State Grant for Assistive Technology Program - RSA-664

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.
   Wyoming Assistive Technology Resources (WATR)

2. Website dedicated to Statewide AT Program
   http://uwyo.edu/wind/watr/

3. Name and Address of Lead Agency

   Wyoming Institute for Disabilities (WIND)
   Department 4298
   1000 E. University Avenue
   Laramie, WY 82071

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

   Dorothy C. Yates
   Associate Vice President
   Research/Economic Development
   University of Wyoming
   Department 3355
   1000 E. University Avenue
Laramie, WY 82071
(307) 766-5320
dyates4@uwyo.edu

5. Information about Program Director at Lead Agency.

Sandra Root-Elledge, M.S., AT Specialist
Associate Director, Wyoming Institute for Disabilities (WIND)
Director, Wyoming Assistive Technology Resources (WATR)
Department 4298
1000 E. University Avenue
Laramie, WY 82071
(307) 766-2764
sre@uwyo.edu
.30 FTE

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

Kathy McWhorter, Ed.S., ATP
Project Coordinator, Sr.

Wyoming Assistive Technology Resources (WATR)
Wyoming Institute for Disabilities (WIND)
Department 4298
1000 E. University Avenue
Laramie, WY 82071
(307) 766-5770
kmcwhort@uwyo.edu
.25 FTE

Barbara Locke, B.S., ATP
Project Coordinator
Wyoming Assistive Technology Resources (WATR)
Wyoming Institute for Disabilities (WIND)
Department 4298
1000 E. University Avenue
Laramie, WY 82071
(307) 349-3547
blocke@uwyo.edu
.90 FTE

Mary Monteith, M.A., AT Specialist
Project Coordinator
Wyoming Assistive Technology Resources (WATR)
Wyoming Institute for Disabilities (WIND)
Department 4298
1000 E. University Avenue
Laramie, WY 82071
(307) 766-6187
mmonteit@uwyo.edu
.50 FTE

Alyssa Newcomb, B.S.W., AT Specialist
Project Coordinator, Assistant
Wyoming Assistive Technology Resources (WATR)
Wyoming Institute for Disabilities
Department 4298
1000 E. University Avenue
Laramie, WY 82071
(307) 766-5003
anewcom2@uwyo.edu
.90 FTE

7. Telephone at Lead Agency for Public.
1-888-989-9463

8. E-mail at Lead Agency for Public.
watr@uwyo.edu
9. Descriptor of the agency
   University

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

11. Contract with an Implementing Entity?
   No

12. Name and Address of Implementing Entity.

13. Information about Program Director at the Implementing Entity.

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

15. Telephone at Implementing Entity for Public.

16. E-mail at Implementing Entity for Public.

17. Type of organization

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

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

20. Is the Lead Agency named new or different Lead Agency?
   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));
   Yes

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

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

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

7. The advisory council includes other representatives
   - Representative of Wyoming Community Colleges
- Representation of Wyoming Protection and Advocacy
- Representative of Outreach Services for Deaf and Hard of Hearing
- Representative of Outreach Services for Visually Impaired
- Representative of University of Wyoming
- Family member representing WIND River Indian Reservation
- Representative of Wyoming Department of Health, Behavior Health Division - Child Development Center

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

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

10. Proposed Budget Allocations

State Financing Activities
Not performed due to comparability

Device Reutilization Activities
$10,001-$20,000

Device Loan Activity Proposed
more than $100,000

Device Demonstration Activity
more than $100,000

State Leadership Activities
more than $100,000

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

The Wyoming Institute for Disabilities (WIND) was the grantee for funds to establish an assistive technology financial assistance
program, Wyoming Technology Access Program (WYTAP). WYTAP offers loans through which the program buys down two percent less than the prime interest rate of the loan. WIND subcontracts with Wyoming Independent Living Rehabilitation, Inc. to operate WYTAP and it operates in collaboration with First Interstate Bank, Laramie WY. Current assets of the program exceed what could be provided by a percentage within State Level Activities from Wyoming’s allocation of Tech Act funding. WIND AT Advisory Committee members advised WATR to claim comparability. A task force of the council was formed to secure sustainable funding for WYTAP. WATR provides support for WYTAP advisory committee meeting expenses as well as the production and printing of materials as a coordination and collaboration activity.

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

Consistent with procedures over the past six years, the overall WATR budget is divided into the seven AT Act activities. Each activity is assigned a budgeted percentage: Reutilization-4%; Loan-29%, Demonstration-30%; Awareness-5%; Training and TA-25%, Collaboration and Cooperation-5%; Transition-2%. As personnel, travel, device purchases, repairs and upgrades along with other appropriate program expenses are encumbered, the associated costs are assigned to one or split between two or among several activities. The subsequent and actual expenses are then posted to the appropriate activity(ies).

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
No
Other program
No

Other Activities Performed

How many device exchange programs do you support?
1

How many device reassignment programs do you support?
1

How many device loan programs do you support?
1

How many device demonstration programs do you support?
1

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

Section D - Device Reutilization Activities

Device Exchange

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

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

WATR collaborates with the AT4ALL web site reutilization program developed by the Nebraska AT program. This is a consumer-to-consumer site with no charges assessed by WATR for access or exchanges. WATR encourages individuals and disability professionals to list and obtain items from the site. Devices no longer applicable for WATR loans or demonstrations are also posted to the site and available at a significant savings to consumers.
3. If you indicated that your device exchange serves a particular entity or agency, identify the entity or agency and describe the purpose of the exchange:

4. Enter the year when the program began conducting this activity.
   2006

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

   The Statewide AT Program
   Yes

   Other entities (e.g. contractors)
   No

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

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

   Provides in-kind support to other entities via an agreement with the Statewide AT Program.
   Yes

   Receives financial support from the state.
   No

   Receives in-kind support from the state.
   Yes

   Receives financial support from private entities.
No

Receives in-kind support from private entities.
No

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

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

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

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.

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

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?
   1

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
https://www.wy.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.

WATR collaborates with the Nebraska program along with other state AT programs and offers the AT4ALL web based exchange program.
Section D - Device Reutilization Activities

Device Reassignment

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

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)
   Yes

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

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

   Provides in-kind support to other entities via an agreement with the Statewide AT Program.
   Yes

   Receives financial support from the state.
   No

   Receives in-kind support from the state.
Yes

Receives financial support from private entities.
No

Receives in-kind support from private entities.
No

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

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

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

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

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<th>b. Receive support from the state</th>
<th>c. Receive support from these private entities</th>
<th>d. Collaborate with</th>
</tr>
</thead>
</table>
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?
1
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 consumer picks up the device at a designated site

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

<table>
<thead>
<tr>
<th>Type of device</th>
<th>Based on A professional</th>
<th>Qualified</th>
<th>Qualified</th>
<th>The</th>
<th>Not</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td>Consumer Recommendation</td>
<td>Program Staff Match</td>
<td>Consultants and/or Volunteers Match</td>
<td>Device is Applicable through a Qualified Third-Party</td>
<td>Device is not Made Available</td>
</tr>
<tr>
<td>---------------------------------------------</td>
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<td>-----------------------------------------------------</td>
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</tr>
<tr>
<td>Vision</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Hearing</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Speech Communication</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Learning, Cognition, and Developmental</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Mobility, Seating, and Positioning</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Daily Living</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Environmental Adaptations</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Vehicle Modification and Transportation</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Recreation, Sports, and Leisure Equipment</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Computer and Associated Equipment</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

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

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

Consumers are provided with technical assistance to select and appropriately use devices from professionals who work in the Wyoming Life Resources’ Therapeutic Equipment Shop. Further assistance is available as needed from WATR AT professionals and specialists.

15. Describe the activity.

WATR provides the Wyoming Life Resources’ Anna Maria Weston lending library with in-kind support of personnel to maintain an on-line inventory
of devices that are donated from people throughout the state. In return, the center provides long term device loans to anyone in the state. Although consumers are required to pick up items, WATR provides in-kind support to transport some devices to and from the center as well as to and from a consumer’s town.

In 2012-2014, WATR will explore:

- Coordinated reassignment for developmental preschools and K-12 schools

- Coordinated reassignment of device loans available through the independent living centers

- Collaboration with Wyoming Independent Living Rehabilitation, Inc. to refurbish (potentially through the state’s prison system) donated power wheelchairs that have been donated and are not in use. Collaboration also to ensure potential users of refurbished chairs would have access to a seating and positioning evaluation.

- Outreach of reutilization program to inpatient rehabilitation hospitals

Section E - Device Loan Activity

Device Loan Activity

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

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

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

5. Enter the year when the program began conducting this activity.
2004

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

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

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

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

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

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<th>a. You provide support from the state</th>
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<tbody>
<tr>
<td>AgrAbility Program</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<td>Alliance for Technology Access Center</td>
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<td>No</td>
<td>No</td>
<td>No</td>
</tr>
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<td>Bank or other financial institution</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Community Living agency</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Category</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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</tr>
<tr>
<td>Easter Seals</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Education-related agency</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Employment-related agency</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<td>Health, allied health, and rehabilitation-related agency</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Independent Living Center</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Institution of Higher Education</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-categorical disability organization</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
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<td>Organization that primarily serves individuals who are blind or visually impaired</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Organization that primarily serves individuals who are deaf or hard of hearing</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Organization that primarily serves individuals with developmental disabilities</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Organization that primarily serves individuals with physical disabilities</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
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<td>Other</td>
<td>No</td>
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</table>

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 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.
Nothing

13. Select the option that best describes the policy of the program for charging professionals for a loan.
Nothing

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

Each loan, before it is processed, is preceded with a phone call or e-mail exchange from one of the WATR AT professionals to discuss the specific device as well as similar options and devices or equipment that may be useful for the individual. Device loan agreements are signed, enabling the customer to continue to borrow devices for 2 years. Quick start manuals are provided for many loans so that borrowers can easily operate these devices. Some device loans (e.g. AAC) stipulate that a professional (e.g. SLP) is involved or will be working with the client to assess the appropriateness of the device match to consumer needs and goals. WATR staff contact clients after items have been borrowed for 3-4 weeks to determine if the client needs further information or other device loans. Instructions to return devices are provided. In some cases, WATR AT professionals work directly with consumers who might request or require on-site assistance.

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.

In some cases, WATR program staff members deliver devices, especially if a borrower is located in a geographic area in which a staff member will be traveling or if request includes multiple devices.

WIND staff, not necessarily associated with WATR, also deliver and pick up devices as they travel throughout the state.

In 2012-2014, WATR will explore the potential for compiling an updated financial resources in Wyoming for assistive technology devices and services.

Section F - Device Demonstration Activity

Device Demonstration Activity

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

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

4. If you selected other, describe

5. Enter the year when the program began conducting this activity.
2004

6. Who conducts this activity? Check all that apply.
The Statewide AT Program
Yes

Other entities (e.g. contractors)
Yes

7. The Statewide AT Program provides and/or receives the following support (choose all that apply).
Provides financial support to other entities via an agreement with the Statewide AT Program.
Yes
Provides in-kind support to other entities via an agreement with the Statewide AT Program.
Yes

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.
Yes

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.
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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
   Yes

   By e-mail
   Yes

   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 that move to multiple sites

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

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

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

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

Device loans
Yes

Evaluations and assessments
Yes

Training
Yes

Public awareness
Yes

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

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

Device demonstrations are provided upon request and typically delivered at the site of the request: home, school, workplace or agency. WATR collaborates with the University of North Dakota at Casper (WY) College to provide students in the Master’s Degree in Occupational Therapy program and students in the Occupational Therapy Assistant program an opportunity to learn about devices and then offer demonstrations (facilitated by their instructor, an ATP) and public awareness activities in the central part of the state.
In 2012-2014, WATR will develop the capacity and provide virtual device demonstrations.

**Section G - State Leadership Activities**

**Training**

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

   The Statewide AT Program  
   Yes

   Other entities (e.g. contractors)  
   Yes

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

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

   Provides in-kind support to other entities via an agreement with the Statewide AT Program.  
   Yes

   Receives financial support from the state.  
   Yes

   Receives in-kind support from the state.  
   Yes

   Receives financial support from private entities.  
   No

   Receives in-kind support from private entities.
No

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

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

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

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</table>

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?
3

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

By website
Yes
By phone
Yes

By e-mail
Yes

By mail
Yes

In person
Yes

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

8. Select the option that best describes the policy of the program for charging individuals with disabilities for training.
Nothing

9. Select the option that best describes the policy of the program for charging professionals for training.
The fee is based on the length/complexity/value/type

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

WATR provides some trainings without charge: those that have perviously been developed, trainings delivered via distance technology and trainings for individuals or families. Trainings requested for professionals and focused on a specific topic are charged a fee-for-service plus travel costs for WATR staff. WATR will explore the potential for charging a fee to offset the costs of developing and providing distance-technology trainings. Sponsored in part by the Wyoming Department of Education, WATR will develop a professional learning community of educators that will facilitate their extensive training in assistive technology and then allow them to provide support and training regarding assistive technology to other educators in their geographic region.
Section G - State Leadership Activities

Technical Assistance

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

   The Statewide AT Program
   Yes

   Other entities (e.g. contractors)
   Yes

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

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

   Provides in-kind support to other entities via an agreement with the Statewide AT Program.
   Yes

   Receives financial support from the state.
   Yes

   Receives in-kind support from the state.
   Yes

   Receives financial support from private entities.
   No

   Receives in-kind support from private entities.
   No
Coordinates and collaborates with other entities for the purpose of establishing a new program or service.
No

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

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

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

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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?
3

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

By phone
Yes
7. Select the option that best describes the policy of the program for charging for technical assistance.
The fee is based on the length/complexity/value/type

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

WATR provides technical assistance from three different sites, two of which are centrally located in the state, upon request. Fees for services and applicable travel costs are charged if the technical assistance requires staff travel and significant preparation time or resources. WATR provides real time technical assistance at no cost through instant messaging, accessible through the program’s website. As educators participating in the professional learning community complete training, they will provide technical assistance to other educators in their geographical regions.

Section G - State Leadership Activities

Public Awareness

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

The Statewide AT Program
Yes

Other entities (e.g. contractors)
Yes
2. The Statewide AT Program provides and/or receives the following support (choose all that apply).

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

Provides in-kind support to other entities via an agreement with the Statewide AT Program.
Yes

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.
No

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

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Yes

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</tr>
<tr>
<td>Education-related agency</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Employment-related agency</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Health, allied health, and rehabilitation-related agency</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Independent Living Center</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Institution of Higher Education</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-categorical disability organization</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Organization that primarily serves individuals who are blind or visually impaired</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Organization that primarily serves individuals who are deaf or hard of hearing</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Organization that primarily serves individuals with developmental disabilities</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Organization that primarily serves individuals with physical disabilities</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Organization focused specifically on providing AT</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Protection and Advocacy Organization</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Technology agency</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
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?
3

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.
   WATR provides the following public awareness materials/activities:
- Program brochures
- Brochures targeting specific audiences of topics
- WATR DispATch, monthly e-newsletter
- Presentations to organized groups
- Booths at conferences
- WATR Demo Days, series of AT expositions
- Website

Additional public awareness activities to be completed in 2012-2014:
- 2008-2011 program report publication
- 2012-2014 annual or combined report publication

WATR will explore the following public awareness activities:
- Repeat radio campaign
- Repeat television appearances
- Collaborating with ATAP and other states to purchase ‘tips’ that can be used in public awareness materials
- Contracting with professional learning community members, after they complete training, to help provide public awareness activities

WATR provides honorariums for Occupational Therapy students to help with public awareness activities.

Section G - State Leadership Activities

Information and Assistance
1. Who conducts this activity? Check all that apply.

The Statewide AT Program
   Yes

Other entities (e.g. contractors)
   Yes

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

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

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

Receives financial support from the state.
   No

Receives in-kind support from the state.
   No

Receives financial support from private entities.
   No

Receives in-kind support from private entities.
   No

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

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

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

<table>
<thead>
<tr>
<th>Organization or Activity</th>
<th>a. You provide support</th>
<th>b. Receive support from the state</th>
<th>c. Receive support from these private entities</th>
<th>d. Collaborate with</th>
</tr>
</thead>
<tbody>
<tr>
<td>AgrAbility Program</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Alliance for Technology Access Center</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Bank or other financial institution</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Community Living agency</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Easter Seals</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Education-related agency</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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<td>No</td>
<td>Yes</td>
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<tr>
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</tr>
<tr>
<td>Section</td>
<td>Option</td>
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<tr>
<td></td>
<td>Technology agency</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<tr>
<td></td>
<td>UCP</td>
<td>No</td>
<td>No</td>
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<tr>
<td></td>
<td>Other</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

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

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

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

   By website
   Yes
   
   By phone
   Yes
   
   By e-mail
   Yes
   
   By mail
   Yes
7. Describe the activity.

Individualized information and assistance about assistive technology devices and services is available by contacting the program by e-mail, phone, Facebook page, instant message or in person. Assistive technology professionals and specialists research requests to provide research-based, best-practices and up to date information.

Section H - Assurances, Measurable Goals and Signatures

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

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

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

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

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

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

7. A State officer, specified by title in this certification, has authority under State law to receive, hold, and disburse Federal funds made available under the plan.
Yes
8. The State officer who submits this plan, specified by title in this certification, has authority to submit this plan. Yes

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

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

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

12. The State will annually collect data related to the required activities implemented by the State under this section in order to prepare the progress reports required under subsection 4(f) of the Act. Yes

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

14. The State will prepare reports to the Secretary in such form and containing such information as the Secretary may require to carry out the Secretary's functions under this Act and keep such records and allow access to such records as the Secretary may require to ensure the correctness and verification of information provided to the Secretary. Yes

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

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

17. Funds received through the grant will be expended in accordance with Section 4 of the Act, and will be used to supplement, and not supplant, funds available from other sources for technology-related assistance, including the provision of assistive technology devices and assistive technology services. Yes

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

In accordance with the Americans With Disabilities Act (ADA) and the Rehabilitation Act of 1973, Section 504, no qualified person will be denied
access to, participation in, or the benefits of, any program or activity operated by the University because of disability. The University will not discriminate against qualified individuals with disabilities in employment practices and activities, including, but not limited to, application procedures, hiring, tenure, promotion, advancement, termination, training, compensation and benefits. The University will not discriminate against a qualified individual because of the known disability of another individual with whom the qualified individual is known to have a relationship or association.

27. Access Goal Table

<table>
<thead>
<tr>
<th></th>
<th>Education</th>
<th>Employment</th>
<th>Community Living</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Long-term Goal</td>
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<td>70.00</td>
<td>70.00</td>
</tr>
<tr>
<td>b. Long-term Goal Status</td>
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<td></td>
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<tr>
<td>c. FY 2011 Performance</td>
<td>88.70</td>
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<td>97.62</td>
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<td>d. FY 2012 Short-term goal</td>
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<td>70.00</td>
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<tr>
<td>e. FY 2012 Performance</td>
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<tr>
<td>f. FY 2012 Status</td>
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<tr>
<td>g. FY 2013 Short-term goal</td>
<td>70.00</td>
<td>70.00</td>
<td>70.00</td>
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<tr>
<td>h. FY 2013 Performance</td>
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<td></td>
</tr>
<tr>
<td>i. FY 2013 Status</td>
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<td></td>
</tr>
<tr>
<td>j. FY 2014 Short-term goal</td>
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<td>70.00</td>
<td>70.00</td>
</tr>
<tr>
<td>k. FY 2014 Performance</td>
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</tr>
<tr>
<td>l. FY 2014 Status</td>
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</tr>
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</table>

28. Acquisition Goal Table

<table>
<thead>
<tr>
<th></th>
<th>Education</th>
<th>Employment</th>
<th>Community Living</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Long-term Goal</td>
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<td>75.00</td>
<td>75.00</td>
</tr>
<tr>
<td>b. Long-term Goal Status</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>c. FY 2011 Performance</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
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</tbody>
</table>
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
   Dorothy C. Yates

30. Title of Certifying Representative for the Lead Agency
    Associate Vice President, Research and Economic Development

31. Signed?
   Yes

32. Date Signed
   02/24/2012

**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 24, 2012

Last updated by
sgatwyroot-elledges
Completed on
February 24, 2012

Completed by
sgatwyroot-elledges

Approved on

Approved by

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