

Assistive Technology State Grant Program

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	Cooperative buying program	N/A
	Financing for home modifications program	N/A
	Telecommunications distribution program	N/A
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Assistive Technology State Grant Program

Alabama State Plan for FY 2009-2011 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. Statewide Technology Access & Response (STAR)
- 2 Website dedicated to Statewide AT Program <http://www.rehab.alabama.gov/star>
- 3 Name and Address of Lead Agency
Alabama Department of Rehabilitation Services
Division of Vocational Rehabilitation Services
Community Rehabilitation Programs
602 South Lawrence Street
Montgomery, AL 36104
- 4 Name, Title, and Contact Information for Lead Agency Certifying Representative.
Winona Nelson, Interim Commissioner
Alabama Department of Rehabilitation Services
602 South Lawrence Street
Montgomery, AL 36104
334-293-7150
winona.nelson@rehab.alabama.gov
- 5 Information about Program Director at Lead Agency.
Joseph P. Helm, Assistant Commissioner Program Director STAR
Alabama Department of Rehabilitation Services
Division of Vocational Rehabilitation Services
Community Rehabilitation Programs
602 South Lawrence Street
Montgomery, AL 36104
334-293-7087
joe.helm@rehab.alabama.gov
- 6 Information about Program Contact(s) at Lead Agency.
- 7 Telephone at Lead Agency for 18007827656

Public.

- 8 E-mail at Lead Agency for Public. laura.fisher@rehab.alabama.gov
- 9 Select the most appropriate descriptor of the agency/division/bureau directly responsible for the Statewide AT Program within the Lead Agency.
General or Combined Vocational Rehabilitation Agency
- 10 If Other was selected for question 9, identify and describe the agency.

- 11 Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf?
Yes

If you answered no to question 11, you may skip ahead to the next page. Otherwise, you must answer the following questions.

- 12 Name and Address of Implementing Entity.
Easter Seals Central Alabama
2125 East South Boulevard
Montgomery, AL 36116
- 13 Information about Program Director at the Implementing Entity.
Debbie Lynn, Administrator
334-288-0240
dlynn@eastersealsca.org
- 14 Information about Program Contact(s) at Implementing Entity.
Debbie Lynn, Administrator
Christy Jarrett, CFO
Richard Blome, CARE Project Coordinator
334-288-0240
- 15 Telephone at Implementing Entity 334-288-0240
for Public.
- 16 E-mail at Implementing Entity for cjarrett@eastersealsca.org
Public.
- 17 Select the most appropriate descriptor of the type of organization that is the Implementing Entity.
Easter Seals
- 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.
Easter Seals Central Alabama as the implementing entity signs an annual subcontract with the Alabama Department of Rehabilitation Services and serves on the STAR Advisory Council. The implementing entity provides all necessary fiscal documentation regarding expenses and charges against the subcontract and participates in periodic meetings to review the status of activities and performance of the STAR program. Additionally, the

implementing entity maintains a subcontract to provide reutilization of AT for persons with disabilities located in central and west Alabama counties.

- 20 Is the Lead Agency named in this State Plan a new or different Lead Agency from the one designated by the Governor in your previous State Plan?

No

If you answered no to question 20, you may skip ahead to the next page. Otherwise, you must answer the following questions.

- 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?

N/A

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

Assistive Technology State Grant Program

Alabama State Plan for FY 2009-2011 Section B: Advisory Council, Budget Allocations, and Identification of Activities Conducted

NOTE: You MUST answer questions 11&12 in order to set up the rest of your form.

- 1 In accordance with section 4(c)(2) of the AT Act of 1998, as amended Yes
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.
- 2 The advisory council includes a representative of the designated State Yes
agency, as defined in section 7 of the Rehabilitation Act of 1973 (29
U.S.C. 705)
- 3 The advisory council includes a representative of the State agency for Yes
individuals who are blind (within the meaning of section 101 of that
Act (29 U.S.C. 721));
- 4 The advisory council includes a representative of a State center for Yes
independent living described in part C of title VII of the Rehabilitation
Act of 1973 (29 U.S.C. 796f et seq.);
- 5 The advisory council includes a representative of the State workforce Yes
investment board established under section 111 of the Workforce
Investment Act of 1998 (29 U.S.C. 2821);
- 6 The advisory council includes a representative of the State educational Yes
agency, as defined in section 9101 of the Elementary and Secondary
Education Act of 1965
- 7 The advisory council includes other representatives (list below)
Early Intervention
Children's Rehabilitation Service
State Insurance Board
Medicaid

Community Rehabilitation Programs
Alabama Institute for Deaf Blind
Birmingham UCP

- 8 The advisory council includes the following number of individuals with 7 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 below.

10 Proposed Budget Allocations

	Proposed Budget Allocation for Entire Annual Award
State-level Activities	
State Financing Activities	\$50,001-\$60,000
Device Reutilization Activities	more than \$100,000
Device Loan Activity	Not performed due to comparability
Device Demonstration Activity	Not performed due to comparability
State Leadership Activities	more than \$100,000

11 State Financing Activities Performed

	Activities Performed (select all that apply)
State Financing Activities	
Financial loan program	Checked
Access to telework loan fund	
Cooperative buying program	
Financing for home modifications program	
Telecommunications distribution program	
Last resort program	
Other program	

Other Activities Performed

	Number of Activities Performed
Device Reutilization, Device Loan, and Device Demonstration Activities	
How many device exchange programs do you support?	0
How many device reassignment programs do you support?	1
How many device loan programs do you support?	0
How many device demonstration programs do you support?	0

- 12 What is the baseline year for the measurable goals for this state plan? 2007

Assistive Technology State Grant Program

Alabama State Plan for FY 2009-2011 C State Financing Activities

Financial loan program

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

2 Who conducts this activity? Check all that apply.

The Statewide AT Program	Yes
Other entities (e.g. contractors)	Yes

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

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

4 If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column a of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column b of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column c of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column d of the following table.

Organization or Activity	a. You provide	b. Receive	c. Receive	d. Collaborate
--------------------------	----------------	------------	------------	----------------

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

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

One central location

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

7 This activity is available (choose all that apply)

- By website Yes
- By phone Yes
- By e-mail Yes
- By mail Yes
- In person Yes

8 Enter the total endowment of the activity. \$2100000

- 9 Select the option that best describes the primary source of capital used to begin the activity.
Section 4 of the AT Act of 1998, as amended
- 10 Select the option that best describes the primary source of support for ongoing operation of the activity.
Interest and investments from the original source of capital
- 11 Even if they are not the primary source of support, do you support this program using section 4 funds? Yes
- 12 This activity offers the following types of assistance (select all that apply).
- | | |
|--------------------------|-----|
| Revolving loans | No |
| Loan guarantees | Yes |
| Low interest loans | No |
| Interest buy-downs | No |
| Preferred interest loans | No |
- 13 The lowest loan amount provided as established by the policies of the activity (leave N/A blank if N/A)
- 14 The highest loan amount provided as established by the policies of the activity \$35000 (leave blank if N/A)
- 13 Provide any additional information about this activity you wish to share.
STAR staff provide loan coordination activities for Southern Disability Foundation, Inc. and AuburnBank the statewide lender. This support has enable the community based organization maximize its resources for the use of consumer loans while minimizing the organizations operational expenses.

Assistive Technology State Grant Program

Alabama State Plan for FY 2009-2011 D Device Reutilization Activities

Device Reassignment (1 of 1)

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

- 2 Enter the year when the program began conducting this activity. 1997

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

The Statewide AT Program	Yes
Other entities (e.g. contractors)	Yes

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

Provides financial support to other entities via an agreement with the Statewide AT Program.	Yes
Provides in-kind support to other entities via an agreement with the Statewide AT Program.	Yes
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.	Yes
Coordinates and collaborates with other entities for the purpose of establishing a new program or service.	Yes
Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.	Yes
Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.	Yes

- 5 If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column a of the following table.
If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column b of the following table.
If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column c of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column d of the following table.

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

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

Regional sites

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

5

8 This activity is available (choose all that apply)

- By website Yes
- By phone Yes
- By e-mail Yes

By mail Yes
 In person Yes

9 Select the option that best describes the policy of the program for charging individuals with disabilities for a device.

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.

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

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

Consumers must attest to having a disability (permanent or temporary) that would require the need for a particular device. On rare occasions, in order to receive some specialized equipment, consumers have been asked to provide medical documentation of specific disability. An Equipment Loan Agreement and/or request for equipment is completed for each consumer and placed on file. The document contains basic geographic information, type of equipment needed, description and condition of the equipment loaned, benefit area for which the equipment is needed (such as employment, education, community living, and information technology/communication), and estimated length of time for the loan of the equipment whether on a short-term interim basis, while waiting for financing/funding, repairs, insurance or long-term permanent. Equipment is loaned to consumers at no cost and for as long as needed. Consumers are asked to return the equipment when they no longer need it so that it can be redistributed to others.

- 14 Describe any supports provided to the consumer to ensure successful use of the device. When a device is loaned to a consumer, our subcontract partners provide basic instructions on operation, safety, care and demonstrate the use of the device with each consumer and/or family member. All equipment loaned to consumers is in working condition for the purpose (s) needed. Consumers are aware that, in most instances, the equipment is used and proceed to sign a Hold Harmless agreement stating that they will not hold the subcontractor, STAR or its lead agency liable for any injury that may be sustained while using the loaned item. Consumers also understand that when the equipment is no longer needed that it is their responsibility to return the equipment in the same condition as when it was borrowed. Consumers are advised to notify the reuse center staff of any problems and/or repair issues that are experienced with the device so that it can be returned to the center or farmed out to appropriate vendors and/or experts for the needed repairs.
- 15 If this is an open-ended loan program, describe it.
- 16 Provide any additional information about this activity you wish to share. To help ensure statewide coverage, STAR conducts AT reutilization activities via subcontracts. STAR implemented its first AT reassignment reutilization program in 1997 in Mobile, Alabama with Goodwill Easter Seals of the Gulf Coast as the subcontract agency. STAR currently has five (5) subcontract regional sites with the latest center opening in October, 2007. These subcontract programs are strategically and geographically located throughout the state which certifies that our services will be accessible and as convenient as possible to individuals with disabilities. The regional site locations are as follows: North (Huntsville, AL): The Waste Not Technology Finds, a subcontract program with United Cerebral Palsy of Huntsville and the Tennessee Valley; Northeast Central (Annistoa subcontract program;(n, AL): The 3-R Project , a subcontract program with the Opportunity Center; Northwest Central (Birmingham, AL): a subcontract program with Baptist Health Systems; Central (Montgomery, AL): The CARE Project, a subcontract program of Easter Seals of Central AL; and South (Mobile, AL): Enabling Resources, a subcontract of Goodwill Easter Seals of the Gulf Coast. Additonally, during this paln cycle STAT will be working to provide technical assitance to a new reuse program by partnering with Baptist Health Systems of Birmingham .

Assistive Technology State Grant Program

Alabama State Plan for FY 2009-2011 G1 State Leadership Activities

Training Activities

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. | Yes |
| Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. | Yes |
| Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. | Yes |

3 If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column a of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column b of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column c of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column d of the following table.

Organization or Activity	a. You provide support	b. Receive support from	c. Receive support from	d. Collaborate with

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

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 No
- By e-mail No
- By mail No
- In person Yes

7 Select the option that best describes how training is primarily provided.

Via distance learning technology

- 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.
Nothing

- 10 Provide any additional information about this activity you wish to share.
STAR, in collaboration with one of its subcontract programs, T.A.S.C. (Technology Assistance for Special Consumers) will develop twenty-four online and or direct training modules over the three year state plan cycle to enhance the knowledge, skills and competencies of individuals with disabilities, family members, representatives of State and local educational agencies, early intervention programs, adult services programs, hospitals and other healthcare facilities, institutions of higher education, businesses, and other professionals that will:
- a) Generate increased awareness on the benefits of assistive technology;
 - b) Provide skills-development training in assessing the need for assistive technology devices and services;
 - c) Provide skills-development training in the utilization of multiple approaches to assessment and implementation to ensure the appropriate application and use of assistive technology devices and services;
 - d) Create an awareness of funding resources (Federal, State, local and private) to assist targeted individuals and entities in the acquisition of assistive technology, including the STAR Alternative Finance Program (Ability Loans).

Training activities will be conducted by STAR staff and T.A.S.C. upon request or as the need arises. Several training opportunities have been identified and will likely result into a regular curriculum for previously established timeframes. Most training activities will be conducted primarily at the central site, however, on occasions trainings will take place on location, at conferences, online live web-based and distance learning. Training will be developed taking into consideration all accessibility needs, and materials will be provided in alternate format upon request.

Possible Training Modules may include but are not limited to:

- Introduction to Assistive Technology
- Assistive Technology for Young Children
- Assistive Technology for Students
- Assistive Technology for Transition
- Assistive Technology in the Employment Setting
- Assistive Technology for Independent Living
- Assistive Technology for an Aging Population
- Funding for AT
- Augmentative and Alternative Communication
- Reutilization of Assistive Technology
- Assistive Technology for Employees and Employers

Assistive Technology State Grant Program

Alabama State Plan for FY 2009-2011 G2 State Leadership Activities

Technical Assistance Activities

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. | 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. | Yes |
| Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. | Yes |
| Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. | Yes |

3 If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column a of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column b of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column c of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column d of the following table.

Organization or Activity	a. You provide support	b. Receive support from	c. Receive support from	d. Collaborate with

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

- 4 Select the option that best describes from where this activity is conducted.
A combination of a central location and regional sites
- 5 If you indicated the use of regional sites, from how many regional sites is the activity conducted?
- 6 This activity is available (choose all that apply)
- | | |
|------------|-----|
| By website | No |
| By phone | Yes |
| By e-mail | Yes |
| By mail | Yes |
| In person | Yes |
- 7 Select the option that best describes the policy of the program for charging for technical assistance.

Nothing

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

STAR will provide direct and coordinated technical assistance to individuals, groups, agencies, and organizations upon request. STAR'S technical assistance activities will focus on specific problem solving to ensure the appropriate access to and acquisition of AT, the appropriate use and application of assistive technology devices, assistive technology services; and AT specific training to meet the individualized needs of individuals with disabilities. While it is difficult to determine the nature and volume of technical assistance requests the primary focus will be directed toward problem solving and coordination with AT vendors and other specialized AT resources to produce positive AT solutions

STAR, being housed within an under the auspices of ADRS (Alabama Department of Rehabilitation Services) has the convenience and benefit of coordinating and collaborating technical assistance activities by utilizing staff expertise from the following programs: Rehabilitation Engineering and Technology Specialists; Blind and Visually Impaired rehabilitation teachers, orientation and mobility specialists; Deaf and Hard of Hearing staff who provides interpreters, deaf support specialists, and technology specialists for the deaf; Children Rehabilitation Services speech pathologists; Early Intervention System OT and PT staff; and, SAIL (State of Alabama Independent Living) program staff. Additionally, STAR and ADRS have collaborative programs with AIDB (Alabama Institute for the Deaf and Blind) and utilize their staff expertise on an as needed basis.

Assistive Technology State Grant Program

Alabama State Plan for FY 2009-2011 G3 State Leadership Activities

Public Awareness Activities

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. | 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. | Yes |
| Coordinates and collaborates with other entities for the purpose of establishing a new program or service. | Yes |
| Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. | Yes |
| Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. | No |

3 If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column a of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column b of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column c of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column d of the following table.

Organization or Activity	a. You provide support	b. Receive support from	c. Receive support from	d. Collaborate with

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

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
- In person Yes

7 Describe the activity.

The items below identify the public awareness activities anticipated during this plan

cycle.

a) STAR staff exhibits at six (6) major statewide conferences on an annual basis. Depending on the conference theme and targeted audience, the booth is set up with AT devices, information and resources about AT that will benefit the particular group of attendees. General AT information is distributed as well as resource materials that create an awareness of the STAR programs and services. Some of our major conferences include: Alabama Early Intervention & Preschool Conference; Alabama Federation Council for Exceptional Children; Alabama Autism Conference; Alabama Transition Conference; Alabama Workforce Development Annual Conference; and AER (Association for the Education and Rehabilitation of the Blind & Visually Impaired).

b) STAR staff serves on several agencies Advisory Boards and Planning Committees which creates an opportunity for the staff to conduct training activities and disseminate information to address their specific assistive technology needs. Some of these boards and committees include: AL-APSE (Alabama Association of Persons in Supported Employment); Alabama School for the Blind- AT Symposium; Alabama Library for the Blind and Physically Handicapped; and Alabama Developmental Disabilities Network.

c) STAR staff is invited annually to conduct presentations to special education students, PT and OT students at several of Alabama's statewide colleges and universities. These presentations are usually interactive and consist of general overview of STAR programs and services and Assistive Technology. A resource and device display table is usually set up in the training area for participants to see and get hands-on experience with some of the devices. Demonstrations of the devices are conducted and participants are given information regarding the usage, vendor and cost of the devices.

d) Marketing the Reutilization Programs is another ongoing activity for STAR and its subcontract programs. Some of the marketing ideas used to create public awareness of STAR and its programs have included using the media which includes television, radio, and newspapers. Brochures, flyers, "giveaways" such as folding travel toothbrush, magnifying glass/bookmarker, magnets, pens, notepads, and hand sanitizers have been very effective marketing tools for the programs. Some subcontracts have taken advantage of functions for children held at local libraries to include decorating a Christmas tree with star magnets as the ornaments. The latest and most innovative marketing venue has been the utilization of large roadside billboards that a local company provided as a free service to advertise our most recent new program. This method of marketing is being explored by our other subcontracts and STAR AT Center Coordinator has been asked to participate in a webinar to share marketing ideas with other states AT Act program staff. Additionally STAR staff market the availability of low interest loans through its AFP program Ability Loans.

Assistive Technology State Grant Program

Alabama State Plan for FY 2009-2011 G4 State Leadership Activities

Information and Assistance Activities

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. | 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. | Yes |
| Coordinates and collaborates with other entities for the purpose of establishing a new program or service. | Yes |
| Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. | Yes |
| Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. | No |

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		the state	these private entities	
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Easter Seals	Yes	No	No	Yes
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Employment-related agency	Yes	No	No	Yes
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Organization that primarily serves individuals who are deaf or hard of hearing	Yes	No	No	Yes
Organization that primarily serves individuals with developmental disabilities	Yes	No	No	Yes
Organization that primarily serves individuals with physical disabilities	Yes	No	No	Yes
Organization focused specifically on providing AT	Yes	No	No	Yes
Protection and Advocacy Organization	Yes	No	No	Yes
Technology agency	No	No	No	No
UCP	Yes	No	No	Yes
Other	No	No	No	No

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
- In person Yes

7 Describe the activity.

Since 1994, The Alabama Department of Rehabilitation Services Assistive Technology

Programs - STAR staff has provided information and referral services (I & R) whereas information regarding assistive technology products, services, resources, suppliers, and funding have been request via a statewide toll free number. STAR has and will continue to assist all inquires regardless of ages, disability, type of AT, etc as indicated within the legislative regulations.

STAR has a fulltime Administrative Support Assistant who is primarily responsible for answering the 1-800 line to provide information to consumers and other individuals regarding AT devices and services. The staff person is knowledgeable of a variety of disabilities and received training on how to conduct conversations with individuals with disabilities. An intake form is completed and the caller is directed to the appropriate staff person, if needed, for further assistance. Various resource information lists and contact information are readily available to expedite the caller's request. Some information is provided electronically via email and fax, while other is handled in person or hand mailed. Consumers who have access to computers are also directed to the STAR website for information, which is linked to its lead agency, ADRS website. In addition to information about STAR and its programs, the website also contains links to subcontracts, an events calendar, consumer satisfaction surveys and the STAR State Plan. Additionally, consumers can access an AT Monthly Inventory List that itemizes and categorizes available medical equipment via the subcontract programs.

Consumers who are deaf and hearing impaired receive information and assistance via a TTY using the telephone relay system. Visually impaired and blind consumers receive information in alternate formats upon requests such as large print and ZoomText. Having close proximity to ADRS, if additional services are required beyond the STAR staff expertise, resource staff from the Deaf and Hard of Hearing and Visually Impaired divisions is brought in for consultation.

Assistive Technology State Grant Program

Alabama State Plan for FY 2009-2011 Section H: Assurances and Signature

- | | | |
|----|---|-----|
| 1 | As Certifying Representative of the Lead Agency for the State of Alabama, I hereby assure the following. | Yes |
| 2 | The Lead Agency prepared and submitted this State Plan on behalf of the State of Alabama. | Yes |
| 3 | The Lead Agency submitting this plan is the State agency that is eligible to submit this plan. | Yes |
| 4 | The State agency has authority under State law to perform the functions of the State under this program. | Yes |
| 5 | The State legally may carry out each provision of this plan. | Yes |
| 6 | All provisions of this plan are consistent with State law. | Yes |
| 7 | A State officer, specified by title in this certification, has authority under State law to receive, hold, and disburse Federal funds made available under the plan. | Yes |
| 8 | The State officer who submits this plan, specified by title in this certification, has authority to submit this plan. | Yes |
| 9 | The agency that submits this plan has adopted or otherwise formally approved this plan. | Yes |
| 10 | The plan is the basis for State operation and administration of the program. | Yes |
| 11 | The Lead Agency will maintain and evaluate the program under this State Plan. | Yes |
| 12 | The State will annually collect data related to the required activities implemented by the State under this section in order to prepare the progress reports required under subsection 4(f) of the Act. | Yes |

- | | | |
|----|--|-----|
| 13 | The Lead Agency will submit the progress report on behalf of the State. | Yes |
| 14 | The State will prepare reports to the Secretary in such form and containing such information as the Secretary may require to carry out the Secretary's functions under this Act and keep such records and allow access to such records as the Secretary may require to ensure the correctness and verification of information provided to the Secretary. | Yes |
| 15 | The Lead Agency will control and administer the funds received through the grant. | Yes |
| 16 | The Lead Agency will make programmatic and resource allocation decisions necessary to implement the State Plan. | Yes |
| 17 | Funds received through the grant will be expended in accordance with Section 4 of the Act, and will be used to supplement, and not supplant, funds available from other sources for technology-related assistance, including the provision of assistive technology devices and assistive technology services. | Yes |
| 18 | The Lead Agency will ensure conformance with Federal and State accounting requirements. | Yes |
| 19 | The State will adopt such fiscal control and accounting procedures as may be necessary to ensure proper disbursement of and accounting for the funds received through the grant. | Yes |
| 20 | Funds made available through a grant to a State under this Act will not be used for direct payment for an assistive technology device for an individual with a disability. | Yes |
| 21 | A public agency or an individual with a disability holds title to any property purchased with funds received under the grant and administers that property. | Yes |
| 22 | The physical facility of the Lead Agency and Implementing Entity, if any, meets the requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) regarding accessibility for individuals with disabilities. Section 4(d)(6)(E) | Yes |
| 23 | Activities carried out in the State that are authorized under this Act, and supported by Federal funds received under this Act, will comply with the standards established by the Architectural and Transportation Barriers Compliance Board under section 508 of the Rehabilitation Act of 1973 (20 U.S.C. 794d). Section 4(d)(6)(G) | Yes |
| 24 | The Lead Agency will coordinate the activities of the State Plan among public and private entities, including coordinating efforts related to | Yes |

entering into interagency agreements.

- 25 The Lead Agency will coordinate efforts related to the active, timely, and meaningful participation by individuals with disabilities and their family members, guardians, advocates, or authorized representatives, and other appropriate individuals, with respect to activities carried out through the grant. Yes

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

The largest minority population in Alabama is the African American population. The Alabama Department of Rehabilitation Services has identified and implements strategies to ensure that all of its population has equitable access to, and participation in, its federally assisted programs for students, teachers, and other program beneficiaries with special needs. Specific activities to support access include, but are not limited to: using translators and interpreters; translating materials into other languages (e.g., Spanish); and other formats (e.g., large print, computer disks); including parents and professionals who are African American on advisory committees, implementing projects in accessible facilities with appropriate accommodations/supports; utilizing multiple methods for access (e.g., Web site, TDD line, e-mail, assistive technologies, online learning); and creating statewide project awareness through a variety of methods.

27 Access Goal Table

Access	Education	Employment	Community Living	IT/Telecomm
a. Long-term Goal	0.00	0.00	0.00	0.00
b. Long-term Goal Status	Met	Met	Met	Met
c. FY 2007 Performance	32.29	5.88	69.64	0.00
d. FY 2008 Short-term goal	0.00	0.00	0.00	0.00
e. FY 2008 Performance	16.43	0.00	78.22	50.00
f. FY 2008 Status	Met		Met	Met
g. FY 2009 Short-term goal	0.00	0.00	0.00	0.00
h. FY 2009 Performance	0.00	0.00	0.00	0.00
i. FY 2009 Status				
j. FY 2010 Short-term goal	0.00	0.00	0.00	0.00
k. FY 2010 Performance	0.00	0.00	0.00	0.00
l. FY 2010 Status				

28 Acquisition Goal Table

Acquisition	Education	Employment	Community Living
a. Long-term Goal	0.00	0.00	0.00

b. Long-term Goal Status	Met	Met	Met
c. FY 2007 Performance	100.00	100.00	82.50
d. FY 2008 Short-term goal	0.00	0.00	0.00
e. FY 2008 Performance	12.50	66.67	82.49
f. FY 2008 Status	Met	Met	Met
g. FY 2009 Short-term goal	15.00	75.00	85.00
h. FY 2009 Performance	0.00	0.00	0.00
i. FY 2009 Status			
j. FY 2010 Short-term goal	0.00	0.00	0.00
k. FY 2010 Performance	0.00	0.00	0.00
l. FY 2010 Status			

29 Name of Certifying Representative for the Lead Agency Winona Neslon

30 Title of Certifying Representative for the Lead Agency Interim Commissioner

31 Signed? Yes

32 Date Signed 01/21/2009

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number of this information collection is 1820-0664. The time required to complete this information collection is estimated to average 75 hours per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4760. If you have any comments or concerns regarding the status of your individual submission of this form, write directly to: Robert Groenendaal.