



## National Assistive Technology Act Data System

### Annual Progress Report - Full Report

#### Florida 2021

#### General Information

##### Statewide AT Program (Information to be listed in national State AT Program Directory)

State AT Program Title:	Florida Alliance for Assistive Services and Technology
State AT Program Title:	
State AT Program URL:	www.faast.org
Mailing Address:	820 E Park Ave D - 200
City:	TALLAHASSEE
State:	FL
Zip Code:	32301
Program Email:	info@faastinc.org
Phone:	8504873278
TTY:	8505754216

#### Lead Agency

Agency Name:	Florida Department of Education Division of Vocational Rehabilitation
Mailing Address:	325 W Gaines St. Suite 1144
City:	Tallahassee
State:	FL
Zip Code:	32399
Program URL:	vr.fldoes.org

#### Implementing Entity

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? (Check if Yes)



Name of Implementing Agency:	Florida Alliance for Assistive Services and Technology
Mailing Address:	820 E Park Ave D - 200
City:	Tallahassee
State:	FL
Zip Code:	32301
Program URL:	www.faast.org

#### Program Director and Other Contacts

Program Director for State AT Program (last, first):	Doyle, Whitney
Title:	Executive Director
Phone:	8504873278
E-mail:	wdoyle@faastinc.org
Program Director at Lead Agency (last, first):	Sims, Cacetha
Title:	Contract Manager
Phone:	8502453373
E-mail:	Cacetha.Sims@vr.fldoe.org

Primary Contact at Implementing Agency (last, first) Doyle, Whitney  
 - If applicable:  
 Title: Executive Director  
 Phone: 8504873278  
 E-mail: wdoyle@faastinc.org

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

Name (last, first): Brock, Hannah  
 Title: State AT Program Manager  
 Phone: 8504873278  
 E-mail: hbrock@faastinc.org

**Certifying Representative**

Name (last, first): Sims, Cacetha  
 Title: Contract Manager  
 Phone: 8502453373  
 E-mail: Cacetha.Sims@vr.fldoe.org

**State Financing**

Did your approved state plan for this reporting period include any State Financing?	Yes
Did your approved state plan for this reporting period include conducting a Financial Loan Program?	Yes

Loan Applications			
	Area of Residence		Total
	Metro RUCC 1-3	Non-Metro RUCC 4-9	
Approved Loan made	62	07	69
Approved Not made	01	00	01
Rejected	25	05	30
<b>Total</b>	<b>88</b>	<b>12</b>	<b>100</b>

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

Lowest/Highest Incomes			
Lowest Income:	\$6,228	Highest Income:	\$174,324

Average Income		
Sum of Incomes	Loans Made	Average Annual Income
\$3,441,261	69	\$49,873

Number and Percentage of Loans Made to Applicants by Income Range		
	Income Ranges	Total

	\$15,000 or Less	\$15,001-\$30,000	\$30,001-\$45,000	\$45,001-\$60,000	\$60,001-\$75,000	\$75,001 or More	
<b>Number of Loans</b>	10	10	16	16	07	10	69
<b>Percentage of Loans</b>	14.49%	14.49%	23.19%	23.19%	10.14%	14.49%	100%

**3. Loan Type**

<b>Loan Type</b>		
<b>Type of Loan</b>	<b>Number of Loans</b>	<b>Percentage of loans</b>
<b>Revolving Loans</b>	62	89.86%
<b>Partnership Loans</b>		
<b>Without interest buy-down or loan guarantee</b>	00	0%
<b>With interest buy-down only</b>	04	5.8%
<b>With loan guarantee only</b>	03	4.35%
<b>With both interest buy-down and loan guarantee</b>	00	0%
<b>Total</b>	69	100%

<b>Loan Type Summary</b>		
<b>Type of Loan</b>	<b>Number of Loans</b>	<b>Dollar Value of Loans</b>
<b>Revolving Loans</b>	62	\$337,274
<b>Partnership Loans</b>	07	\$130,845
<b>Total</b>	69	\$468,119

**4. Interest Rates**

<b>Interest Rates</b>	
<b>Lowest</b>	5%
<b>Highest</b>	8%

<b>Interest Rate Summary</b>		
<b>Sum of Interest Rates</b>	<b>Number of Loans Made</b>	<b>Average Interest Rate</b>
384	69	5.56521739130435%

<b>Number of Loans Made by Interest Rate</b>

Interest Rate	Number of loans
0.0% to 2.0%	00
2.1% to 4.0%	00
4.1% to 6.0%	66
6.1% to 8.0%	03
8.1% - 10.0%	00
10.1%-12.0%	00
12.1%-14.0%	00
14.1% +	00
<b>Total</b>	<b>69</b>

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

Types and Dollar Amounts of AT Financed		
Type of AT	Number of Devices Financed	Dollar Value of Loans
Vision	11	\$32,541
Hearing	67	\$172,515
Speech communication	00	\$0
Learning, cognition, and developmental	00	\$0
Mobility, seating and positioning	12	\$58,486
Daily living	16	\$73,860
Environmental adaptations	00	\$0
Vehicle modification and transportation	09	\$125,907
Computers and related	03	\$1,662
Recreation, sports, and leisure	01	\$3,148
<b>Total</b>	<b>119</b>	<b>\$468,119</b>

#### 6. Defaults

Defaults	
Number Loans in default	00

<b>Net loss for loans in default</b>	\$0
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**B. State Financing Activities that provide consumers with resources and services that result in the acquisition of AT devices and services**

**1. Overview of Activities Performed**

<b>How many other state financing activities that provide consumers with access to funds for the purchase of AT devices and services were included in your approved state plan?</b>	0
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**C. State Financing Activities that Allow Consumers to Obtain AT at Reduced Cost**

**1. Overview of Activities Performed**

<b>How many state financing activities that allow consumers to obtain AT at a reduced cost were included in your approved state plan?</b>	0
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**D. Anecdote**

I honestly do not know what I would have done with out the FASST program. Eric was kind and helpful, guiding us through the entire process. I received a loan for a fully handicap conversion van through the program at a low interest rate that was extremely affordable. My previous van I had for 25 years and along with it becoming outdated and well used it also was unsafe because I no long had the mobility I had 25 years ago. To say the FASST program allowed me to regain my independence again would be an understatement. I run a children’s charity and the van has enabled me to get back to work. Most importantly I am back to going out and enjoying life! Todd L.

**Impact Area**  Education  Employment  Community Living

My audiologist provided me with contact information for the New Horizon Loan Program at FFAST when I required new hearing aids. The application was easy to complete and once my application was approved, the loan process took less than a week. I also had several options to how long I wanted my payments for. I ended up setting up my payment plan for 36 months at a very low-interest rate and with automatic withdrawal. Hearing aids are very expensive and I was relieved when I knew I had an option to cover the expense and make monthly payments. Made buying them a little less painful. Anytime I’ve had questions, Eric has been very responsive and pointed me in the right direction. I know in the future if I have a situation come up that I need a loan program, I can reach out to FFAST. Linda D.

**Impact Area**  Education  Employment  Community Living

**E. Performance Measures**

Performance Measures				
Response	Primary Purpose for Which AT is Needed			Total
	Education	Employment	Community Living	
<b>1. Could only afford the AT through the AT program.</b>	00	04	60	64
<b>2. AT was only available through the AT program.</b>	00	00	01	01
<b>3. AT was available through other programs, but the system was too</b>	00	00	00	00

<b>complex or the wait time too long.</b>				
<b>4. Subtotal</b>	00	04	61	65
<b>5. None of the above</b>	01	00	03	04
<b>6. Subtotal</b>	01	04	64	69
<b>7. Nonrespondent</b>	00	00	00	00
<b>8. Total</b>	01	04	64	69
<b>9. Performance on this measure</b>	0%	100%	95.31%	

**F. Customer Satisfaction**

<b>Satisfaction</b>		
<b>Customer Rating of Services</b>	<b>Number of Customers</b>	<b>Percent</b>
<b>Highly satisfied</b>	31	44.93%
<b>Satisfied</b>	34	49.28%
<b>Satisfied somewhat</b>	00	0%
<b>Not at all satisfied</b>	00	0%
<b>Nonrespondent</b>	04	5.8%
<b>Total Surveyed</b>	69	
<b>Response rate %</b>	94.2%	

**G. Notes:**

**Reutilization**

Did your approved State Plan for this reporting period included conducting any device reuse activities?

**A. Number of Recipients of Reused Devices**

<b>Activity</b>	<b>Number of Individuals Receiving a Device from Activity</b>
A. Device Exchange	03
B. Device Refurbish/Repair - Reassign and/or Open Ended Loan	430
C. Total	433

<b>Performance Measure</b>	
D. Device Exchange - Excluded from Performance Measure	00
E. Reassignment/Refurbishment and Repair and Open Ended Loans - Excluded from Performance Measure because AT is provided to or on behalf of an entity that has an obligation to provide the AT such as schools under IDEA or VR agencies/clients	00
F. Number of Individuals Included in Performance Measures	433

If a number is reported in E you must provide a description of the reason the individuals are excluded from the performance measure:

### B. Device Exchange Activities

Device Exchange				
Type of AT Device	Number of Devices Exchanged	Total Estimated Current Purchase Price	Total Price for Which Device(s) Were Exchanged	Savings to Consumers
Vision	00	\$0	\$0	\$0
Hearing	00	\$0	\$0	\$0
Speech Communication	00	\$0	\$0	\$0
Learning, Cognition and Developmental	00	\$0	\$0	\$0
Mobility, Seating and Positioning	01	\$150	\$0	\$150
Daily Living	02	\$75	\$0	\$75
Environmental Adaptations	00	\$0	\$0	\$0
Vehicle Modification & Transportation	00	\$0	\$0	\$0
Computers and Related	02	\$150	\$0	\$150
Recreation, Sports and Leisure	00	\$0	\$0	\$0
<b>Total</b>	<b>05</b>	<b>\$375</b>	<b>\$0</b>	<b>\$375</b>

### C. Device Refurbish/Repair - Reassignment and/or Open Ended Loan Activities

Device Reassign/Repair/Refurbish and/or OEL				
Type of AT Device	Number of Devices Reassigned/Refurbished and Repaired	Total Estimated Current Purchase Price	Total Price for Which Device(s) Were Sold	Savings to Consumers
Vision	01	\$500	\$0	\$500
Hearing	04	\$1,550	\$0	\$1,550
Speech Communication	01	\$200	\$0	\$200
Learning, Cognition and Developmental	00	\$0	\$0	\$0
Mobility, Seating and Positioning	291	\$103,126	\$0	\$103,126
Daily Living	264	\$17,783	\$1	\$17,782
Environmental Adaptations	34	\$8,410	\$0	\$8,410
Vehicle Modification & Transportation	07	\$7,041	\$240	\$6,801

<b>Computers and Related</b>	26	\$4,450	\$0	\$4,450
<b>Recreation, Sports and Leisure</b>	03	\$1,675	\$0	\$1,675
<b>Total</b>	631	\$144,735	\$241	\$144,494

**D. Anecdote**

Christine P., 68 years old, owns a powerchair that was not working. FFAST funds were used to evaluate her power wheelchair. SS Medical determined that it needed a charger and new batteries. They made a home visit and within three days returned and repaired her chair. Prior to this, Christine used her powerchair to get out in her community. Once it stopped working, she was at home and inside all the time. Her doctor highly recommended she get some sunshine/vitamin D for her health. After her chair was working again, Christine was able to get out twice a day and visit with her neighbors. She also uses her power chair to go to the neighborhood market for food. The FFAST ReUse program has given her Florida sunshine, better mental health, and independence. She is very grateful that her powerchair has been repaired.

**Impact Area**  Education  Employment  Community Living

**E. Performance Measures**

<b>Performance Measures</b>				
Response	Primary Purpose for Which AT is Needed			Total
	Education	Employment	Community Living	
1. Could only afford the AT through the AT program.	06	06	355	367
2. AT was only available through the AT program.	00	01	65	66
3. AT was available through other programs, but the system was too complex or the wait time too long.	00	00	00	00
4. Subtotal	06	07	420	433
5. None of the above	00	00	00	00
6. Subtotal	06	07	420	433
7. Nonrespondent	00	00	00	00
8. Total	06	07	420	433
9. Performance on this measure	100%	100%	100%	

**F. Customer Satisfaction**

<b>Satisfaction</b>		
Customer Rating of Services	Number of Customers	Percent
Highly satisfied	396	91.45%



<b>Satisfied</b>	37	8.55%
<b>Satisfied somewhat</b>	00	0%
<b>Not at all satisfied</b>	00	0%
<b>Nonrespondent</b>	00	0%
<b>Total Surveyed</b>	433	
<b>Response rate %</b>	100%	

**G. Notes:****Device Loan**

Did your approved State Plan for this reporting period include conducting Short-Term Device Loans?

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

<b>Loans By Purpose</b>	
<b>Primary Purpose of Short-Term Device Loan</b>	<b>Number</b>
<b>Assist in decision-making (device trial or evaluation)</b>	1,279
<b>Serve as loaner during service repair or while waiting for funding</b>	23
<b>Provide an accommodation on a short-term basis for a time-limited event/situation</b>	285
<b>Conduct training, self-education or other professional development activity</b>	212
<b>Total</b>	1,799

**B. Short-Term Device Loan by Type of Borrower**

<b>LOANS BY TYPE OF BORROWER</b>			
<b>Type of Individual or Entity</b>	<b>Number of Device Borrowers</b>		
	<b>Desicion-making</b>	<b>All other Purposes</b>	<b>Total</b>
<b>Individuals with Disabilities</b>	592	00	592
<b>Family Members, Guardians, and Authorized Representatives</b>	251	00	251
<b>Representative of Education</b>	148	00	148
<b>Representative of Employment</b>	07	00	07
<b>Representatives of Health, Allied Health, and Rehabilitation</b>	678	00	678
<b>Representatives of Community Living</b>	104	00	104

<b>Representatives of Technology</b>	19	00	19
<b>Total</b>	1,799	00	1,799

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

<b>Length of Short-Term Device Loan in Days</b>	35
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### D. Types of Devices Loaned

<b>Types of Devices Loaned</b>			
Type of AT Device	Number of Devices		
	Desicion-making	All other Purposes	Total
<b>Vision</b>	339	00	339
<b>Hearing</b>	53	00	53
<b>Speech Communication</b>	493	00	493
<b>Learning, Cognition and Developmental</b>	281	00	281
<b>Mobility, Seating and Positioning</b>	134	00	134
<b>Daily Living</b>	311	00	311
<b>Environmental Adaptations</b>	183	00	183
<b>Vehicle Modification and Transportation</b>	01	00	01
<b>Computers and Related</b>	1,040	00	1,040
<b>Recreation, Sports and Leisure</b>	70	00	70
<b>Total</b>	2,905	00	2,905

### E. Anecdote

"Thank you to the FFAST Center at the University of Central Florida for helping make life a little easier for my father-in-law! After being diagnosed with Parkinson's Disease, it has become difficult for him to eat independently as his tremors have become more pronounced. Traditional silverware has been increasingly difficult for him to control as he eats. With the help of the FFAST Center's device loan program, he has been able to try a variety of utensils and has found the perfect fit to help steady his hand. The use of the weighted utensils has allowed him to enjoy foods that he had been avoiding due to the motor control needed to prevent spills. Thank you for making it possible for persons with varying abilities to trial assistive equipment before purchasing items that may be the wrong choice. Your loan program has truly helped our family!"

**Impact Area**  Education  Employment  Community Living

### F. Access Performance Measures

Access Performance Measures				
Response	Primary Purpose for Which AT is Needed			Total
	Education	Employment	Community Living	
Decided that AT device/service will meet needs	453	82	490	1,025
Decided that an AT device/ service will not meet needs	27	04	39	70
<b>Subtotal</b>	480	86	529	1,095
Have not made a decision	59	06	27	92
<b>Subtotal</b>	539	92	556	1,187
Nonrespondent	71	04	17	92
<b>Total</b>	610	96	573	1,279
<b>Performance on this measure</b>	89.05%	93.48%	95.14%	

#### G. Acquisition Performance Measures

Acquisition Performance Measures				
Response	Primary Purpose for Which AT is Needed			Total
	Education	Employment	Community Living	
1. Could only afford the AT through the AT program.	26	00	15	41
2. AT was only available through the AT program.	20	43	97	160
3. AT was available through other programs, but the system was too complex or the wait time too long.	09	47	13	69
<b>4. Subtotal</b>	55	90	125	270
5. None of the above	144	05	04	153
<b>6. Subtotal</b>	199	95	129	423
7. Nonrespondent	86	00	11	97
<b>8. Total</b>	285	95	140	520
<b>9. Performance on this measure</b>	27.64%	94.74%	96.9%	

#### H. Customer Satisfaction

Satisfaction		
Customer Rating of Services	Number of Customers	Percent

<b>Highly satisfied</b>	1,508	83.82%
<b>Satisfied</b>	88	4.89%
<b>Satisfied somewhat</b>	08	0.44%
<b>Not at all satisfied</b>	04	0.22%
<b>Nonrespondent</b>	191	10.62%
<b>Total Surveyed</b>	1,799	
<b>Response rate %</b>	89.38%	

**I. Notes:****Device Demonstration****A. Number of Device Demonstrations by Device Type**

Type of AT Device / Service	Number of Demonstrations of AT Devices / Services
<b>Vision</b>	98
<b>Hearing</b>	25
<b>Speech Communication</b>	379
<b>Learning, Cognition and Developmental</b>	117
<b>Mobility, Seating and Positioning</b>	93
<b>Daily Living</b>	172
<b>Environmental Adaptations</b>	43
<b>Vehicle Modification and Transportation</b>	07
<b>Computers and Related</b>	89
<b>Recreation, Sports and Leisure</b>	35
<b>Total # of Devices Demonstrated</b>	1,058

**B. Types of Participants**

<b>Demonstrations by Participant Type</b>	
Type of Participant	Number of Participants in Device Demonstrations
<b>Individuals with Disabilities</b>	720
<b>Family Members, Guardians, and Authorized Representatives</b>	795

<b>Representatives of Education</b>	87
<b>Representatives of Employment</b>	22
<b>Health, Allied Health, Rehabilitation</b>	358
<b>Representative of Community Living</b>	93
<b>Representative of Technology</b>	07
<b>Total</b>	2,082

**C. Number of Referrals**

<b>Referrals</b>	
<b>Type of Entity</b>	<b>Number of Referrals</b>
<b>Funding Source (non-AT program)</b>	06
<b>Service Provider</b>	00
<b>Vendor</b>	06
<b>Repair Service</b>	00
<b>Others</b>	00
<b>Total</b>	12

**D. Anecdote**

A Speech Language Pathologist visited the FAAST CRDC in Tampa with her client who has vision and memory loss. The client brought in her handheld magnifier that she bought from the Lighthouse for the Blind & Low Vision years ago. It was scratched, taped, and falling apart from being used so often. We explored a variety of magnifiers and she decided that the Eyoyo Digital Magnifier would best meet her needs. She benefited from the bright light under the device and the option to adjust zoom levels. We demonstrated how the freeze image feature could be a useful tool when she needed to call her doctor or organize her medication. She could freeze the image of the text on the magnifier and move it to a secondary location to complete the task. She was excited to learn the device could be purchased through Amazon and it was under \$100.

**Impact Area**  Education  Employment  Community Living

**E. Performance Measures**

<b>Performance Measures</b>				
<b>Response</b>	<b>Primary Purpose for Which AT is Needed</b>			<b>Total</b>
	<b>Education</b>	<b>Employment</b>	<b>Community Living</b>	
<b>Decided that AT device/service will meet needs</b>	350	68	498	916

<b>Decided that an AT device/ service will not meet needs</b>	07	00	03	10
<b>Subtotal</b>	357	68	501	926
<b>Have not made a decision</b>	44	10	67	121
<b>Subtotal</b>	401	78	568	1,047
<b>Nonrespondent</b>	06	03	02	11
<b>Total</b>	407	81	570	1,058
<b>Performance on this measure</b>	87.71%	83.95%	87.89%	

**F. Customer Satisfaction**

<b>Satisfaction</b>		
<b>Customer Rating of Services</b>	<b>Number of Customers</b>	<b>Percent</b>
<b>Highly satisfied</b>	1,875	90.06%
<b>Satisfied</b>	197	9.46%
<b>Satisfied somewhat</b>	08	0.38%
<b>Not at all satisfied</b>	00	0%
<b>Nonrespondent</b>	02	0.1%
<b>Total</b>	2,082	
<b>Response rate %</b>	99.9%	

**G. Notes:**

**Overall Performance Measures**

**Overall Acquisition Performance Measure**

<b>Acquisition Performance Measures</b>				
<b>Response</b>	<b>Primary Purpose for Which AT is Needed</b>			<b>Total</b>
	<b>Education</b>	<b>Employment</b>	<b>Community Living</b>	
<b>1. Could only afford the AT through the AT program.</b>	32	10	430	472
<b>2. AT was only available through the AT program.</b>	20	44	163	227
<b>3. AT was available through other programs, but the system was too complex or the wait time too long.</b>	09	47	13	69
<b>4. Subtotal</b>	61	101	606	768

<b>5. None of the above</b>	145	05	07	157
<b>6. Subtotal</b>	206	106	613	925
<b>7. Nonrespondent</b>	86	00	11	97
<b>8. Total</b>	292	106	624	1,022
<b>9. Performance on this measure</b>	25.24%	50.94%	96.74%	75.57%
<b>ACL Performance Measure</b>				85%
<b>Met/Not Met</b>				Not Met

### Overall Access Performance Measure

<b>Access Performance Measures</b>				
Response	Primary Purpose for Which AT is Needed			Total
	Education	Employment	Community Living	
<b>Decided that AT device/service will meet needs</b>	803	150	988	1,941
<b>Decided that an AT device/ service will not meet needs</b>	34	04	42	80
<b>Subtotal</b>	837	154	1,030	2,021
<b>Have not made a decision</b>	103	16	94	213
<b>Subtotal</b>	940	170	1,124	2,234
<b>Nonrespondent</b>	77	07	19	103
<b>Total</b>	1,017	177	1,143	2,337
<b>Performance on this measure</b>	88.48%	89.02%	91.47%	90.02%
<b>ACL Performance Measure</b>				90%
<b>Met/Not Met</b>				Met

### Overall Satisfaction Rating

Customer Rating of Services	Percent	ACL Target	Met/Not Met
<b>Highly satisfied and satisfied</b>	99.52%	95%	Met
<b>Response Rate</b>	95.51%	90%	Met

### Training

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

Training by Participant Type	
Type of Participant	Number
Individuals with Disabilities	2,744
Family Members, Guardians and Authorized Representatives	3,710
Representatives of Education	398
Representatives of Employment	167
Rep Health, Allied Health, and Rehabilitation	1,852
Representatives of Community Living	532
Representatives of Technology	74
Unable to Categorize	547
<b>TOTAL</b>	<b>10,024</b>

Geographic Distribution of Participants			
Metro	Non Metro	Unknown	TOTAL
7,875	1,829	320	10,024

## B. Training Topics

Trainings by Topic	
Primary Topic of Training	Participants
AT Products/Services	9,909
AT Funding/Policy/ Practice	11
Combination of any/all of the above	93
Information Technology/Telecommunication Access	00
Transition	11
<b>Total</b>	<b>10,024</b>

## C. Description of Training Activities

Describe innovative one high-impact assistance training activity conducted during the reporting period:

"The SFRDC provided a training to the staff at a specialized educational center (Neva King Copper) which is part of Miami-Dade County Public Schools. This targeted training included information on a variety of AT tools to support the learning, communication and behavior of the students in the classroom. After the training, the teacher reached out to the SFRDC for further AT support for a specific student in her classroom. The teacher expressed interest in helping the student use an eye gaze system to control a communication board. Presently, the teacher used a static board of a copy of the TouchChat 25 vocabulary with partner assisted



scanning to facilitate the child's communication. However, intrigued by the opportunity for the student to be more independent and spontaneous in her communication, the teacher requested to participate in the FFAST's Device Loan Program and trial an eye gaze system: Skyle for iPad. Working through the era of Covid has certainly presented its challenges as the student, teacher and caregiver were not able to physical attend an AT demonstration at the SFRDC center. Instead, the device was directly delivered to the teacher, and through video conference, the SFRDC staff provided technical support to set up the Skyle for iPad. This set up did not occur without any glitches, as initially the iPad did not connect to the eye gaze. However, SFRDC staff assisted the teacher, student and caregiver throughout the process with the ultimate goal of helping the child have the opportunity to trial such device in her naturalistic environment. This success story comes to show that, as in life, supporting AT use can hit some roadblocks. But when consumers feel supported and have a place to go to for assistance, AT abandonment can be avoided."

Briefly describe one training activity related to transition conducted during the reporting period:

The SRDC provided post-secondary transition training to high school students attending the Florida Youth Leadership Forum hosted by the Florida Association of Centers for Independent Living.

Briefly describe one training activity related to Information and Communication Technology accessibility:

#### D. IT/Telecommunications Training Performance Measure

<b>IT/Telecommunications Training Performance Measure</b>	
<b>Outcome/Result From IT/Telecommunications Training Received</b>	<b>Number</b>
<b>IT and Telecommunications Procurement or Dev Policies</b>	00
<b>Training or Technical Assistance will be developed or implemented</b>	00
<b>No known outcome at this time</b>	00
<b>Nonrespondent</b>	00
<b>Total</b>	00
<b>Performance Measure Percentage</b>	NaN%
<b>ACL Target Percentage</b>	70%
<b>Met/Not Met</b>	Not Met

#### E. Notes:

#### Technical Assistance

##### A. Frequency and Nature of Technical Assistance

<b>Technical Assistance by Recipient Type</b>	
<b>Education</b>	%
<b>Employment</b>	%
<b>Health, Allied Health, Rehabilitation</b>	25%
<b>Community Living</b>	12%
<b>Technology (IT, Telecom, AT)</b>	63%
<b>Total</b>	100%

**B. Description of Technical Assistance**

Describe Innovative one high-impact assistance activity that is not related to transition:

The Assistive Technology Interagency Committee is working on a State Agency Toolkit. This toolkit will contain FFAST services and other AT resources that would be valuable to a state agency employee. This toolkit was reviewed on the 4/20/2021 Interagency Committee meeting and will be reviewed again in the May meeting. The toolkit will be distributed to all the state agencies on the Advisory Council and other agencies as FFAST sees fit.

Briefly describe one technical assistance activity related to transition conducted during the reporting period:

The FFAST Executive Director met with a representative from the Florida Department of Elder Affairs to explore collaborations between the No Wrong Door/Aging and Disability Resource Center programs and FFAST. The Regional Demonstration Centers were explained and promoted as a local resource to the Department. FFAST has asked the agency to consider including a representative on the Assistive Technology Advisory Council.

**C. Notes:****Public Awareness****Public Awareness Activities****Public Awareness Narratives**

Describe in detail at least one and no more than two innovative or high-impact public awareness activities conducted during this reporting period. Highlight the content/focus of the awareness information shared, the mechanism used to disseminate or communicate the awareness information, the numbers and/or types of individuals reached, and positive outcomes resulting from the activity. If quantitative numbers are available regarding the reach of the activity, please provide those: however, quantitative data is not required.

1. FFAST hosted a booth at the Nation's largest cross-disability event, The Annual Family Cafe Conference in Orlando, FL. The event reported having over 5,000 attendees. Our booth was full of different categories of Assistive Technology devices. The crowd favorite was the 3D printer which live-printed assistive technology devices, like various grips and keyguards, to spread awareness of different ways to 3D print AT. After the event, we connected a few individuals to a local 3D printing resource in their area! While at the conference we added 48 attendees to our email list to learn more about FFAST and assistive technology.

2.

**Information And Assistance**

<b>Information And Assistance Activities by Recipient</b>			
<b>Types of Recipients</b>	<b>AT Device/ Service</b>	<b>AT Funding</b>	<b>Total</b>
<b>Individuals with Disabilities</b>	1,054	401	1,455
<b>Family Members, Guardians and Authorized Representatives</b>	829	134	963
<b>Representative of Education</b>	148	04	152
<b>Representative of Employment</b>	33	03	36
<b>Representative of Health, Allied Health, and Rehabilitation</b>	727	30	757
<b>Representative of Community Living</b>	245	18	263
<b>Representative of Technology</b>	31	12	43
<b>Unable to Categorize</b>	02	00	02
<b>Total</b>	3,069	602	3,671

**Notes:**

## Coordination/Collaboration and State Improvement Outcomes

### Overview of Coordination/Collaboration Activities

<b>Coordination/Collaboration activities are not required. You may report up to two MAJOR coordination/collaboration activities for this reporting period. How many will you be reporting?</b>	1
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#### A. Coordination/Collaboration

1. As concisely as possible, describe the partnership initiative. What activities/services were provided? Who are the major collaborating organizations and what is their role? Who is served/benefited? What funding was used to implement the initiative?

With the transition of a new Executive Director, FFAST began relationship building with the Florida Brain and Spinal Cord Injury Program (BSCIP). FFAST gave a general awareness presentation to the BSCIP coordinators across the state. BSCIP then sent FFAST marketing materials to their network. The intention of the collaboration was to expand assistive technology services to Floridians who have spinal cord injuries. Federal AT Act funding was used in the form of paid salaries for this collaboration.

2. As concisely as possible, describe the measurable results of the initiative and any lessons learned. How did access to AT change as a result of the coordination/collaboration/partnership? How did awareness of AT change as a result of the partnership? How did the reach of the state AT program change as a result of the partnership? What made the partnership successful? What would you change or wish you had done differently? Provided funding/resources are available, will the initiative continue or is this a one-time event? What advice would you give for replication of the initiative? Please include URL for initiative if available.

Access to AT did improve, by means of financial loans through the New Horizon Loan Program. BSCIP managers expressed excitement and a new understanding of the AT program in Florida after the awareness presentation. Partnership activities are intended to continue as FFAST expands its service delivery system to serve more individuals in rural communities. FFAST continues to identify potential partner organizations to spread awareness of the AT program as part of the FFAST Strategic Plan 2020.

3. What focus areas(s) were addressed by the initiative?

Housing / Home Automation; Transportation; Community Participation and Integration;

4. What AT Act authorized activity(s) were addressed?

Device Loan; Demonstration; Reuse; State Financing; Training; Information & Assistance; Public Awareness;

### Overview of State Improvement Activities

<b>State improvement outcomes are not required. You may report up to two MAJOR state improvement outcomes for this reporting period. How many will you be reporting?</b>	01
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#### B. State Improvements

1. In one or two sentences, describe the outcome. Be as specific as possible about exactly what changed during this reporting period as a result of the AT program's initiative.

FFAST worked with the Florida Division of Vocational Rehabilitation, Florida Department of Education, and Florida Division of Blind Services to create a State Agency Toolkit to assist Florida agencies to better understand assistive technology devices and services.

2. In one or two sentences, describe the written policies, practices, and procedures that have been developed and implemented as a result of the AT program's initiative. Include information about how to obtain the full documents, such as a Web site address or e-mail address of a contact person, but do not include the full documents here. (If there are no written policies, practices and procedures, explain why.)

The State Agency Toolkit includes information about FFAST, services provided by the Assistive Technology Act, assistive technology information and devices by categories (including links to examples of devices), resource links, frequently asked questions, and terminology definitions. Contact Whitney Doyle at [wdoyle@faast.org](mailto:wdoyle@faast.org) to obtain a copy of the State Agency Toolkit.

3. What was the primary area of impact for this state improvement outcome?

Employment

### Additional And Leveraged Funds

Did you have Additional and Leveraged Funding to Report?

Yes

**A. Leveraged Funding for State Plan Activities**

Fund Source	Amount	Use of Funds	Data Reported
Public/State Agency	\$259,629	Demonstration	True
Private	\$23,114	Device Loan	True
Private	\$97,726	Training	True
Public/State Agency	\$74,361	Public Awareness, I&A	True
Public/State Agency	\$198,661	Training	True
Public/State Agency	\$388,768	Device Loan	True
Amount: \$1,042,259			

For any leveraged funding reported above for which data could not be reported, please describe the extenuating circumstances that precluded data from being reported and efforts to remediate the situation in future reporting periods.

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

Center for Assistive Technology Act Data Assistance . Saved: Mon Jan 17 2022 15:39:19 GMT-0500 (Eastern Standard Time)