess the effectiveness of the device before initiating a purchase. Assistive technology can thus be used for a trial period to determine, prior to a purchase commitment, if it is the most appropriate device to meet the needs of the individual, to provide an interim period of practice, training and use of the device while awaiting delivery of a device that has been ordered, or for limited use in therapy with a qualified professional who believes the individual’s needs will change too quickly to warrant purchase of the device.

### Section F - Device Demonstration Activity - Device Demonstration Activity

1. Select the option that best describes the type of program. General program

2. If you indicated that you have a device demonstration program for targeted consumers or devices, describe the specific types of consumers or devices for whom this device demonstration program is intended and why.

3. If you indicated that you have a device demonstration program for targeted agencies or entities, identify the entity or agency and describe the purpose of the program.

4. If you selected other, describe

5. Enter the year when the program began conducting this activity. 1990

6. Who conducts this activity? Check all that apply.

The Statewide AT Program   No

Other entities (e.g. contractors)   Yes

7. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program.   Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program.   No

Receives financial support from the state.   No

Receives in-kind support from the state.   Yes

Receives financial support from private entities.   No

Receives in-kind support from private entities.   No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service.   No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.   Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.   Yes

#### 8. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.  
If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.  
If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.  
If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization or Activity | a. You provide support | b. Receive support from the state | c. Receive support from these private entities | d. Collaborate with |
| AgrAbility Program | No | No | No | No |
| Alliance for Technology Access Center | No | No | No | No |
| Bank or other financial institution | No | No | No | No |
| Community Living agency | No | No | No | No |
| Easter Seals | No | No | No | No |
| Education-related agency | No | No | No | Yes |
| Employment-related agency | No | No | No | Yes |
| Health, allied health, and rehabilitation-related agency | No | No | No | Yes |
| Independent Living Center | No | No | No | Yes |
| Institution of Higher Education | No | No | No | Yes |
| Non-categorical disability organization | No | No | No | Yes |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | Yes |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | Yes | No | Yes |
| Organization that primarily serves individuals with developmental disabilities | Yes | No | No | Yes |
| Organization that primarily serves individuals with physical disabilities | No | No | No | Yes |
| Organization focused specifically on providing AT | Yes | No | No | Yes |
| Protection and Advocacy Organization | No | No | No | Yes |
| Technology agency | No | No | No | No |
| UCP | No | No | No | No |
| Other | No | No | No | Yes |

9. Select the option that best describes from where this activity is conducted. Regional sites

10. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 5

11. This activity is available (choose all that apply)

By website :  Yes

By phone :  Yes

By e-mail :  Yes

By mail :  Yes

In person :  Yes

12. Select the option that best describes the primary type of demonstrations provided by the program. In-person demonstrations from fixed regional sites

    Select the option that best describes the secondary type of demonstrations provided by the program. In-person demonstrations that move to multiple sites

13. Select the option that best describes the policy of the program for charging individuals with disabilities for a demonstration. Nothing

14. Select the option that best describes the policy of the program for charging professionals for a demonstration. Nothing

15. Devices in the demonstration pool also are made available for the following (choose all that apply)

Device loans :  Yes

Evaluations and assessments :  Yes

Training :  Yes

Public awareness :  Yes

16. Select the option that best describes what is shared with the device loan program. Both staff and space

17. Provide any additional information about this activity you wish to share.

As with the Reuse and Short Term Loan programs, the Device Demonstration program will also be making use of the Kentucky Assistive Technology Locator online tool for listing available equipment statewide as well as for reporting outcomes of the demonstrations for federal reporting purposes.

In FFY 2013, the KATS Network will begin operating a fifth ATRC location housed at the Carl D. Perkins Vocation Training Center (CDPVTC)in Thelma, KY which is operated by the Office of Vocational Rehabilitation. In the past, CDPVTC has served as a satellite AT center for the KATS Network in conjunction with our Central KY ATRC. Beginning in FFY 2013, CDPVTC will begin transitioning over to a full service ATRC for the KATS Network. AT Device demonstrations will be among the array of activities that this center will provide for the program throughout the Eastern/Appalachian region of the state.

### Section G - State Leadership Activities - Training

1. Who conducts this activity? Check all that apply.

The Statewide AT Program   Yes

Other entities (e.g. contractors)   Yes

2. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program.   Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program.   No

Receives financial support from the state.   No

Receives in-kind support from the state.   No

Receives financial support from private entities.   No

Receives in-kind support from private entities.   No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service.   No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.   Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.   Yes

#### 3. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.  
If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.  
If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.  
If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization or Activity | a. You provide support | b. Receive support from the state | c. Receive support from these private entities | d. Collaborate with |
| AgrAbility Program | No | No | No | No |
| Alliance for Technology Access Center | No | No | No | Yes |
| Bank or other financial institution | No | No | No | No |
| Community Living agency | No | No | No | Yes |
| Easter Seals | No | No | No | No |
| Education-related agency | No | No | No | Yes |
| Employment-related agency | No | No | No | Yes |
| Health, allied health, and rehabilitation-related agency | No | No | No | Yes |
| Independent Living Center | No | No | No | Yes |
| Institution of Higher Education | No | No | No | Yes |
| Non-categorical disability organization | No | No | No | No |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | Yes |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | Yes |
| Organization that primarily serves individuals with developmental disabilities | Yes | No | No | Yes |
| Organization that primarily serves individuals with physical disabilities | No | No | No | Yes |
| Organization focused specifically on providing AT | Yes | No | No | Yes |
| Protection and Advocacy Organization | No | No | No | Yes |
| Technology agency | No | No | No | No |
| UCP | No | No | No | No |
| Other | No | No | No | Yes |

4. Select the option that best describes from where this activity is conducted. A combination of a central location and regional sites

5. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 5

6. This activity is available (choose all that apply)

By website :  Yes

By phone :  Yes

By e-mail :  Yes

By mail :  Yes

In person :  Yes

7. Select the option that best describes how training is primarily provided. At sites arranged by those receiving the training

8. Select the option that best describes the policy of the program for charging individuals with disabilities for training. Multiple subcontractors are used and they set their own policies

9. Select the option that best describes the policy of the program for charging professionals for training. Multiple subcontractors are used and they set their own policies

10. Provide any additional information about this activity you wish to share.

The KATS Network has provided and plans to continue to provide training to individual consumers, professionals, groups and organizations on an ongoing basis. These activities will be conducted by both Coordinating Center and regional AT Resource Center staff as available. Some of these activities have been and will be provided free of charge with AT Act funding, while others may be provided by other funding streams available to ATRCs for specific purposes, or in some cases provided on a fee schedule. Here are some examples of the activities:

- Trainings with local school districts to provide information on the benefits that assistive technology use can provide to students with disabilities, identify assistive technology needs of their students, and provide information on available funding options.

- Trainings with local colleges and universities regarding assistive technology needs and/or accessibility issues that their students encounter.

- Training with parents to provide information on the benefits that assistive technology use can provide to their children with disabilities, identify assistive technology needs, and provide information on available funding options.

- Trainings requested by hospitals, health care facilities, businesses, and state and local agencies to meet specific tailored needs of the target audience.

- Trainings presented at AT Resource Center locations, locally at external facilities and at regional and state conferences.

During this 3 year state plan, KATS Network will be working with the KY Office for the Blind in developing an AT conference focusing on issues related to individuals who are blind or visually impaired. The conference will be held in September 2012 and will provide tracks open to the public as well as tracks targeted towards increasing education and awareness of OFB and other professional staff on AT issues as the relate to the blind and visually impaired population.

The KATS Network will also be exploring opportunities for collaboration with the Kentucky Office of Vocational Rehabilitation Rehab Tech Branch and the Human Development Institute at the University of Kentucky in expaning the reach of their annual "Summer AT Institute" to a wider audience throughout the state. The KATS Network will assist in the planning and implementation of the conference and providing KATS Network and ATRC staff as potential presenters as appropriate.

With the guidance of our Advisory Council, The KATS Network will also begin exploring opportunities to expand its capacity and reach to the more rural and remote areas of the state through planned training activities.

### Section G - State Leadership Activities - Technical Assistance

1. Who conducts this activity? Check all that apply.

The Statewide AT Program   Yes

Other entities (e.g. contractors)   Yes

2. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program.   Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program.   No

Receives financial support from the state.   No

Receives in-kind support from the state.   No

Receives financial support from private entities.   No

Receives in-kind support from private entities.   No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service.   No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.   Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.   Yes

#### 3. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.  
If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.  
If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.  
If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization or Activity | a. You provide support | b. Receive support from the state | c. Receive support from these private entities | d. Collaborate with |
| AgrAbility Program | No | No | No | No |
| Alliance for Technology Access Center | No | No | No | No |
| Bank or other financial institution | No | No | No | No |
| Community Living agency | No | No | No | No |
| Easter Seals | No | No | No | No |
| Education-related agency | No | No | No | No |
| Employment-related agency | No | No | No | No |
| Health, allied health, and rehabilitation-related agency | No | No | No | No |
| Independent Living Center | No | No | No | Yes |
| Institution of Higher Education | No | No | No | Yes |
| Non-categorical disability organization | No | No | No | No |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | Yes |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | Yes |
| Organization that primarily serves individuals with developmental disabilities | Yes | No | No | Yes |
| Organization that primarily serves individuals with physical disabilities | No | No | No | Yes |
| Organization focused specifically on providing AT | Yes | No | No | Yes |
| Protection and Advocacy Organization | No | No | No | Yes |
| Technology agency | No | No | No | No |
| UCP | No | No | No | No |
| Other | No | No | No | No |

4. Select the option that best describes from where this activity is conducted. A combination of a central location and regional sites

5. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 5

6. This activity is available (choose all that apply)

By website :  Yes

By phone :  Yes

By e-mail :  Yes

By mail :  Yes

In person :  Yes

7. Select the option that best describes the policy of the program for charging for technical assistance. Multiple subcontractors are used and they set their own policies

8. Provide any additional information about this activity you wish to share.

As the KATS Network explores the possibilities of expanding technical assistance capacities throughout the full planning period, outreach efforts will be conducted to various consumer organizations and advocacy groups, and other state agencies.

### Section G - State Leadership Activities - Public Awareness

1. Who conducts this activity? Check all that apply.

The Statewide AT Program   Yes

Other entities (e.g. contractors)   Yes

2. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program.   Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program.   No

Receives financial support from the state.   No

Receives in-kind support from the state.   No

Receives financial support from private entities.   No

Receives in-kind support from private entities.   No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service.   No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.   Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.   Yes

#### 3. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.  
If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.  
If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.  
If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization or Activity | a. You provide support | b. Receive support from the state | c. Receive support from these private entities | d. Collaborate with |
| AgrAbility Program | No | No | No | No |
| Alliance for Technology Access Center | No | No | No | Yes |
| Bank or other financial institution | No | No | No | No |
| Community Living agency | No | No | No | No |
| Easter Seals | No | No | No | No |
| Education-related agency | No | No | No | Yes |
| Employment-related agency | No | No | No | No |
| Health, allied health, and rehabilitation-related agency | No | No | No | No |
| Independent Living Center | No | No | No | No |
| Institution of Higher Education | No | No | No | Yes |
| Non-categorical disability organization | No | No | No | Yes |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | No |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | No |
| Organization that primarily serves individuals with developmental disabilities | Yes | No | No | Yes |
| Organization that primarily serves individuals with physical disabilities | No | No | No | No |
| Organization focused specifically on providing AT | Yes | No | No | No |
| Protection and Advocacy Organization | No | No | No | No |
| Technology agency | No | No | No | No |
| UCP | No | No | No | No |
| Other | No | No | No | Yes |

4. Select the option that best describes from where this activity is conducted. A combination of a central location and regional sites

5. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 5

6. This activity is available (choose all that apply)

By website :  Yes

By phone :  Yes

By e-mail :  Yes

By mail :  Yes

In person :  Yes

7. Describe the activity.

The KATS Network plans to provide public awareness through the continuing development and dissemination of informational materials in print and accessible electronic formats, through the use of the KATS Network website and email mailing list and listserv distribution, as well as information and referral services. These activities will be conducted by both Coordinating Center and regional AT Resource Center staff as available.

KATS Network will also be exploring ways to expand it’s online presence and capacity to provide effective public awareness opportunities through the use of social networking and other online avenues.

### Section G - State Leadership Activities - Information and Assistance

1. Who conducts this activity? Check all that apply.

The Statewide AT Program   Yes

Other entities (e.g. contractors)   Yes

2. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program.   Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program.   No

Receives financial support from the state.   No

Receives in-kind support from the state.   No

Receives financial support from private entities.   No

Receives in-kind support from private entities.   No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service.   No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.   Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.   Yes

#### 3. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.  
If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.  
If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.  
If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization or Activity | a. You provide support | b. Receive support from the state | c. Receive support from these private entities | d. Collaborate with |
| AgrAbility Program | No | No | No | No |
| Alliance for Technology Access Center | No | No | No | Yes |
| Bank or other financial institution | No | No | No | No |
| Community Living agency | No | No | No | No |
| Easter Seals | No | No | No | Yes |
| Education-related agency | No | No | No | Yes |
| Employment-related agency | No | No | No | Yes |
| Health, allied health, and rehabilitation-related agency | No | No | No | Yes |
| Independent Living Center | No | No | No | Yes |
| Institution of Higher Education | No | No | No | Yes |
| Non-categorical disability organization | No | No | No | Yes |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | Yes |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | Yes |
| Organization that primarily serves individuals with developmental disabilities | Yes | No | No | Yes |
| Organization that primarily serves individuals with physical disabilities | No | No | No | Yes |
| Organization focused specifically on providing AT | Yes | No | No | Yes |
| Protection and Advocacy Organization | No | No | No | Yes |
| Technology agency | No | No | No | Yes |
| UCP | No | No | No | No |
| Other | No | No | No | Yes |

4. Select the option that best describes from where this activity is conducted. A combination of a central location and regional sites

5. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 5

6. This activity is available (choose all that apply)

By website :  Yes

By phone :  Yes

By e-mail :  Yes

By mail :  Yes

In person :  Yes

7. Describe the activity.

The Coordinating Center provides information on the availability of assistive technology devices and services and possible funding sources for AT via the KATS 800 number, mailings, personal contact or the Internet to all individuals who contact the Coordinating Center.

The KATS Network will also provide funding for toll-free 800 numbers to four regional AT Resource Centers, as needed, in order to provide maximum availability information and assistance throughout the State.

KATS Network Coordinating Center staff will provide direct information and referral assistance by email, and by responding to assistive technology, accessibility, and other disability related requests for assistance.

KATS Network Coordinating Center and ATRC staffs are available to provide information and assistance to consumers through phone, e-mail, or in-person inquiries. We assist consumers with questions about accessing AT services and devices, funding for AT devices, and other AT related disability topics. We also provide information and assistance by working with individual consumers on how to use a particular AT device or troubleshooting problems with devices.

### Section H - Assurances, Measurable Goals and Signatures

1. As Certifying Representative of the Lead Agency for the Commonwealth of Kentucky, I hereby assure the following.  Yes

2. The Lead Agency prepared and submitted this State Plan on behalf of the Commonwealth of Kentucky.  Yes

3. The Lead Agency submitting this plan is the State agency that is eligible to submit this plan.  Yes

4. The State agency has authority under State law to perform the functions of the State under this program.  Yes

5. The State legally may carry out each provision of this plan.  Yes

6. All provisions of this plan are consistent with State law.  Yes

7. 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.  Yes

8. The State officer who submits this plan, specified by title in this certification, has authority to submit this plan.  Yes

9. The agency that submits this plan has adopted or otherwise formally approved this plan.  Yes

10. The plan is the basis for State operation and administration of the program.  Yes

11. The Lead Agency will maintain and evaluate the program under this State Plan.  Yes

12. 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.  Yes

13. The Lead Agency will submit the progress report on behalf of the State.  Yes

14. 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.  Yes

15. The Lead Agency will control and administer the funds received through the grant.  Yes

16. The Lead Agency will make programmatic and resource allocation decisions necessary to implement the State Plan.  Yes

17. 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.  Yes

18. The Lead Agency will ensure conformance with Federal and State accounting requirements.  Yes

19. 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.  Yes

20. 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.  Yes

21. 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.  Yes

22. 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)  Yes

23. 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)  Yes

24. 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.  Yes

25. 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.  Yes

26. Describe how your program will conform to section 427 of General Education Provisions Act by describing the steps you propose to take to ensure equitable access to, and participation in, your program for students, teachers, and other program beneficiaries with special needs.

The Kentucky Assistive Technology Service Network will take the necessary steps to ensure equitable access to and participation in all programs and services provided by the Network as described in the Kentucky State Plan for Assistive Technology. Specifically, the Network will ensure equitable access regardless of gender, race, national origin, color, disability or age and will implement the following activities to address potential access barriers:

1) All print materials will be available in appropriate alternative formats (e.g. braille, large print, electronic text, and audio) and made available in languages other than English as needed. Materials will be developed with due consideration of cultural diversity issues along with literacy demands and other factors critical to ensuring usability by a diverse audience.

2) All meetings or events will be held in facilities that comply with the Americans with Disabilities Act Architectural Guidelines (http://www.access-board.gov/adaag/html/adaag.htm) and communication accommodations (e.g. real time captioning, sign language interpreters, other language interpreters, etc.) will be provided as needed.

3) All web based information will conform to Kentucky information technology access standards (KRS 61.980 61.988, http://www.lrc.state.ky.us/KRS/061-00/CHAPTER.htm) to ensure accessibility to a wide variety of individuals with diverse information processing needs.

4) Targeted outreach efforts to groups such as the Association for Retired Persons (http://www.aarp.org/states/ky/), Department for Aging and Independent Living (http://chfs.ky.gov/dail/), Department for Medicaid Services (http://chfs.ky.gov/dms/), Money Follows the Person Grant Kentucky Transitions (http://chfs.ky.gov/dms/MFP.htm), the Kentucky Rural Health Association (http://www.kyrha.org/), the Governor’s Office of Minority Empowerment (http://www.ome.ky.gov/), and various community organizations that represent minority constituencies will be included as part of the marketing for program and services described in the State Plan.

27. Access Goal Table

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Education** | **Employment** | **Community Living** | **IT/Telecomm** |
| a. Long-term Goal | 70.00 | 70.00 | 70.00 | 70.00 |
| b. Long-term Goal Status | Met [d] | Met [d] | Met [d] | Met [d] |
| c. FY 2011 Performance |  |  |  |  |
| d. FY 2012 Short-term goal | 70.00 | 70.00 | 70.00 | 70.00 |
| e. FY 2012 Performance |  |  |  |  |
| f. FY 2012 Status |  |  |  |  |
| g. FY 2013 Short-term goal | 70.00 | 70.00 | 70.00 | 70.00 |
| h. FY 2013 Performance | 98.89 | 95.12 | 99.89 | 100.00 |
| i. FY 2013 Status | Met | Met | Met | Met |
| j. FY 2014 Short-term goal | 70.00 | 70.00 | 70.00 | 70.00 |
| k. FY 2014 Performance | 99.53 | 90.91 | 99.50 | 100.00 |
| l. FY 2014 Status | Met | Met | Met | Met |

28. Acquisition Goal Table

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Education** | **Employment** | **Community Living** |
| a. Long-term Goal | 75.00 | 75.00 | 75.00 |
| b. Long-term Goal Status | Met [d] | Met [d] | Met [d] |
| c. FY 2011 Performance |  |  |  |
| d. FY 2012 Short-term Goal | 75.00 | 75.00 | 75.00 |
| e. FY 2012 Performance |  |  |  |
| f. FY 2012 Status |  |  |  |
| g. FY 2013 Short-term Goal | 75.00 | 75.00 | 75.00 |
| h. FY 2013 Performance | 100.00 | 77.11 | 91.48 |
| i. FY 2013 Status | Met | Met | Met |
| j. FY 2014 Short-term Goal | 75.00 | 75.00 | 75.00 |
| k. FY 2014 Performance | 97.52 | 100.00 | 83.27 |
| l. FY 2014 Status | Met | Met | Met |

29. Name of Certifying Representative for the Lead Agency Dr. David Beach, PhD.

30. Title of Certifying Representative for the Lead Agency Executive Director, Office of Vocational Rehabilitation

31. Signed? Yes

32. Date Signed 02/27/2015