

State Grant for Assistive Technology Program - RSA-664 North Dakota State Plan for FY 2012-2014 (submitted FY 2012) H224A120034

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. Interagency Program for Assistive Technology (IPAT)
2. Website dedicated to Statewide AT Program <http://www.ndipat.org>
3. Name and Address of Lead Agency
North Dakota Department of Human Services
Division of Vocational Rehabilitation
1237 W Divide, Suite 1B
Bismarck, ND 58501-1208
4. Name, Title, and Contact Information for Lead Agency Certifying Representative.
Russell Cusack, Director
Division of Vocational Rehabilitation
State Office
1237 W Divide, Suite 1B
Bismarck, ND 58501-1208
701-328-8926
rcusack@nd.gov
5. Information about Program Director at Lead Agency.
Russell Cusack, Director
Division of Vocational Rehabilitation
State Office
1237 W Divide, Suite 1B
Bismarck, ND 58501-1208
701-328-8926
rcusack@nd.gov
5% of FTE
6. Information about Program Contact(s) at Lead Agency.
Russell Cusack, Director
Division of Vocational Rehabilitation
State Office
1237 W Divide, Suite 1B
Bismarck, ND 58501-1208
701-328-8926
rcusack@nd.gov
7. Telephone at Lead Agency for Public. **800-474-2622**
8. E-mail at Lead Agency for Public. dhseo@nd.gov
9. Descriptor of the agency Health and Human Services Agency
10. If Other was selected for question 9, identify and describe the agency. NA
11. Contract with an Implementing Entity? Yes
12. Name and Address of Implementing Entity.
Interagency Program for Assistive Technology
3240 15th St S, Suite B
Fargo, ND 58104-6188

13. Information about Program Director at the

Implementing Entity.

Judie Lee, CEO
IPAT
3240 15th St. S., Suite B
Fargo, ND 58104
701-365-4729
jlee@ndipat.org
100% of FTE

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

Judie Lee, CEO
IPAT
3240 15th St. S., Suite B
Fargo, ND 58104
701-365-4729
jlee@ndipat.org

15. Telephone at Implementing Entity for Public.

800-895-4728

16. E-mail at Implementing Entity for Public.

ipatinfo@ndipat.org

17. Type of organization

Non-categorical disability organization

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

NA

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

The Department of Human Services (DHS) will control and administer the funds made available through the grant awarded to the State by contracting with the Governor designated implementing entity, Interagency Program for Assistive Technology (IPAT) to carry out its responsibilities.

As Lead Agency, DHS enters into a subcontract with IPAT, the Implementing Entity. After the contract is signed each monthly reimbursement request is reviewed by category to ensure the claim is appropriate and accurate. Additionally, the DHS contracting monitoring area performs random reviews of the fiscal claims by requesting actual supporting documents for each claim selected for a given month. Programmatic oversight is accomplished by DHS completing an internal form known as a Program Monitoring Checklist after six months of the contract have passed. This form enables the DHS program oversight individual to address questions relative to contract performance. Also, at the end of each contract period DHS completes a Contract Closure Form which is issued by the DHS contract monitoring staff to ensure all terms of the contract have been met. Finally, throughout the contract period there is communication both verbal and written whereby the Implementing Entity (IPAT) shares program specific information with the Lead Agency (DHS-DVR) relative to outcomes, accomplishments, etc.

DHS will submit the application described in subsection (d) of the AT Act of 1998, as amended on behalf of the State, to ensure conformance with Federal and State accounting requirements.

20. Is the Lead Agency named new or different
Lead Agency? No

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? No

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));
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
North Dakota Protection and Advocacy
8. The advisory council includes the following number of individuals with disabilities that use assistive technology or their family members or guardians 12
9. If the Statewide AT Program does not have the composition and representation required under section 4(c)(2)(B), explain.
NA
10. Proposed Budget Allocations

State Financing Activities \$20,000	\$10,001-
Device Reutilization Activities \$20,000	\$10,001-
Device Loan Activity Proposed \$100,000	\$90,001-
Device Demonstration Activity \$90,000	\$80,001-
State Leadership Activities \$100,000	more than
11. For every activity for which you selected "claiming comparability" in item 10, describe the comparable activity.
NA
12. Describe your planned procedures for tracking expenditures for State-level and State Leadership activities.
IPAT will establish separate cost centers and codes for each State Level and State Leadership Activity. IPAT staff will track their time and expenses according to activity by keeping daily time/expense logs and coding them appropriately. Salaries, rental space, and equipment purchases will be prorated according to use and allocated to the appropriate cost center. Costs for specific printed products, such as the Equipment Loan Library brochures, and postage/shipping costs related to a specific activity, such as the AT Key Newsletter, will be allocated to the appropriate activity. General office supplies, professional resources, and administrative costs will be prorated according to the 60% State Level Activities and 40% State Leadership Activities split.
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?	2
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.	2010
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.	Yes
Receives in-kind support from the state.	No
Receives financial support from private entities.	Yes
Receives in-kind support from private entities.	Yes
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.	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	Yes	Yes
Community Living agency	No	No	No	No

Easter Seals	No	No	No	No
Education-related agency	No	No	No	No
Employment-related agency	No	Yes	No	No
Health, allied health, and rehabilitation-related agency	No	Yes	Yes	Yes
Independent Living Center	No	No	No	No
Institution of Higher Education	No	No	Yes	Yes
Non-categorical disability organization	No	No	Yes	No
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	No	No	Yes	No
Organization that primarily serves individuals with physical disabilities	No	No	Yes	No
Organization focused specifically on providing AT	No	No	Yes	No
Protection and Advocacy Organization	No	No	No	No
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	Yes	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.

Last Resort Fund: Pedaling for Possibilities

The Interagency Program for Assistive Technology (IPAT), supports a Last Resort Fund known as Pedaling for Possibilities. This Fund is actualized through a fundraising event held in Fargo, North Dakota, for the sole purpose of raising money to purchase assistive technology (AT) devices or services for eligible individuals who apply to the Fund. One Saturday a year, teams of ten cyclists compete against each other to log the most miles and raise the most money. They do this by having each team

member ride a stationary bicycle for a 25-minute interval with a five-minute break to change riders. Each cyclist seeks funding to support his or her ride prior to race day, and all funds are donated to Pedaling for Possibilities for disbursement.

The funds can be accessed by any state resident of any age representing any disability. However, only individuals with disabilities or their family members who can clearly establish a need for AT but who do not qualify for AT through other systems (Medicaid, Vocational Rehabilitation, or Special Education), and cannot pay for a device or services on their own can receive AT paid for through the Fund. Once an individual is determined eligible to receive AT through Pedaling for Possibilities, he or she is generally referred to IPAT's device loan or device demonstration program, or to other qualified parties statewide for assistance in determining the appropriate AT. The Pedaling for Possibilities disbursement committee routinely checks with existing reuse programs to see if a used device is available before making a new purchase.

Once the AT has been selected, Pedaling for Possibilities works with the vendor of that AT and the funds are paid directly to that vendor, who then provides the device to the person. While no AT Act funds are used to purchase the AT devices and services, the Statewide AT Program incurs the costs of administering the Fund. Staff time is dedicated to reviewing applications, working with the vendors who provide the AT, processing all the funds, organizing race day, and following-up with the recipient once a device or services are obtained. Additional resources are used to make and disseminate promotional materials specific to Pedaling for Possibilities.

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 exchange is part of a collaborative among states, identify the states and how the collaborative works as part of your description.

Over three years, IPAT will directly administer the North Dakota AT4all website, a free, statewide service that allows individuals to buy, sell, exchange, or give away used AT equipment through the ND AT4all website. AT4all is a website/database made available to state AT programs by Information Data Exchange Solutions and Nebraska Assistive Technology Partners. North Dakota Stakeholders (Independent Living Centers, Department of Human Services- Aging Services, Vocational Rehabilitation, Department of Public Instruction, State Developmental Center, and Private Vendors) worked together to choose the AT4all model and implement it as the tool for AT reuse in the state, for both individuals and organizations. Individuals in North Dakota having AT equipment for sale, exchange or donation, can go on the internet or call IPAT's toll-free number to obtain the necessary information to list items.

The operating procedures for listing items on www.nd.at4all.com are:

1. Individuals wishing to list items will complete the required online forms to register to use the North Dakota AT4all website. Individuals without internet access may request a third-party user account by contacting IPAT and providing the necessary registration information.
2. To list items users will complete necessary forms and submit to www.nd.at4all.com for approval. Third-party users can contact IPAT to complete forms to be input by North Dakota AT4all staff on their behalf.
3. North Dakota AT4all will list the item for 90 days, with the ability to renew the listing.

North Dakota AT4all users are asked to remove listings, instead of allowing the item to expire for the following reasons:

- Time is expended by Individuals inquiring about unavailable items
- Necessary federal reporting data can be obtained by generating a survey for the removed item

When callers request information about items, IPAT will provide information on available equipment, but will not be responsible for the pricing, sale, or condition of the item; nor will IPAT be involved in, or responsible for any negotiations to acquire items.

The North Dakota AT4all listing is courtesy of IPAT. IPAT makes no representation, either expressed or implied, as to the suitability or quality of the items posted. North Dakota AT4all items are not guaranteed by IPAT.

Used AT devices will be listed on the website by category, to include; device name, condition and asking price. In addition, the city and first name of the seller will be listed along with the preferred contact information. When an individual is looking for a used AT device, they can check online or call IPAT's toll-free number to obtain the information they need.

Anyone in North Dakota is able to list an AT device through the North Dakota AT4all website; individuals residing outside of the state may access the website to purchase items. IPAT lists all devices that are submitted following the North Dakota AT4all procedures.

An identified barrier for people wanting to reuse AT by way of the exchange service is the cost associated with shipping the equipment from point A to point B. To eliminate this barrier, IPAT partners with CrossCountry Courier, a North Dakota owned and operated trucking company, to deliver used AT equipment to people throughout the state at a reduced rate.

The North Dakota AT4all service increases the number of individuals with disabilities who acquire AT devices. This is due to the affordability of used equipment, the lack of eligibility criteria to access the service, the ease of locating needed devices

online or through the toll-free number, the availability of discounted shipping throughout the state, and the one-on-one negotiations between buyer and seller.

IPAT will coordinate the marketing of the equipment exchange service to increase statewide awareness of the program.

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:

NA

4. Enter the year when the program began conducting this activity. 1996

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

The Statewide AT Program Yes

Other entities (e.g. contractors) Yes

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. Yes

Receives in-kind support from the state. Yes

Receives financial support from private entities. Yes

Receives in-kind support from private entities. Yes

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. 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	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	No
Easter Seals	No	No	No	No

Data Entry

Education-related agency	No	No	No	Yes
Employment-related agency	No	No	No	Yes
Health, allied health, and rehabilitation-related agency	No	Yes	No	Yes
Independent Living Center	No	No	Yes	Yes
Institution of Higher Education	No	No	No	No
Non-categorical disability organization	No	No	Yes	Yes
Organization that primarily serves individuals who are blind or visually impaired	No	Yes	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	No	Yes	No	Yes
Organization that primarily serves individuals with physical disabilities	No	No	Yes	Yes
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	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? 0

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://www.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.

ND does not track performance outcomes for the IPAT Exchange Program due to inconsistent contact with the buyer. We do know that Community Living is the main user of this program.

Section D - Device Reutilization Activities

Device Reassignment 1 of 2

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

2. Enter the year when the program began conducting this activity. 2010

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

- The Statewide AT Program Yes
- Other entities (e.g. contractors) No

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. No
- Provides in-kind support to other entities via an agreement with the Statewide AT Program. No
- Receives financial support from the state. Yes
- 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. No
- Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

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	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	Yes	No	No
Independent Living Center	No	No	No	No
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	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	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	No

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

7. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 2

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

By website	No
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. Nothing

10. Select the option that best describes the policy of the program for charging professionals for a device. Nothing

11. How do you get the device to the consumer? The device is shipped via mail or other commercial delivery

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	No	No	No	No	No	No
Hearing	No	No	Yes	No	No	No
Speech Communication	No	No	No	No	No	No
Learning, Cognition, and Developmental	No	No	No	No	No	No
Mobility, Seating, and Positioning	No	No	No	No	No	No
Daily Living	No	No	No	No	No	No
Environmental Adaptation	No	No	No	No	No	No
Vehicle Modification and Transportation	No	No	No	No	No	No
Recreation, Sports, and Leisure Equipment	No	No	No	No	No	No
Computer and Associated Equipment	No	No	No	No	No	No

13. If applicable, describe how consumers demonstrate the need for devices.
The consumer describes their situation and provides a copy of an audiogram if applicable.

14. Describe any supports provided to the consumer to ensure successful use of the device.
Telephone, on-line and on-site support is made available to the consumer.

15. Describe the activity.
IPAT receives used telephone equipment from past recipients of the ND Telecommunications Equipment Distribution program. These phones and accessories are recycled by swapping out broken parts and cleaning thoroughly. All working equipment is entered into a database.

The recycled equipment is available to North Dakota state residents at no charge with the exception of shipping where applicable.

This telephone equipment is provided as-is and will not be maintained by IPAT.

To obtain a recycled phone, the consumer contacts IPAT via the Toll Free phone number or through email. Before the equipment is shipped or picked up, the consumer is required to sign a loan form, complete outcomes/satisfaction surveys, and pay for shipping where applicable.

Section D - Device Reutilization Activities

Device Reassignment 2 of 2

1. Select the option that best describes the _____ is an open-ended loan program reassignment program

2. Enter the year when the program began conducting this activity. 1995

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

The Statewide AT Program	Yes
Other entities (e.g. contractors)	No

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.	No
Provides in-kind support to other entities via an agreement with the Statewide AT Program.	No
Receives financial support from the state.	Yes
Receives in-kind support from the state.	No
Receives financial support from private entities.	No
Receives in-kind support from private entities.	Yes
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.	No
Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.	No

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	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	Yes	No	No
Independent Living Center	No	No	No	No
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	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	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	No

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

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

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. Nothing

10. Select the option that best describes the policy of the program for charging professionals for a device. Nothing

11. How do you get the device to the consumer? The device is shipped via mail or other commercial delivery

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 Adaptation	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.

Consumer contacts IPAT, describes their situation and needs and an on staff AT Specialist matches the available equipment to the individual.

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

Equipment is provided "as is". However some technical support is provided via phone, on-line and/or on-site.

15. Describe the activity.

IPAT provides open ended loans of working, used equipment. When used devices in the IPAT Equipment Loan library and Demo Center are no longer manufactured or they have been replaced by an updated version, they are moved to the Open Ended Equipment Loan Program. This equipment is available to North Dakota state residents of all ages with disabilities and/or those family members and professionals that work with them.

Open Ended equipment may be checked out for as long as needed, at no cost to the consumer with the -exception of shipping if needed.

A list of the equipment in this program is available on the IPAT website and is provided in print and other alternative formats on request. Announcements of new equipment additions are made in the IPAT newsletter, website, and Facebook.

This equipment is provided as-is and will not be maintained by IPAT.

The existing Equipment Loan Library database (described below) provides tracking information for these equipment loans.

To obtain an open ended loan, the consumer contacts IPAT via the Toll Free phone number or through email. Before the equipment is shipped or picked up, the consumer is required to sign a loan form, complete outcomes/satisfaction surveys, and pay for shipping where applicable.

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.
NA

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.
NA

4. If you selected other, describe
NA

5. Enter the year when the program began conducting this activity. 1994

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

The Statewide AT Program	Yes
Other entities (e.g. contractors)	No

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.	No
Provides in-kind support to other entities via an agreement with the Statewide AT Program.	No
Receives financial support from the state.	Yes
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.	No
Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.	No

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	No
Employment-related agency	No	No	No	No
Health, allied health, and rehabilitation-related agency	No	Yes	No	No
Independent Living Center	No	No	No	No
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	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	No	No	No	Yes
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	No

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

10. If you indicated the use of regional sites, from 0 how many regional sites is the activity conducted?

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. A fee on a variable or sliding scale

13. Select the option that best describes the policy of the program for charging professionals for a loan. A fee is assigned based on the value or type of device

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

14. IPAT operates a statewide short-term AT equipment loan program known as the IPAT Equipment Loan Library (ELL). IPAT engages in a number of processes and has established numerous supports that ensure successful loans across the inquiry, acquisition and use, and post loan stages. These processes and supports are described below.

IPATs ELL is administered and directly operated by IPAT staff. Requests for device loans are channeled through the primary point-of-contact, the loan librarian (IPATs Administrative Assistant), who has immediate access to IPAT AT Coordinators for technical support. Information about the ELL service may be obtained and particular inquiries about device loans may be made by using the toll-free telephone number, fax number, direct email address, or website link. If an inquiry is made about a device not in the ELL inventory, the individual making the inquiry will be referred to an appropriate vendor or another resource.

The ELL is available to state residents of all ages with disabilities and/or those family members and professionals that work with them. The ELL loans a wide range of devices (i.e. augmentative communication, telecommunication, computer access, educational accommodations, vision aids, and environmental control). By making AT devices available for short-term loan, the ELL meets the on-going need for equipment exploration, trial-use (try before you buy), equipment availability for AT assessments by clinicians and educators statewide, access to devices for individuals whose own devices are in for repair or not working, and AT funding justification documentation.

A small fee is charged for equipment borrowed from the ELL, the rates being based upon the value of the device. IPAT employs a sliding fee schedule for the rental of ELL equipment for individuals with disabilities not covered by an agency; this eliminates denying a person access to equipment due to their inability to pay. Although shipping costs are assessed to the borrower, these can be waived for a borrower (e.g., if delivery can be arranged through on-site pick-up and return.)

The IPAT ELL device loan period is set at six-weeks from the date of shipping or pick-up. That loan period may be extended based on individual circumstances and the absence of anyone else on the wait list for the particular item out on loan.

To accommodate IPATs employing a first come first serve approach to loans, a wait list process has been put into practice to ensure a consumers ready access to any particular (high-demand) device.

To facilitate the tracking of over a thousand devices currently available through the ELL and used by hundreds of ELL consumers, IPAT has developed a customized database software program. This program allows for instant accountability on each piece of equipment and has the capacity to provide numerous reports on device loan utilization. Since each loan is made under a written contract, this paper trail also provides an additional layer of tracking and accountability.

Prior to the time a loan recipient receives their device(s), it is checked to ensure it is fully operational and has suitable manual/user instructions. At the time of delivery or receipt, the loan recipient is given a brief overview of the devices operation and given contact information should further, additional support be needed. This support may be provided on-site, via telephone, or video-conference.

To complete the device loan activity cycle, a consumer satisfaction survey is completed upon return of the loan device. Specific questions on the device condition, purpose of the loan, decision making, and overall service satisfaction are recorded on a specific form (either directly by the consumer or on their behalf). Feedback from this survey process is then used to further drive improvements in service delivery.

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 device is shipped via mail or other commercial delivery

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

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.

NA

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.

NA

4. If you selected other, describe

NA

5. Enter the year when the program began conducting this activity. 1997

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

The Statewide AT Program	Yes
Other entities (e.g. contractors)	No

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.	No
Provides in-kind support to other entities via an agreement with the Statewide AT Program.	No
Receives financial support from the state.	Yes
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.	No

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

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	No
Employment-related agency	No	No	No	No
Health, allied health, and rehabilitation-related agency	No	Yes	No	No
Independent Living Center	No	No	No	No
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	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	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	No

9. Select the option that best describes from where this activity is conducted. A combination of a central location and regional sites
10. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 2
11. This activity is available (choose all that apply)
- | | |
|------------|-----|
| By website | Yes |
| By phone | No |
| By e-mail | No |
| By mail | No |
| 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. Virtual demonstrations via technology
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.

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) No

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. No
- Provides in-kind support to other entities via an agreement with the Statewide AT Program. No
- Receives financial support from the state. Yes
- 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. Yes
- Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

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	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	Yes	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

Data Entry

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	Yes	Yes
Organization that primarily serves individuals with physical disabilities	No	No	No	Yes
Organization focused specifically on providing AT	No	No	No	No
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? 2

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

By website	Yes
By phone	No
By e-mail	No
By mail	No
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. A fee on a variable or sliding scale

9. Select the option that best describes the policy of the program for charging professionals for training. A flat fee

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

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) No

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. No
- Provides in-kind support to other entities via an agreement with the Statewide AT Program. No
- Receives financial support from the state. Yes
- 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. Yes
- Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

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	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	Yes	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	Yes	Yes
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	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? 2

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. Nothing

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

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) No

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

Receives financial support from the state.	Yes
Receives in-kind support from the state.	No
Receives financial support from private entities.	Yes
Receives in-kind support from private entities.	Yes
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.	No

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	Yes	Yes
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	Yes	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	No
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? 2

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.

IPAT will provide the following public awareness activities:

Conferences and Expos - IPAT will have a booth at 12-15 conferences/expos every year. The conference attendees will be individuals with disabilities and professionals representing aging, education, transition, employment, health care, and other assistive technology service sectors. The booth will feature information about IPAT programs and general information about AT. The types of devices/information displayed will be customized to meet the needs of each audience.

Newsletter - IPAT's newsletter, the AT KEY, will be published bi-monthly. It will be made available online through IPAT's accessible website or mailed in hard copy with alternative formats available upon request. All persons wishing to be placed on the newsletter mailing list will be. Regular features of the newsletter will include a front page story about AT of statewide or national significance, an article specific to funding options for AT, a consumer interest story highlighting AT, an equipment spotlight describing devices available for loan in IPAT's Equipment Loan Library and a calendar of events identifying upcoming AT conferences, presentations or exhibits.

Social Media - IPAT will employ various social media avenues to increase awareness of existing programs and provide assistive technology expertise on a regular, interactive basis. Facebook, Twitter and blogs will be used to build relationships with agencies, individuals with disabilities, and other interested parties that could benefit from the use of AT.

Website - The IPAT website will feature information about the four major State Activities of the AT Act. It will also include information on IPAT products, AT laws and regulations, and links to national AT resources. In addition, the website will provide a direct link to IPAT staff for website visitors to access further information, request training or products, or request specific assistance with any of IPAT's activities.

Publications - IPAT will continue to develop and disseminate AT publications covering a wide range of topics for individuals with disabilities, their family members, professionals in the field of disability and other interested parties. IPAT will provide publication materials at their demonstration sites, on IPAT's website, at conferences/expos and through the mail.

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) No

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.	No
Provides in-kind support to other entities via an agreement with the Statewide AT Program.	No
Receives financial support from the state.	Yes
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.	No
Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.	No

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	Yes	No	No
Independent Living Center	No	No	No	No
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	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	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	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? 2

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.

IPAT has two regional sites, all of which have a toll free number. A consumer can call any of the sites and speak to a staff member or leave a voice mail. If the staff member receiving the call is not able to answer the request, they will transfer the call or refer the individual to the appropriate person on staff, regardless of the region. All regional offices work closely together. E-mail requests can be sent to a specific staff member or go to a general account. Those in the general account are routed to the staff member with the appropriate expertise. IPAT responds to inquiries within one business day. IPAT staff provides information specific to AT benefits, appropriateness, costs, resources, devices, services and regulations. Information is provided via the phone, electronically, in person, or sent via mail to the caller.

Section H - Assurances, Measurable Goals and Signatures

- | | |
|---|-----|
| 1. As Certifying Representative of the Lead Agency for the State of North Dakota, I hereby assure the following. | Yes |
| 2. The Lead Agency prepared and submitted this State Plan on behalf of the State of North Dakota. | 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 | Yes |

section in order to prepare the progress reports required under subsection 4(f) of the Act.

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 Interagency Program for Assistive Technology (IPAT), will take all the necessary steps to ensure that all partners and subcontractors will comply with the General Education Provisions Act (GEPA), section 427. IPAT will ensure that all people have equal access to and equitable participation in their programs and services. They will not discriminate on the basis of gender, race, national origin, color, disability or age. All programs and materials will be developed so that children and adults with disabilities and those with diverse backgrounds will be able to successfully and fully participate. For example:

1. IPAT will systematically reach out to people in remote rural areas in the design of program activities and information dissemination to ensure that barriers to equitable participation resulting from geographic isolation are overcome, by utilizing existing technology such as video conferencing available in most schools and small rural hospitals.
2. IPAT programs will be held in physically accessible locations. In addition, IPAT will ensure that if someone needs accommodations such as sign language interpreters or closed captioning to effectively participate they will be provided.
3. IPAT will ensure that websites are accessible and meet the North Dakota State accessibility standard.
4. IPAT will make all training materials and other informational materials available in alternative formats upon request, such as audio, large print, and Braille.
5. IPAT will adhere to Section 508 standards in all aspects of the program to include accessible website and telecommunications.

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				
c. FY 2011 Performance	98.61	100.00	100.00	100.00
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				
i. FY 2013 Status				
j. FY 2014 Short-term goal	70.00	70.00	70.00	70.00
k. FY 2014 Performance				
l. FY 2014 Status				

28. Acquisition Goal Table

	Education	Employment	Community Living
a. Long-term Goal	75.00	75.00	75.00
b. Long-term Goal Status			
c. FY 2011 Performance	100.00		69.07
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			
i. FY 2013 Status			
j. FY 2014 Short-term Goal	75.00	75.00	75.00
k. FY 2014 Performance			
l. FY 2014 Status			

29. Name of Certifying Representative for the Lead Agency Russ Cusack
30. Title of Certifying Representative for the Lead Agency Director of Vocational Rehabilitation
31. Signed? Yes
32. Date Signed 02/22/2012

System information

The following information is captured by the MIS.

This form has been approved for use by OMB through Nov 30, 2014.

Last updated on
February 22, 2012

Last updated by

Data Entry

sgatndleej

Completed on
February 22, 2012

Completed by
sgatndleej

Approved on

Approved by

 OMB Notice