# State Grant for Assistive Technology Program - Nevada Annual Report for Fiscal Year 2014

## General Information

### A. Contacts

1. State and Program Title Nevada Assistive Technology Collaborative

#### Lead Agency

2. Agency name Aging and Disability Services Division

3. Mailing address 605 S. 21st St.

4. City Sparks

5. State NV

6. Zip code 89431

7. Phone 7756881930

8. Fax 7756881025

9. Program URL

10. Program E-mail jrosenlund@adsd.nv.gov

11. Program toll-free number

12. Program TTY number 800-833-5833

#### Implementing Agency

13. Check here if not applicable. If applicable, complete Items 14-24. Yes

14. Name

15. Mailing address

16. City

17. State

18. Zip code

19. Phone

20. Fax

21. Program URL

22. Program E-mail

23. Program toll-free number

24. Program TTY number

#### Program Director at Lead Agency

25. Name (last, first) Rosenlund, John

26. Title Social Service Program Specialist II

27. Phone 7756881930

28. E-mail jrosenlund@adsd.nv.gov

#### Program Director at Implementing Entity - If applicable

29. Name (last, first)

30. Title

31. Phone

32. E-mail

#### Person Responsible for completing this form if other than Program Director

33. Name (last, first)

34. Title

35. Phone

36. E-mail

#### Certifying Representative

38. Name (last, first) Valentine, Laura

39. Title Chief of Disability Services

40. Phone 7756870523

41. E-mail

lavalentine@adsd.nv.gov

## State Financing

#### Overview of Activities Performed

Did your approved State Plan for this reporting period include conducting any State Financing activities? Yes

### A. Financial loan programs

|  |  |
| --- | --- |
| Did your approved State Plan include conducting a financial loan program? (Do not include Access to Telework in this report.) | Yes |
| If yes - is this financial loan program a Title III Alternative Financing Program?  | Yes |

#### 1. Loan Applications

|  |  |  |  |
| --- | --- | --- | --- |
| Number of Applications | **Area of ResidenceMetro RUCC 1-3** | **Area of Residencenon-Metro RUCC 4-9** | **Total** |
| A. Approved - loan made  | 1 | 1 | 2 |
| B. Approved - loan not made | 1 | 0 | 1 |
| C. Rejected | 7 | 2 | 9 |
| D. Total  | 9 | 3 | 12 |

#### 2. Income of Applicants to Whom Loans Were Made

a. Enter the lowest and highest income reported among all applicants to whom loans were made during the reporting period.

|  |  |
| --- | --- |
| Lowest | 8,652 |
| Highest | 18,880 |

b. Use the information below to calculate the average gross annual income of applicants to whom loans were made.

|  |  |
| --- | --- |
| A. Sum of the incomes reported by all applicants to whom loans were made. | 27,532 |
| B. Number of applicants to whom loans were made | 2 |
| C. Average gross annual income | $13,766.00 |

c. Number and percentage of loans made to applicants by income level

|  |  |  |
| --- | --- | --- |
| Income Level | **Number of loans** | **Percentage of loans** |
| $15,000 or less  | 1 | 50.00% |
| $15,001 - $30,000 | 1 | 50.00% |
| $30,001 - $45,000 | 0 | 0.00% |
| $45,001 - $60,000 | 0 | 0.00% |
| $60,001 - $75,000 | 0 | 0.00% |
| $75,001 or more  | 0 | 0.00% |
| Total  | 2 | - |

#### 3. Loan Type

a. Number and percentage of loans by loan type

|  |  |  |
| --- | --- | --- |
| Type of Loan | **Number of loans** | **Percentage of loans** |
| Revolving loan - Low Interest (prime or less)  | 0 | 0.00% |
| Revolving Loan - Preferred Interest (greater than prime) | 0 | 0.00% |
| Low interest (prime or less) without interest buy-down or loan guarantee  | 0 | 0.00% |
| Low interest (prime or less) with interest buy-down only  | 0 | 0.00% |
| Low interest (prime or less) with loan guarantee only  | 0 | 0.00% |
| Low interest (prime or less) with both interest buy-down and loan guarantee  | 0 | 0.00% |
| Preferred interest (greater than prime) without interest buy-down or loan guarantee  | 0 | 0.00% |
| Preferred interest (greater than prime) with interest buy-down only  | 0 | 0.00% |
| Preferred interest (greater than prime) with loan guarantee only  | 2 | 100.00% |
| Preferred interest (greater than prime) with both interest buy-down and loan guarantee  | 0 | 0.00% |
| Total  | 2 | - |

b. Dollar value of loans by loan type

Enter the dollar value of both partnership loans and revolving loans.

|  |  |  |
| --- | --- | --- |
| Type of Loan | **Number of loans** | **Dollar value of loans** |
| Revolving loan | 0 | 0 |
| Partnership loan | 2 | 9,612 |
| Total | 2 | $9,612 |

#### 4. Interest Rates

a. Enter the lowest and highest interest rates among all loans made, including both revolving and partnership loans

|  |  |
| --- | --- |
| Lowest | 4.75 |
| Highest | 5.30 |

Use the information below to calculate the average interest rate for all loans, including both revolving and partnership loans. Enter the sum of interest rates for all loans in Column A. The system will divide that amount by the number of loans made as previously reported and automatically populated in row A to calculate the average interest rate.

|  |  |
| --- | --- |
| A. Sum of interest rates. | 10.05 |
| B. Number of loans made | 2 |
| C. Average interest rate | 5.0300 |

c. Number and percentage of loans by interest rate

|  |  |  |
| --- | --- | --- |
| Interest Rate | **Number of loans** | **Percentage of loans** |
| 0.0% to 2.0%  | 0 | 0.00% |
| 2.1% to 4.0%  | 0 | 0.00% |
| 4.1% to 6.0%  | 2 | 100.00% |
| 6.1% to 8.0%  | 0 | 0.00% |
| 8.1% to 10.0%  | 0 | 0.00% |
| 10.1% to 12.0%  | 0 | 0.00% |
| 12.1% to 14%  | 0 | 0.00% |
| 14.1% or higher  | 0 | 0.00% |
| Total  | 2 | - |

#### 5. Types and Dollar Amounts of AT Financed

|  |  |  |
| --- | --- | --- |
| Type of AT Device/Service | **Number of Devices Financed** | **Dollar Value of Loans** |
| Vision  | 0 | $0 |
| Hearing  | 0 | $0 |
| Speech communication  | 0 | $0 |
| Learning, cognition, and developmental  | 0 | $0 |
| Mobility, seating and positioning  | 2 | $9,612 |
| Daily living  | 0 | $0 |
| Environmental adaptations  | 0 | $0 |
| Vehicle modification and transportation  | 0 | $0 |
| Computers and related  | 0 | $0 |
| Recreation, sports, and leisure  | 0 | $0 |
| Total  | 2 | $9,612 |

#### 6. Defaults and Net Losses for Revolving and Guaranteed Financial Loans

a. Number and percentage of loans in default

|  |  |
| --- | --- |
| Number of loans in default | 0 |
| Number of active loans | 20 |
| Percentage of loans in default | 0.00% |

b. Default Rate

|  |  |
| --- | --- |
| Net dollar loss on loans | 0 |
| Total dollar value of active loans | 137,989 |
| Default rate | 0.00 |

#### 7. Additional Data for Title III funded AFP

This section collects additional data only for financial loans that are part of a Title III funded Alternative Financing Program (AFP). By completing this section you will not need to submit these loans in the separate AFP Progress Report.

a) Range of Dollar Amounts of Loans Provided

|  |  |  |
| --- | --- | --- |
| Loan amount | **Number of loans** | **Percentage of loans** |
| $1,000 or less  | 0 | 0.00% |
| $1,001 - $5,000 | 1 | 50.00% |
| $5,001 - $10,000 | 1 | 50.00% |
| $10,001 - $15,000 | 0 | 0.00% |
| $15,001 - $20,000 | 0 | 0.00% |
| $20,001 - $25,000 | 0 | 0.00% |
| $25,001 - $50,000 | 0 | 0.00% |
| $50,001 or more | 0 | 0.00% |
| Total  | 2 | - |

b. Highest and Lowest Loan Amounts

Enter the highest and lowest actual dollar amounts of loans provided during this reporting period

|  |  |
| --- | --- |
| Highest | 7,887 |
| Lowest  | 1,725 |

c) Classification of Consumers Receiving Assistance

i) Gender

|  |  |
| --- | --- |
| Female | 0 |
| Male  | 2 |
| Total  | 2 |

ii) Age

|  |  |
| --- | --- |
| 0 - 9 | 0 |
| 10-17 | 0 |
| 18-29 | 0 |
| 30-39 | 1 |
| 40-49 | 1 |
| 50-59 | 0 |
| 60-69 | 0 |
| 70-79 | 0 |
| 80+  | 0 |
| Total | 2 |

iii) Type of Disability

|  |  |
| --- | --- |
| Seeing  | 0 |
| Hearing  | 0 |
| Talking/communicating  | 0 |
| Getting around/mobility  | 2 |
| Handling objects, reaching  | 0 |
| Learning new information  | 0 |
| Remembering  | 0 |
| Interacting with others/socializing | 0 |

### B. State financing activities that provide consumers with resources and services that result in the acquisition of AT devices and services

#### 1. Overview of Activities Performed

How many other state financing activities that provide consumers with access to funds for the purchase of AT devices and services will you be reporting? 1

Which of the following best describes this state financing activity? Last Resort activity

#### 2. Geographic Distribution, Number of Individuals Who Acquired AT Devices and Services and Number for whom Performance Measure Data are Collected

|  |  |
| --- | --- |
| A. Metro (RUCC 1-3)  | 171 |
| B. Non-Metro (RUCC 4-9)  | 19 |
| C. Total  | 190  |
| D. Excluded from Performance Measure Number of individuals excluded from Performance Measure data collectionbecause AT is provided to, or on behalf of, an entity that has anobligation to provide the AT such as schools under IDEA or VR agencies/clients | 0 |
| E. Number of Individuals Included in Performance Measures | 190  |

#### 3. Types and Dollar Amounts of AT Funded

|  |  |  |
| --- | --- | --- |
| Type of AT Device/Service | **Number of Devices Funded** | **Value of AT Provided** |
| Vision  | 8 | $21,672 |
| Hearing  | 37 | $89,441 |
| Speech communication  | 1 | $2,746 |
| Learning, cognition, and developmental  | 0 | $0 |
| Mobility, seating and positioning  | 8 | $20,509 |
| Daily living  | 52 | $128,132 |
| Environmental adaptations  | 233 | $941,371 |
| Vehicle modification and transportation  | 40 | $259,648 |
| Computers and related  | 0 | $0 |
| Recreation, sports, and leisure  | 0 | $0 |
| Total  | 379 | $1,463,519 |

### C. State financing activities that allow consumers to obtain AT at reduced cost

#### 1. Overview of Activities Performed

How many activities that allow consumers to obtain AT at reduced cost were included in your approved State Plan? 0

#### 2. Geographic Distribution, Number of Individuals Who Acquired AT Devices and Services and Number for whom Performance Measure Data are Collected

#### 3. Savings to Consumers, by Type of AT Device/Service

This section is not required based on the data set in the Overview of Activities Performed section.

### D. Anecdote

Provide at least one anecdote about an individual who benefited from a state financing activity. If you reported Title III AFP financial loan data in section A, you must provide an anecdote here for that activity. You may provide an additional anecdote if you reported an activity in section B and/or C. For guidance on information to include in the anecdote, please see the "General Instructions."

A is 6 year old boy with cerebral palsy requiring full assistance. His mother is his full- time caregiver since the passing of his father, which has greatly impacted the family. They live in a 2-story home and are unable to re-locate. His mother was having difficulty managing A’s self-care and was unable to transport him in his mobility device. She had to slide him down the stairs and drag him up to access the bathroom and bedroom. After meeting, a plan was developed to provide a roll-in shower and a stair lift as well as a specialized car seat and a modified van. It was also identified that a seizure monitor would greatly reduce mom’s stress level and enables her to sleep in her own room. With assistance a modified van was provided which eliminated lifting and transferring into the car. A specialized car seat was installed for long distance travel. The objective of this plan of service was to minimize the amount of lifting by mom. She can also sleep better knowing that her son has the monitor in place to alert her if any seizure should take place. A’s mother agreed that all the goals set had been met and were working extremely well.

### E. Performance measures

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Response | **AT Primarily Needed for Education** | **AT Primarily Needed for Employment** | **AT Primarily Needed for Community Living** | **Total** |
| 1. Could only afford the AT through the statewide AT program (n,d)  | 1 | 0 | 168 | 169 |
| 2. AT was only available through the statewide AT program (n,d)  | 0 | 0 | 7 | 7 |
| 3. AT was available through other programs, but the system was too complex or the wait time was too long (n,d)  | 0 | 1 | 3 | 4 |
| 4. Subtotal  | 1 | 1 | 178 | 180 |
| 5. None of the above (d)  | 0 | 1 | 11 | 12 |
| 6. Subtotal  | 1 | 2 | 189 | 192 |
| 7. Nonrespondent (d)  | 0 | 0 | 0 | 0 |
| 8. Total  | 1 | 2 | 189 | 192 |
| 9. Performance on this measure Info: The Performance measure for this column is computed by dividing the sum of rows marked (n) by the sum of rows marked (d). | 100.00 | 50.00 | 94.18 | 93.75 |

### F. Customer satisfaction

|  |  |  |
| --- | --- | --- |
| Customer Rating of Services | **Number of Customers** | **Percent** |
| Highly satisfied  | 60 | 78.95% |
| Satisfied  | 12 | 15.79% |
| Satisfied somewhat  | 3 | 3.95% |
| Not at all satisfied  | 1 | 1.32% |
| Nonrespondent  | 116 | - |
| Total  | 192 | - |
| Response rate  | 39.58% | - |

### G. Notes

Describe any unique issues that may affect your data in this section (e.g., types of devices/services that may not be financed because they are financed by other programs).

Assistive Technology for Independent Living (AT/IL) program: The funding to make direct AT purchases through the AT/IL program are funded with state general funds and private foundation funding secured through community partners. The AT/IL program has a waiting list for services with an average just less than 18 months for services. The types of AT provided through the program is focused in supporting individuals with disabilities to live in their community. Primarily home modifications, vehicle modifications, and AT needed for activities of daily living. A Needs Assessment is completed with each consumer to help the consumer and case coordinator to identify possible areas where AT is needed. The consumer has the option to develop and independent living plan and in each case the consumer’s goals are set. Whenever possible AT demonstration, device trial, and recycled AT is coordinated by AT/IL staff. There were 45 of the AT/IL consumers able to try the AT before it was purchased.

The AT/IL program continues to prioritize consumers who are in need of services to transition from institutional living to the community setting or a high risk of being institutionalized. There were 8 consumers transitioned from an institutional setting and back into the community and 49 consumers were identified as high risk and prevented from requiring institutionalization.

## Reuse

### Overview of Activities Performed

Did your statewide AT program conduct any device reuse activities?Yes

### A. Number of Recipients of Reused Devices

In this section, report the number of recipients of devices through device exchange, reassignment/refurbishment and repair activities, and open-ended loans. In the table below, report on the number of individuals who receive devices through a reuse program. Recipients should be reported only once, even if they receive multiple devices during this reporting period. (The multiple devices will be reported in subsequent sections.)

|  |  |
| --- | --- |
| A. Device exchange | 0 |
| B. Reassignment/refurbishment and Repair | 682 |
| C. Open-ended loans | 285 |
| D. Total Served | 967 |
| E. Device Exchange - Excluded from Performance Measure | 0 |
| F. Reassignment/refurbishment and Repair and Open-ended loansExcluded from Performance Measure because AT is provided toor on behalf of an entity that has an obligation to provide the AT such as schools under IDEA or VR agencies/clients) | 0 |
| G. Total Number of Individuals included in Performance Measure. | 967 |

### B. Device Exchange Activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of AT Device/Service | **Number of Devices Exchanged** | **Total Estimated Current Purchase Price** | **Total Price for Which Device(s) Were Exchanged** | **Savings to Consumers** |
| Vision  | 0 | $0 | $0 | $0 |
| Hearing  | 0 | $0 | $0 | $0 |
| Speech communication  | 0 | $0 | $0 | $0 |
| Learning, cognition, and developmental  | 0 | $0 | $0 | $0 |
| Mobility, seating and positioning  | 0 | $0 | $0 | $0 |
| Daily living  | 0 | $0 | $0 | $0 |
| Environmental adaptations  | 0 | $0 | $0 | $0 |
| Vehicle modification and transportation  | 0 | $0 | $0 | $0 |
| Computers and related  | 0 | $0 | $0 | $0 |
| Recreation, sports, and leisure  | 0 | $0 | $0 | $0 |
| Total  | 0 | $0 | $0 | $0 |

### C. Device Recycling/Refurbishment/Repair Activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of AT Device/Service | **Number of Devices Recycled / Refurbished / Repaired** | **Total Estimated Current Purchase Price** | **Total Price for Which Devices Were Sold** | **Savings to Consumers** |
| Vision  | 1 | $2,000 | $0 | $2,000 |
| Hearing  | 0 | $0 | $0 | $0 |
| Speech communication  | 0 | $0 | $0 | $0 |
| Learning, cognition, and developmental  | 0 | $0 | $0 | $0 |
| Mobility, seating and positioning  | 892 | $428,430 | $0 | $428,430 |
| Daily living  | 580 | $68,036 | $0 | $68,036 |
| Environmental adaptations  | 6 | $600 | $0 | $600 |
| Vehicle modification and transportation  | 3 | $4,500 | $0 | $4,500 |
| Computers and related  | 2 | $1,215 | $0 | $1,215 |
| Recreation, sports, and leisure  | 0 | $0 | $0 | $0 |
| Total  | 1,484 | $504,781 | $0 | $504,781 |

If Other was used in the above table, briefly describe.

### D. Open-Ended Loans

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of AT Device/Service | **Number of Devices on Long-Term Loan** | **Total Estimated Current Purchase Price** | **Cost to Consumer for the Loan** | **Savings to Consumers** |
| Vision  | 0 | $0 | $0 | $0 |
| Hearing  | 0 | $0 | $0 | $0 |
| Speech communication  | 0 | $0 | $0 | $0 |
| Learning, cognition, and developmental  | 0 | $0 | $0 | $0 |
| Mobility, seating and positioning  | 0 | $0 | $0 | $0 |
| Daily living  | 262 | $9,391 | $0 | $9,391 |
| Environmental adaptations  | 22 | $2,090 | $0 | $2,090 |
| Vehicle modification and transportation  | 0 | $0 | $0 | $0 |
| Computers and related  | 1 | $10 | $0 | $10 |
| Recreation, sports, and leisure  | 0 | $0 | $0 | $0 |
| Total  | 285 | $11,491 | $0 | $11,491 |

If Other was used in the above table, briefly describe.

### E. Anecdote

Provide at least one anecdote about an individual who benefited from this activity. For guidance on information to include in the anecdote, please see the General Instructions.

1. FL is 93 and enjoys reading his newspaper every day. He had been using a small handheld magnifying glass to do so. This took several hours to cover a small part of the newspaper. FL does not have any transportation and lives in a small town outside of Las Vegas. FL received a donated CCTV with a higher level of magnification & reverse polarity. He is now able to read the entire newspaper in half the time. FL stated he has not enjoyed reading the newspaper as much in years and feels very blessed to have his CCTV.

2. G has been coming to CARE Chest since 2009. She was born with Congenital Arthrogryposis and primarily uses a walker for mobility; however, at times needs to use the power wheelchair. She first came in for help with obtaining a power wheelchair. G was referred to CARE Chest by the nursing staff from Renown Hospital after they completed a home evaluation. The recommended items were not covered under her insurance policy. G received various pieces of durable medical equipment from our reutilization program as well as home modifications including a ramp, door widening, accessible toilet, grab bars, and an accessible sink. The home modifications were provided by the Assistive Technology for Independent Living (AT/IL) program. She said that the services she received will allow her to be more independent. When asked how her experience has been here, she replied with “Good, great! I love the experience that I got. Everyone has been so helpful. I am so grateful for everything”. She stated that if she could say something to the people who helped her out it would be THANK YOU in big capital letters!

### F. Performance Measures

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Response | **AT Primarily Needed for Education** | **AT Primarily Needed for Employment** | **AT Primarily Needed for Community Living** | **Total** |
| 1. Could only afford the AT through the statewide AT program (n,d)  | 6 | 1 | 124 | 131 |
| 2. AT was only available through the statewide AT program (n,d)  | 61 | 6 | 571 | 638 |
| 3. AT was available through other programs, but the system was too complex or the wait time was too long (n,d)  | 19 | 2 | 168 | 189 |
| 4. Subtotal  | 86 | 9 | 863 | 958 |
| 5. None of the above (d)  | 1 | 0 | 8 | 9 |
| 6. Subtotal  | 87 | 9 | 871 | 967 |
| 7. Nonrespondent (d)  | 0 | 0 | 0 | 0 |
| 8. Total  | 87 | 9 | 871 | 967 |
| 9. Performance on this measure Info: The Performance measure for this column is computed by dividing the sum of rows marked (n) by the sum of rows marked (d). | 98.85 | 100.00 | 99.08 | 99.07 |

### G. Customer Satisfaction

|  |  |  |
| --- | --- | --- |
| Customer Rating of Services | **Number of Customers** | **Percent** |
| Highly satisfied  | 695 | 72.02% |
| Satisfied  | 270 | 27.98% |
| Satisfied somewhat  | 0 | 0.00% |
| Not at all satisfied  | 0 | 0.00% |
| Nonrespondent  | 2 | - |
| Total surveyed | 967 | - |
| Response rate  | 99.79% | - |

### H. Notes

Describe any unique issues that may affect your data in this section (e.g., types of devices that are not reused because they are available from another source). If you have a device exchange program, please describe your data collection method, any challenges with collecting these data, and plans for overcoming those challenges.

Reutilization of AT in Nevada makes huge impacts to those receiving services. The availability of recycled AT prevents a larger waitlist to the statewide Assistive Technology for Independent Living (AT/IL) program. NATC community partners maintained two recycle/refurbish/repair programs in the two largest populated areas within the State. The AT is primarily donated by individuals throughout Nevada. By leveraging state funds we have been able to provide community partners with funding to pay for parts and repairs to various AT that comes in.

All consumers accessing the AT/IL program are encouraged to donate AT that is not needed and to list the AT on the Nevada Assistive Technology Exchange (NATE).

## Device Loans

### Overview of Activities Performed

Did your approved State Plan for this reporting period include conducting short-term device loans? Yes

### A. Short-Term Device Loans by Type of Purpose

Report the number of short-term device loans made by primary purpose of the loan. Count each loan in only one category, even if the loan included multiple devices. If at least one device included in the loan was obtained for the purpose of decision-making, report the loan in the first row.

|  |  |
| --- | --- |
| Assist in decision making (device trial or evaluation)  | 157 |
| Serve as loaner during device repair or while waiting for funding  | 13 |
| Provide an accommodation on a short-term basis  | 2 |
| Conduct training, self-education or other professional development activity | 0 |
| Total  | 172 |

### B. Number of Device Loans by Type of Borrower

In this section, report the number of device loans by type of borrowers, by type of individual or entity. The total number of device borrowers should equal the total number of short-term device loans reported by primary purpose in Item A. You must be able to categorize borrowers to report them in this table as there is no option for "unable to categorize" or "other".

|  |  |
| --- | --- |
| Individuals with disabilities  | 83 |
| Family members, guardians, and authorized representatives  | 18 |
| Representatives of Education  | 58 |
| Representatives of Employment  | 0 |
| Representatives of Health, allied health, and rehabilitation  | 0 |
| Representatives of Community Living  | 2 |
| Representatives of Technology  | 11 |
| Total | 172 |

### C. Length of Short-Term Device Loans

What is the length of a short-term device loan, as established by your statewide AT program's policies not including extensions. Please report the length in calendar days. If your policy/procedures establish a range, use the midpoint.

Length of short-term device loan, in days 14

### D. Types of Devices Loaned

Enter the number of devices that were loaned, by type of device. For guidance on how to categorize devices, refer to the "General Instructions." The number of devices loaned may exceed the number of loans reported above in Item A, since a loan may include more than one device.

|  |  |
| --- | --- |
| Vision  | 62 |
| Hearing  | 0 |
| Speech communication  | 31 |
| Learning, cognition, and developmental  | 11 |
| Mobility, seating and positioning  | 17 |
| Daily living  | 0 |
| Environmental adaptations  | 2 |
| Vehicle modification and transportation | 0 |
| Computers and related  | 50 |
| Recreation, sports, and leisure  | 0 |
| Total  | 173  |

### E. Anecdote

Provide at least one anecdote about an individual who benefited from this activity. For guidance on information to include in the anecdote, please see the General Instructions.

1. D is a blind student worker at UNR with the collaborative and was loaned a Scanning/OCR device called a Stand Scan and an iPod Touch. The Stand Scan is a portable stand that can be used for accessing print materials for school and for public and community meetings. She was able to use it successfully in many different environments and actually ended up purchasing the AT because it was so effective for her needs.

2. A is a 10 year old non-verbal student with cerebral palsy. She was able to access a GoTalk9+ and a Tablet to try. The combination made a successful match. The AT enabled her to communicate independently both with her mother and caregiver.

### F. Performance Measures

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Response | **AT Primarily Needed for Education** | **AT Primarily Needed for Employment** | **AT Primarily Needed for Community Living** | **IT/Communications** | **Total** |
| 1. Decided that an AT device/service will meet needs (n,d) | 60 | 48 | 17 | 1 | 126 |
| 2. Decided that an AT device/service will not meet needs (n,d) | 2 | 11 | 4 | 0 | 17 |
| 3. Subtotal | 62 | 59 | 21 | 1 | 143 |
| 4. Have not made a decision (d) | 8 | 6 | 0> | 0 | 14 |
| 5. Subtotal | 70 | 65 | 21 | 1 | 157 |
| 6. Nonrespondent (d, if >35%) | 0 | 0 | 0 | 0 | 0 |
| 7. Total | 70 | 65 | 21 | 1 | 157 |
| 8. Performance on this measure Info: The Performance measure for this column is computed by dividing the sum of rows marked (n) by the sum of rows marked (d). | 88.57 | 90.77 | 100.00 | 100.00 | 91.08 |

### G. Customer Satisfaction

|  |  |  |
| --- | --- | --- |
| Customer Rating of Services | **Number of Customers** | **Percent** |
| Highly satisfied  | 140 | 81.87% |
| Satisfied  | 31 | 18.13% |
| Satisfied somewhat  | 0 | 0.00% |
| Not at all satisfied  | 0 | 0.00% |
| Nonrespondent  | 1 | - |
| Total  | 172 | - |
| Response rate  | 99.42% | - |

### H. Notes

Describe any unique issues that may affect your data in this section (e.g. types of devices that are not loaned because those loans are available from another source, or types of devices that are not loaned because your inventory does not include those devices, difficulty obtaining data from intermediaries, etc).

NATC and community partners have expanded the locations where AT can be accessed. We are setting up AT Loan and Demonstration labs with collaborating organizations that provide various disability services. The Assistive Technology at these locations will be rotated throughout the year. It has opened the opportunity to educate the staff of the collaborating organizations as well as add much needed flexibility to people with limited transportation access.

Challenges are relate to the lack of funding. Limited funding makes it difficult to maintain updated, functional AT for short term loans and demonstrations; while also maintaining qualified personnel to provide the services.

## Device Demonstrations

### Overview of Activities Performed

Did your approved State Plan for this reporting period include conduct device demonstrations? Yes

### A. Number of Device Demonstrations by Device Type

|  |  |
| --- | --- |
| Vision | 4 |
| Hearing | 2 |
| Speech communication | 5 |
| Learning, cognition and developmental | 8 |
| Mobility, seating and positioning | 38 |
| Daily living | 20 |
| Environmental adaptations | 0 |
| Vehicle modification and transportation | 0 |
| Computers and related | 47 |
| Recreation, sports and leisure | 0 |
| Total | 124 |

### B. Types of Participants

|  |  |
| --- | --- |
| Individuals with disabilities  | 124 |
| Family members, guardians, and authorized representatives  | 60 |
| Representatives of Education  | 1 |
| Representatives of Employment  | 2 |
| Representatives of Health, allied health, and rehabilitation  | 2 |
| Representatives of Community Living  | 0 |
| Representatives of Technology  | 6 |
| Total  | 195 |

### C. Number of Referrals

|  |  |
| --- | --- |
| Funding source (non-AT program) | 120 |
| Service provider | 18 |
| Vendor | 48 |
| Repair service | 0 |
| Others (required description) | 0 |
| Total | 186 |

If Other was used in the above table, briefly describe.

### D. Anecdote

Provide at least one anecdote about an individual who benefited from this activity. For guidance on information to include in the anecdote, please see the General Instructions.

1. D is a 61 year old female with acquired hearing loss. She was provided with a demonstration on using t-coil technology with her hearing aids. As a result she obtained the devices necessary to obtain employment.

2. P works at UNR and is blind. He was shown an iPad and the built in screen reader Voiceover. He hadn’t previously ventured onto the internet. After the demonstration he was able to understand how the device was important for not only for his work environment but also in his everyday life. He now has acquired his own device and uses it regularly.

### E. Performance Measures

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Response | **AT Primarily Needed for Education** | **AT Primarily Needed for Employment** | **AT Primarily Needed for Community Living** | **IT/Communications** | **Total** |
| 1. Decided that an AT device/service will meet needs (n,d) | 10 | 23 | 83 | 3 | 119 |
| 2. Decided that an AT device/service will not meet needs (n,d) | 1 | 1 | 2 | 0 | 4 |
| 3. Subtotal | 11 | 24 | 85 | 3 | 123 |
| 4. Have not made a decision (d) | 0 | 0 | 1 | 0 | 1 |
| 5. Subtotal | 11 | 24 | 86 | 3 | 124 |
| 6. Nonrespondent (d) | 0 | 0 | 0 | 0 | 0 |
| 7. Total | 11 | 24 | 86 | 3 | 124 |
| 8. Performance on this measure Info: The Performance measure for this column is computed by dividing the sum of rows marked (n) by the sum of rows marked (d). | 100.00 | 100.00 | 98.84 | 100.00 | 99.19 |

### F. Customer Satisfaction

|  |  |  |
| --- | --- | --- |
| Customer Rating of Services | **Number of Customers** | **Percent** |
| Highly satisfied  | 143 | 73.33% |
| Satisfied  | 49 | 25.13% |
| Satisfied somewhat  | 1 | 0.51% |
| Not at all satisfied  | 2 | 1.03% |
| Nonrespondent  | 0 | - |
| Total  | 195 | - |
| Response rate  | 100.00% | - |

### G. Notes

Describe any unique issues that may affect your data in this section - e.g., types of participants that may appear to be underrepresented because they receive demonstration services from another organization, types of devices/services that are not demonstrated because those demonstrations are available from another source, issues related to use of distance education mechanisms to deliver demonstrations, or issues related to dissatisfaction (e.g.; consumer may be dissatisfied because they assumed the AT Program could purchase the device for them)

NATC and community partners have expanded the locations where AT can be accessed. We are setting up AT Loan and Demonstration labs with collaborating organizations that provide various disability services. The Assistive Technology at these locations will be rotated throughout the year. It has opened the opportunity to educate the staff of the collaborating organizations as well as add much needed flexibility to people with limited transportation access.

Challenges include limited funding which makes it difficult to maintain updated, functional AT for short term loans and demonstrations; while also maintaining qualified personnel to provide the services.

## Training

### Overview of Activities Performed

Training activities are required and must be reported as described below.

### A. Training Participants: Number and Types of Participants; Geographical Distribution

1. Enter the number of training participants by type.

|  |  |
| --- | --- |
| Individuals with disabilities | 64 |
| Family members, guardians, and authorized representatives | 10 |
| Representatives of Education  | 28 |
| Representatives of Employment  | 0 |
| Representatives of Health, allied health, and rehabilitation  | 180 |
| Representatives of Community Living  | 15 |
| Representatives of Technology | 0 |
| Unable to categorize | 0 |
| Total | 297 |

2. Enter the number of individuals who participated in training, by the Rural Urban Continuum Code (RUCC) of the participant's county.

|  |  |
| --- | --- |
| Metro (RUCC 1-3) | 289 |
| Non-Metro (RUCC 4-9) | 8 |
| Unknown | 0 |
| Total | 297 |

### B. Training Topics

Enter the number of participants by the primary purpose of the training.

|  |  |
| --- | --- |
| 1. AT Products/Services Training focused on AT:such as instruction to increase skills and competency in using AT,and integrating AT into different settings. | 6 |
| 2. AT Funding/Policy/Practice Training focusedon funding sources and related laws, policies, and procedures requiredto implement and deliver access to AT devices/services and related. | 0 |
| 3. Information Technology/Telecommunication Access Trainingfocused on accessible information technology andtelecommunications including web access, software accessibility, procurementof accessible IT and telecommunications, etc. | 0 |
| 4. Combination of any/all of the above ATProducts/Services, AT Funding/Policy/Practice and/or IT/Telecommunications Access. | 284 |
| 5. Transition Training focused on education transition(school to work or post-secondary education and early intervention (birth to 3)to school aged (3-21) and community transition (maintaining or transitioning to community living). (NOTE: A number MUST be reported here unless transition technicalassistance activity/activities are reported). | 7 |
| Total | 297 |

### C. Description of Training Activities

|  |
| --- |
| 1. Briefly describe one innovative or high-impact training activity conducted during this reporting period. Note who conducted the training (e.g., type of expertise of staff) and characteristics of the audience (including number that attended). In one sentence, describe the topic, content, and/or approach of the training. In one sentence, summarize the positive result or intended impact of the training. Do not include overall descriptions of conferences held, unless the conference had a unique purpose and outcome.In October of 2013 the NATRC initiated an additional iOS Train-the-Trainer training as a follow-up to an event that was coordinated the year before. The purpose was to provide the necessary training to that group and establish an ongoing user group who would help themselves and others. The training provided attendees with updates on the latest iOS technology. This group has continued to meet throughout the 2014 Fiscal Year and continues to get support from the NATRC and the NATC.2. Briefly describe a training activity related to transition conducted during this reporting period. Note who conducted the training (e.g., type of expertise of staff) and characteristics of the audience (including number that attended). In one sentence, describe the topic, content, and/or approach of the training. In one sentence, summarize the positive result or intended impact of the training. Do not include overall descriptions of conferences held, unless the conference had a unique purpose and outcome. This section must be completed unless you are reporting transition technical assistance activities. If this section is completed, an associated number of training participants must be reported in Section B row 5.In an effort to fill service gaps that exist for individuals who are blind, under 55 years old and not seeking employment , Easter Seals provided technology advocacy training for BlindConnect’s Transition Program. This training provided information to the group on how to acquire AT necessary to transition through the loss of sight, maintain independence as well as obtain employment. |

### D. Notes

## Technical Assistance

### Overview of Activities Performed

Technical Assistance activities are required and all activities should be reported in the aggregate in Section A. One Technical Assistance activity must be described in Section B and a transition Technical Assistance activity must be reported unless a transition training activity was reported.

### A. Frequency and Nature of Technical Assistance

Complete this section summarizing all major technical assistance activities that you conducted. Indicate the percentage of total technical assistance provided by the type of program or agency receiving the technical assistance. Use the person hours invested in each technical assistance activity to report the percentage by type of program or agency. For example, if you conducted two major TA activities this reporting period with 90 total person hours for an activity related to education and 50 person hours for an activity related to employment, you would report 64% in education and 36% in Employment.

|  |  |
| --- | --- |
|  | **Percentage of all TA** |
| Education | 15 |
| Employment | 45 |
| Health, Allied Health, Rehabilitation | 15 |
| Community Living | 23 |
| Technology (Information Technology, Telecommunications, Assistive Technology) | 2 |
| Total | 100 |

### B. Description of Technical Assistance Activities

1. Describe in detail one innovative or high-impact technical assistance activity conducted during this reporting period.

The AT Collaborative initiated the development of AT Outreach Centers across the state with the intent of providing additional locations where assistive technology equipment and services would be available. The 3 Centers included the following agencies: The Nevada Disability Advocacy and Law Center, the Northern Nevada Center for Independent Living, and Nevada PEP. Funding was sought out and secured to provide the appropriate technology at all 3 locations with a focus on specific population and services provided by the collaborating agency. It is anticipated that all 3 Centers will be up and running early in FY 2015.

2. Briefly describe one technical assistance activity related to transition conducted during this reporting period.

LaaRee Drawantz, Director of AT, was contacted by Mike Walden DRC at the College of Southern Nevada (CSN) with an issue that was impacting their ability to provide students with a digital playable searchable file of their course paper material in a timely manner. Mr. Walden stated his issues and wanted to know if there was a solution to his problem. Ms. Drawantz demonstrated the effectiveness, flexibility and scanning function of the Read-It Air. With the implementation of 6 Read-It-Air’s, one or two in each campus DRC office, CSN was able to reduce the current process and deliverable by more than 60%. The files can be scanned, OCR’d, converted to several different searchable file types, read in different languages with the Read-It-Air with one device. By dramatically improving their deliverable time and quality, what once took two days to scan and convert now was finished within half a day.

### C. Notes

Describe any unique issues with data in this section (e.g., reasons why particular topics or audiences were emphasized or were not included during this reporting period).

## Public Awareness and Information and Assistance

### Overview of Activities Performed

Public awareness and information and assistance activities are required and must be reported.

### A. Public awareness activities

Estimated number of individuals reached

|  |  |
| --- | --- |
| Newsletters | 0 |
| Other print materials | 100 |
| Listservs/blogs/social media | 55 |
| Internet information | 300 |
| Other electronic media | 0 |
| PSA/radio/TV/other media | 0 |
| Presentations/expos/conferences  | 1,522 |
| Total  | 1,977 |

### B. Information and Assistance

|  |  |  |  |
| --- | --- | --- | --- |
| Types of Recipients of Information and Assistance | **AT Device / Service** | **AT Funding** | **Total** |
| Individuals with disabilities | 582 | 48 | 630 |
| Family members, guardians, and authorized representatives | 76 | 30 | 106 |
| Representative of Education | 80 | 8 | 88 |
| Representative of Employment | 12 | 5 | 17 |
| Representative of Health, Allied Health, and Rehabilitation | 47 | 35 | 82 |
| Representative of Community Living | 87 | 23 | 110 |
| Representative of Technology | 9 | 3 | 12 |
| Unable to Categorize | 0 | 0 | 0 |
| Total | 893 | 152 | 1,045 |

### C. Notes

## State Improvement Outcomes

### Overview of Activities Performed

State improvement outcomes are not required. You may report up to two MAJOR state improvement outcomes for this reporting period. How many will you be reporting? 0

This section is not required based on the data set in the Overview of Activities Performed section.

## Additional and Leveraged Funds

### Overview of Activities Performed

Did you have Additional and Leveraged Funds to report?Yes

### A. Leveraged Funding for State Plan Activities (Previously Reported)

|  |  |  |
| --- | --- | --- |
| Fund Source | **Amount** | **Use of Funds** |
| State Appropriations  | 1,364,505 | State Financing  |

### B. Leveraged Funding for Activities Not in State Plan (not previously reported)

|  |  |  |  |
| --- | --- | --- | --- |
| Fund Source | **Amount** | **Use of Funds** | Individuals Served or Other Outcomes |

### C. Notes

Describe any unique issues with your data in this section (e.g., the reason why you were unable to report the number of individuals served with additional or leveraged funds).

## Official Certification

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Authorized Certifying Official Signature:

/s/ (Laura Valentine)

Date signed: 12/29/2014

A hard copy of the report has been printed and signed and is retained in the grantees' files and is available upon request. See 2 CFR 200.415.

The signature was recorded by John Rosenlund on 12/30/2014 at 12:52 PM