

Assistive Technology State Grant Program

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Assistive Technology State Grant Program

Wisconsin 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 WisTech Program.
- 2 Website dedicated to Statewide AT Program <http://dhs.wisconsin.gov/disabilities/wistech/>
- 3 Name and Address of Lead Agency
Wisconsin Department of Health Services,
Office of Policy Initiatives and Budget,
1 West Wilson Street, Room 618,
PO Box 7850
Madison, WI 53707-7850
- 4 Name, Title, and Contact Information for Lead Agency Certifying Representative.
Cheryl McIlquham, Director, Office of Policy Initiatives and Budget,
Department of Health Services,
1 West Wilson Street, Room 618,
PO Box 7850
Madison, WI 53707-7850
(608)266-2907
cheryl.mcilquham@dhs.wisconsin.gov
- 5 Information about Program Director at Lead Agency.
Ralph Pelkey, Program Director
Department of Health Services,
1 West Wilson Street, Room 951,
PO Box 7850
Madison, WI 53707-7850
(608)267-9091
ralph.pelkey@dhs.wisconsin.gov
1.0 FTE
- 6 Information about Program Contact(s) at Lead Agency.

- 7 Telephone at Lead Agency for 866-278-6440
Public.
- 8 E-mail at Lead Agency for ralph.pelkey@dhs.wisconsin.gov
Public.
- 9 Select the most appropriate descriptor of the agency/division/bureau directly responsible for the Statewide AT Program within the Lead Agency.
Aging and Disability (or similar) 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?
No

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.
- 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 Select the most appropriate descriptor of the type of organization that is the Implementing Entity.
- 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 in this State Plan a new or different Lead Agency from the one designated by the Governor in your previous State Plan?

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?

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

Wisconsin 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 N/A
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)
Bill Ager, Consumer representative
Kevin Ammons, Consumer representative
Noah Hershkowitz, Consumer representative
Meg Steimle, Parent representative

Jackie Wells, Consumer representative
 Bill Gallik, Consumer representative
 Chris Coppess, Consumer representative
 Karsten Powell, Consumer representative
 Kyle Kleist, Consumer representative

- 8 The advisory council includes the following number of individuals with 10 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	Not performed due to comparability
Device Reutilization Activities	\$20,001-\$30,000
Device Loan Activity	more than \$100,000
Device Demonstration Activity	more than \$100,000
State Leadership Activities	more than \$100,000

11 State Financing Activities Performed

	Activities Performed (select all that apply)
State Financing Activities	
Financial loan program	
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?	2
How many device loan programs do you support?	1
How many device demonstration programs do you support?	1

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

Assistive Technology State Grant Program

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

Device Reassignment (1 of 2)

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

- 2 Enter the year when the program began conducting this activity. 2006

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

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

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

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

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

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

Regional sites

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

2

8 This activity is available (choose all that apply)

- By website Yes
- By phone Yes
- By e-mail No
- By mail No

In person

Yes

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

A fee is assigned based on the value or type of device

- 10 Select the option that best describes the policy of the program for charging professionals for a device.

A fee is assigned based on the value or type of device

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

- 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.

15 If this is an open-ended loan program, describe it.

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

The Wheelchair Recycling Program works in collaboration with a variety of community agencies and programs including local hospitals, therapists, Independent Living Centers, and schools. The repair, refurbishment, and cleaning of equipment is conducted in cooperation with the state Department of Corrections that employs inmates to perform the work.

Assistive Technology State Grant Program

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

Device Reassignment (2 of 2)

- 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. 2009

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

The Statewide AT Program	No
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.	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.	Yes
Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.	No
Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.	No

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

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

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

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

A combination of a central location and regional sites

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

4

8 This activity is available (choose all that apply)

By website Yes

By phone No

By e-mail Yes

Infants and Children with a significant hearing loss are identified by the Wisconsin Sound Beginnings programs at newborn hospital and birthing centers. Contact is then made with the parents and participating audiologists to identify families who have an interest in receiving a loaner hearing aid for a six month period.

- 14 Describe any supports provided to the consumer to ensure successful use of the device. The family is supported by their audiologist and staff from the Wisconsin Educational Services Program for the Deaf and Hard of Hearing (a Dept of Public Instruction program).

- 15 If this is an open-ended loan program, describe it.
The WISHES program (Wisconsin Infant & Children's Statewide Hearing Aid Exchange Service) provides hearing instruments for a 6 month loan period to newly identified deaf and hard of hearing children who are not Medicaid eligible or do not have other hearing insurance coverage.

This temporary assistance is intended to bridge the gap between identification of a hearing loss and obtaining the financial means to purchase personal amplification or for children awaiting cochlear implant surgery.

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

Assistive Technology State Grant Program

Wisconsin State Plan for FY 2009-2011 E Device Loan Activity (1 of 1)

- 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 demonstration 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. 2006

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

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

- 9 Select the option that best describes from where this activity is conducted.
Regional sites
- 10 If you indicated the use of regional sites, from how many regional sites is the activity conducted? 8
- 11 This activity is available (choose all that apply)
- | | |
|------------|-----|
| By website | Yes |
| By phone | Yes |
| By e-mail | No |
| By mail | No |
| 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.
WisTech contracts with the 8 Independent Living Centers (ILC) to operate device loan programs. Staff at the ILCs are trained to have a basic understanding of AT to help meet the needs of consumers. Staff are encouraged to share information and collaborate statewide through the AT Listserv and to consult with certified AT Practitioners and consultants at the University of Wisconsin Stout when there are questions or concerns. Each of the device loan centers maintains a standard inventory of AT equipment that has been established in cooperation with the UW Stout consultants.
- 15 Devices in the load 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?
Multiple subcontractors are used and they set their own poli
- 17 Provide any additional information about this activity you wish to share.
Beginning with FY 2009, the Device Loan programs participate in the AT4ALL web-based inventory system. AT4ALL will allow consumers to find information regarding devices and equipment that is available for loan at any given time.

Assistive Technology State Grant Program

Wisconsin State Plan for FY 2009-2011 F Device Demonstration Activity (1 of 1)

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

- 2 If you indicated that you have a device demonstration program for targeted consumers or devices, describe the specific types of consumers or devices for whom this 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. 2006

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

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

- 9 Select the option that best describes from where this activity is conducted.
Regional sites
- 10 If you indicated the use of regional sites, from how many regional sites is the activity conducted? 8
- 11 This activity is available (choose all that apply)
- | | |
|------------|-----|
| By website | Yes |
| By phone | No |
| By e-mail | No |
| By mail | No |
| In person | Yes |
- 12 Select the option that best describes the primary type of demonstrations provided by the program.
In-person demonstrations 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.

Assistive Technology State Grant Program

Wisconsin 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. | Yes |
| Receives financial support from the state. | No |
| Receives in-kind support from the state. | Yes |
| Receives financial support from private entities. | Yes |
| Receives in-kind support from private entities. | Yes |
| Coordinates and collaborates with other entities for the purpose of establishing a new program or service. | 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 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	Yes
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	Yes
Easter Seals	No	No	No	No
Education-related agency	Yes	No	No	Yes
Employment-related agency	No	No	No	Yes
Health, allied health, and rehabilitation-related agency	Yes	No	No	Yes
Independent Living Center	Yes	No	No	Yes
Institution of Higher Education	No	No	No	Yes
Non-categorical disability organization	No	No	No	No
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	No
Protection and Advocacy Organization	No	No	No	Yes
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	No

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

A combination of a central location and regional sites

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

6 This activity is available (choose all that apply)

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

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

At fixed sites supported by the Statewide AT Program

- 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.
Training is provided in a variety of venues and formats. Whenever possible, and as a cost-saving measure, workshops are organized as special sessions at larger conferences including the Vocational Rehab Conference, the Long Term Care Conference, the FOCUS Conference (for providers of nursing home, assisted living, home health and other services), and the statewide "AT Across the Lifespan" Conference.

In some instances, full day events are held around a specific type of technology (eg. AAC devices, vehicle modifications, home modifications) as a stand-alone event. Whenever possible, these events are repeated in more than one region of the state.

Trainers are recruited from the ranks of University Instructors and Clinicians, Independent Living providers, AT Practitioners, AT Specialists, special educators, and others. Some of the training events have been supported in kind or through cooperative relationships with other agencies, and programs including the CMS-funded Medicaid Infrastructure Grant (MIG).

Assistive Technology State Grant Program

Wisconsin 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. | 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. | Yes |
| Receives financial support from private entities. | Yes |
| Receives in-kind support from private entities. | Yes |
| Coordinates and collaborates with other entities for the purpose of establishing a new program or service. | 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 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	Yes	No	No	Yes
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	No	Yes
Education-related agency	Yes	No	Yes	Yes
Employment-related agency	Yes	No	Yes	Yes
Health, allied health, and rehabilitation-related agency	Yes	No	Yes	Yes
Independent Living Center	Yes	No	Yes	Yes
Institution of Higher Education	Yes	No	Yes	Yes
Non-categorical disability organization	No	No	No	No
Organization that primarily serves individuals who are blind or visually impaired	Yes	No	Yes	Yes
Organization that primarily serves individuals who are deaf or hard of hearing	Yes	No	Yes	Yes
Organization that primarily serves individuals with developmental disabilities	Yes	No	Yes	Yes
Organization that primarily serves individuals with physical disabilities	Yes	No	Yes	Yes
Organization focused specifically on providing AT	Yes	No	Yes	Yes
Protection and Advocacy Organization	Yes	No	Yes	Yes
Technology agency	No	No	No	No
UCP	No	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 | Yes |
| By phone | Yes |
| By e-mail | Yes |
| By mail | Yes |
| In person | Yes |
- 7 Select the option that best describes the policy of the program for charging for technical assistance.

Nothing

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

WisTech provides technical assistance in a collaborative manner with a number of other disability and AT related programs in the state. The technical assistance takes the form of participation on committees, joint planning, and preparation of special events. The following projects are examples of on-going technical assistance efforts:

- o WisTech participates in projects related to improving employment opportunities for persons with disabilities through greater access to AT. This assistance is provided through a partnership with the Pathways program and the development of self-directed managed care initiatives.

- o WisTech will continue the process of providing staff training and supplying AT Kits for each of the new Aging and Disability Resource Centers, as more Wisconsin counties participate in the development of Family Care. This is part of the state plan to re-vamp the provision of long-term-care services in the state and aid in community transition.

- o WisTech provides ongoing consultation to WisLoan, Wisconsin's AFP program in terms of administrative oversight, policy review, eligibility for public funding, and AT product considerations.

- o WisTech provides materials development and administrative consultation regarding the ongoing development and refinement of the AT Resource Center website.

<http://www.atresourcecenter.org/>

- o WisTech is involved in planning and implementation of training activities for specific professional groups around current AT product offerings, including problem-solving regarding the repair and maintenance of devices and technology.

- o WisTech provides technical assistance to secondary and post-secondary educational programs to improve the AT expertise of practitioners who work directly with consumers with disabilities. This assistance includes participation in a planning group of Dept of Public Instruction, Technical College, and University administration to help improve web access, accommodations, and the development of curriculum and training materials.

WisTech also is working in consultation with professional training programs to include AT in the experience of students preparing for careers in occupational, speech, and physical therapy, rehabilitation counseling, social work, special education, and others.

Assistive Technology State Grant Program

Wisconsin 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. | 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. | Yes |
| Receives financial support from private entities. | Yes |
| Receives in-kind support from private entities. | Yes |
| Coordinates and collaborates with other entities for the purpose of establishing a new program or service. | Yes |
| Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. | Yes |
| Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. | 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	Yes
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	Yes	No	Yes	Yes
Easter Seals	No	No	No	Yes
Education-related agency	Yes	No	Yes	Yes
Employment-related agency	Yes	No	Yes	Yes
Health, allied health, and rehabilitation-related agency	Yes	No	Yes	Yes
Independent Living Center	Yes	No	Yes	Yes
Institution of Higher Education	Yes	No	Yes	Yes
Non-categorical disability organization	No	No	No	No
Organization that primarily serves individuals who are blind or visually impaired	Yes	No	Yes	Yes
Organization that primarily serves individuals who are deaf or hard of hearing	Yes	No	Yes	Yes
Organization that primarily serves individuals with developmental disabilities	Yes	No	Yes	Yes
Organization that primarily serves individuals with physical disabilities	Yes	No	Yes	Yes
Organization focused specifically on providing AT	Yes	No	Yes	Yes
Protection and Advocacy Organization	Yes	No	Yes	Yes
Technology agency	No	No	No	No
UCP	No	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 Yes
- By phone Yes
- By e-mail Yes
- By mail Yes
- In person Yes

7 Describe the activity.

WisTech is involved in a number of annual public awareness activities.

1. WisTech works in cooperation with other AT partners in the planning and staging of the AT Across the Lifespan Conference . This conference is planned with the participation of the k-12 school systems, the Independent Living Centers, University of Wisconsin-Stout, aging units, vocational programs, early childhood, AT vendors, and many others. The Conference is a two day event with 32 separate workshops, 350 attendees, and 35 vendors. The 2009 event is scheduled for December 3-4, 2009 in Wisconsin Dells.
2. The WisTech Director is on the planning committee for the annual Long Term Care Conference that attracts roughly 800 social workers, therapists, and case managers. Several sessions are planned to address the need to include AT in planning for comprehensive health care and community integration needs of consumers with disabilities.
3. WisTech subcontracts with Wisconsin s eight Independent Living Centers to provide Device Loan and Device Demo services as defined in the AT Act. The ILCs are also required to participate in disability related events in their geographic service areas and provide public awareness on the use of appropriate AT.
4. WisTech actively participates in several conferences and expos on an annual basis with an informational booth featuring informational literature, various AT devices, access software, and demonstrations. These conferences include the statewide transition conference (WSTI), the conference for healthcare providers (FOCUS), the Rehabilitation Conference (RFW), the Aging/Disability Center Conference (ADRC), and others.
5. WisTech developed an AT Kit that features low-tech AT devices that was developed in cooperation with UW Stout. This Kit and training sessions are provided to each of the newly formed Aging and Disability Resource Centers and the ILCs. The purpose is to provide a basic understanding of AT to help in the placement and referrals for consumers entering the long term care system.
6. WisTech sponsors a series of AT Fairs that are held in various geographical regions of the state to allow local and regional AT vendors to meet directly with consumers. The Fairs also include instructional sessions to inform consumers on various types of AT devices and technology. Roughly 4 AT Fairs are conducted every year.

Assistive Technology State Grant Program

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

4 Select the option that best describes from where this activity is conducted.
A combination of a central location and regional sites

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

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.

WisTech contracts with the eight Independent Living Centers in Wisconsin to provide

Device Loan and Device Demo services as defined in the AT Act. In addition, the ILCs are required to provide information and assistance to consumers regarding AT. Consumers call the ILC that serves their geographical area. Staff members at the Centers are trained to provide information regarding AT resources, devices, funding, and AT services that are available in their area. If there is a question that involves more research, a call or email can be placed to AT staff at the UW Stout or to someone at the WisTech central office. WisTech and UW Stout work in collaboration with specialists at several agencies and programs that can be called upon to provide more detailed information regarding technologies and devices specific to persons with disabilities including deaf and hard of hearing, blind and low vision, developmental disabilities and learning disabilities, mobility impairments, etc.

The WisTech website <http://dhs.wisconsin.gov/disabilities/wistech/> and the AT Resource Center website <http://www.atresourcecenter.org/> have been established to provide a wide variety of information to consumers and others who need to know about various types of technology, software, devices, and home modifications. The sites include email and phone contact information so that questions in most cases can be answered within two business days.

Assistive Technology State Grant Program

Wisconsin State Plan for FY 2009-2011

Section H: Assurances and Signature

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

WisTech will continue to conform to section 427 of the General Education Provision Act by ensuring access to and participation by all possible consumers. The barriers of gender, race, national origin, color, disability, and age, are addressed in established Administrative Directives of the Wisconsin Department of Health Services. Applicable Department Policies regarding civil rights compliance and language assistance can be accessed at the following sites:
<http://dhfsweb/resources/Directives/pdffiles/AD%2036.4.pdf>
<http://dhfsweb/resources/Directives/pdffiles/AD52.3.pdf> , and
<http://dhfsweb/resources/Directives/pdffiles/AD52.3attach.pdf>

WisTech seeks to eliminate any barriers that may limit access to programs by specific groups of individuals who may be underserved. For example, we ensure that individuals are able to get information on a toll-free phone number as well as by email, in-person visits, and at our websites. Publications include TTY phone access and the use of translators when necessary.

27 Access Goal Table

Access	Education	Employment	Community Living	IT/Telecomm
a. Long-term Goal	83.60	83.60	83.60	83.60
b. Long-term Goal Status	Met	Met	Not met	Not met
c. FY 2007 Performance	84.87	92.31	43.20	0.00
d. FY 2008 Short-term goal	80.00	80.00	80.00	80.00
e. FY 2008 Performance	90.02	80.00	85.05	82.35
f. FY 2008 Status	Met	Met	Met	Met
g. FY 2009 Short-term goal	82.00	82.00	82.00	82.00
h. FY 2009 Performance	0.00	0.00	0.00	0.00
i. FY 2009 Status				
j. FY 2010 Short-term goal	83.60	83.60	83.60	83.60
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
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a. Long-term Goal	74.00	74.00	74.00
b. Long-term Goal Status	Not met	Not met	Not met
c. FY 2007 Performance	0.00	0.00	0.00
d. FY 2008 Short-term goal	63.00	71.00	56.00
e. FY 2008 Performance	64.71	75.00	57.79
f. FY 2008 Status	Met	Met	Met
g. FY 2009 Short-term goal	72.00	72.00	72.00
h. FY 2009 Performance	0.00	0.00	0.00
i. FY 2009 Status			
j. FY 2010 Short-term goal	74.00	74.00	74.00
k. FY 2010 Performance	0.00	0.00	0.00
l. FY 2010 Status			

- 29 Name of Certifying Representative for the Lead Agency Cheryl McIlquham
- 30 Title of Certifying Representative for the Lead Agency Director Office of Policy Initiatives and Budget
- 31 Signed? Yes
- 32 Date Signed 08/22/2008

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.