October 2017 through December 2017			
Funding for Program Operation	Budget	Program Operation	
State funding	\$ 1,291,981.00	\$ 173,919.00	
Federal Part B - SILC	\$ 140,000.00	\$ 140,000.00	
Federal Assistive Technology	\$ 56,000.00	\$ 56,000.00	
Total	\$ 1,487,981.00	\$ 369,919.00	
Call Data			
Calls from a potential Consumer	135		
Calls from a Consumers Representative	26		
Calls from non-representative (no authority)	27		
Calls from an Agency or Organization	2		
Total calls	190		
Program Information - Applicant Package	147		
Transition Related	2		
Prevention Related	3		
Caseload Data			
New Applicants (Oct 2017 - Dec 2017)	34		
Active Consumer Cases	68		
Waitlist	47		
Waiting under 90 days	*unavailable data		
Waiting over 90 days	*unavailable data		
Closure Reason	Total	Percentage	
Closed - Goals Met	39	83%	
Closed - Withdrawn	4	9%	
Closed - Died	1	2%	
Closed - Moved or Other	3	6%	
Total Closed Cases	47	100%	
Consumer Goals (closed cases)	Goals Met	Percentage	
Total Goals Set	112	N/A	
Goals - Met	81	72%	
Goals - Withdrawn	14	13%	
Goals - Passed Away	5	4%	
Goals - Unable to Contact	11	10%	
Goals - Solution Not Available	1	1%	

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Transitions and Preventions	Provided
Transitions	*unavailable data
Preventions	*unavailable data
Assistive Technology	Provided
Daily Living	*unavailable data
Environmental Adaptation	*unavailable data
Hearing	*unavailable data
Mobility, Seating & Positioning	*unavailable data
Speech Communication	*unavailable data
Vehicle Modification & Transportation	*unavailable data
Vision	*unavailable data
Total	*unavailable data
Other Resources Provided	*unavailable data

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Satisfaction and	Life Impact	- Survey Data

Satisfaction and Life Impact - Survey Data				
Are you satisfied with our services? Rate the service provided by the staff at				
Excellent	100%			
Very Good	0%			
Good	0%			
Fair	0%			
Poor	0%			
Did you have choice and control over the Goals you set and the types of services you received?				
A lot of control and choice	50%			
Quite a bit of control and choice	25%			
A little control and choice	25%			
Not enough control and choice	0%			
Rate the services provided by the vendors, but	uilding contractors, o	or businesses that		
you worked with:				
Excellent	75%			
Very Good	25%			
Good	0%			
Fair	0%			
Poor	0%			
Rate your overall satisfaction with the program	m: Which of the foll	owing best reflects		
your level of satisfaction with the services you				
Highly Satisfied	75%			
Satisfied	25%			
Satisfied Somewhat	0%			
Not Satisfied	0%			
Have the services provided made a positive in	mpact on your life?			
Yes	100%			
No	0%			
Did the services provided impact your life? N		ife:		
Improved a lot	50%			
Improved quite a bit	50%			
Improved a little	0%			
Did not change	0%			
N/A or No response	0%			
My ability to volunteer, be involved in my community, or do leisure activities:				
Improved a lot	50%			
Improved quite a bit	0%			
Improved a little	25%			
Did not change	0%			
N/A or No response	25%			

My overall Independence related to the goals established:			
Improved a lot	50%		
Improved quite a bit	50%		
Improved a little	0%		
Did not change	0%		
N/A or No response	0%		
My chances of staying OUT of a nursing hom	e:		
Improved a lot	50%		
Improved quite a bit	25%		
Improved a little	0%		
Did not change	0%		
N/A or No response	25%		
How often are the devices or modifications used?			
Daily	100%		
Weekly	0%		
Monthly	0%		
At least every 3 months	0%		
N/A or No response	0%		
Do you think the government should continue funding this program?			
Yes	100%		
No	0%		
Are you registered to vote or interested in being registered?			
Registered	100%		
Interested	0%		
Not Interested	0%		