The Resultant Contractor shall provide Assistive Technology (AT) evaluations and training to Clients (including the Department’s Vocational Rehabilitation Clients, Clients who are Deaf-Blind under the National Deaf-Blind Equipment Distribution Program (NDBEDP) or other Department Clients of all ages and all disabilities) at their home, at the worksite or other community location on a fee-for-service basis including but not limited to the following:

**AT Evaluation:** A full AT evaluation will include record review, interviews, evaluation or assessment of Client in the appropriate environment, i.e. school, the Department’s office or other community location as identified by the Department, and a final written report with findings and recommendations of AT device(s) and/or services, vendors who may supply recommended AT device(s) and/or software and price quotes.

1. AT Evaluations for Clients who are Deaf-Blind: will contain all of the above but will focus on devices that are specific to Clients who are Deaf-Blind to increase their access to telecommunication services, internet access and advanced communications. The AT Evaluations will include recommendations of AT device(s) and/or software and recommendations for amount of training, if appropriate. AT Evaluations may be conducted at the Client’s home, an evaluator’s office or other location.

**AT Workplace Evaluation**: An AT Workplace Evaluation will include the Resultant Contractor traveling to a Client’s work environment to observe, interview and assess the work environment for Assistive Technology and /or accommodation(s). A final written report with findings and recommendations of AT device(s) and services, vendors who may supply recommended AT device(s) and/or software and price quotes will be completed.

**AT Home to Work Evaluation**: An AT Home to Work Evaluation will include the Resultant Contractor traveling to a Client’s home to assess for AT device(s) or accommodations needed in the home environment as well astraveling to the Client’s work environment to observe, interview and assess the work environment for Assistive Technology and /or accommodation(s). A final written report with findings and recommendations of AT device(s) and services, vendors who may supply recommended AT device(s) and/or software and price quotes will be completed.

**AT Training**: AT Training will include individualized training of the Department’s Client(s) on the utilization of recommended AT device(s) and/or software. Training will take place in the environment where the AT device(s) and/or software will be primarily utilized, and as determined by the Department. Training hours will be recommended in the written reports and approved and authorized, in advance, by the Department. Upon completion of the training hours, a brief final report will be required summarizing the results of the training and any further recommendations.

* 1. AT Training specific to Clients who are Deaf-Blind: will require experience in training Clients who are deaf-blind on how to use the equipment, knowledge of how to set up this equipment, and ensuring that the Client can effectively use the equipment. The equipment may need to be configured to meet the specific needs of the Client. An understanding of the deaf-blind culture and the various means of communication will also be necessary. Trainers will need to be proficient in one or a combination of the following: Braille, tactile sign language, and other communication styles. Training hours will be recommended in written reports and approved and authorized, in advance, by the Department.
	2. Troubleshooting equipment and repair: During the activities included under AT Training to Clients who are Deaf-Blind, the Resultant Contractor may be asked by the Client to troubleshoot or repair a piece of equipment provided by the NDBEDP. The Resultant Contractor may invoice the Department for the time spent troubleshooting or repairing equipment. Repairs are only to be done on equipment the Resultant Contractor is familiar with and when the repair will not interfere with the warranty of the product. The Resultant Contractor should notify the Department in advance of making repairs.
	3. Travel: Mileage will be compensated as outlined in the Fee for Service Table below.
	4. Travel Time: For NDBEDP Clients only – time traveling from portal to portal for evaluations, training and troubleshooting will be compensated as outlined in the Fee for Service Table below.

**Assistive Technology Services shall be paid at the rates outlined in the Fee for Service Table, below.**

**FEE FOR SERVICE TABLE**

|  |  |  |
| --- | --- | --- |
| **SERVICES**  | **RATE** | **MAXIMUM UNITS**(additional hours require prior approval) |
| AT Evaluation  | $100.00/hour | Up to 10 hours |
| AT Workplace Evaluation | $100.00/hour | Up to 10 hours |
| AT Home to Work Evaluation | $100.00/hour | Up to 10 hours |
| AT Training (or Troubleshooting/repairs for NDBEDP Clients) | $100.00/hour | Hours based on recommendations and pre-approval by Department Staff prior to completion |
| AT Travel | Mileage is determined by Mapquest.com or Google Maps and will be reimbursed at the current State of Connecticut mileage reimbursement rate for travel from portal to portal.  |
| Travel Time (NDBEDP Clients only)  | $50.00 / hour |  |

1. **DEMOGRAPHICS**

 **A1. ORGANIZATIONAL DEMOGRAPHICS -**

|  |
| --- |
| Name of Organization/Provider:       |
| Organization d.b.a Name:       |
| Address:       |
| Phone:       | Secondary Phone:       | Email:       |
| Fed. I.D.:       | Administrative/Executive Director Name:       |
| Administrative/Executive Director Email:       |
| Name and Title of Contact Person for AT Services: (*This individual will assume the role of being responsible for all administrative supervision of AT services.)*       |
| Phone:       | Email:       |
| Contact Person for RFA:       |
| Contact Person Phone:       | Contact Person Email:       |

1. **SERVICE AREAS**

**Check the geographic areas you are interested in providing AT services:**

**[ ]  Western Region – North West**

**[ ]  Western Region – South**

**[ ]  Northern Region – Central**

**[ ]  Northern Region – East**

**[ ]  Southern Region – Central**

**[ ]  Southern Region – East**

**Western Region – North West**

Barkhamsted

Bethlehem

Bridgewater

Canaan

Cheshire

Colebrook

Cornwall

Goshen

Harwinton

Kent

Litchfield

Middlebury

Morris

Naugatuck

New Hartford

Norfolk

North Canaan

Oxford

Plymouth

Prospect

Roxbury

Southbury

Salisbury

Sharon

Thomaston

Torrington

Warren

Washington

Waterbury

Watertown

Winchester

Wolcott

Woodbury

**Western Region – South**

Bethel

Bridgeport

Brookfield

Danbury

Darien

Easton

Fairfield

Greenwich

Monroe

New Canaan

New Fairfield

New Milford

Newtown

Norwalk

Redding

Ridgefield

Shelton

Sherman

Stamford

Stratford

Trumbull

Weston

Westport

Wilton

**Northern Region – Central**

Andover

Avon

Berlin

Bloomfield

Bristol

Burlington

Canton

Columbia

Coventry

East Granby

East Hartford

East Windsor

Ellington

Enfield

Farmington

Glastonbury

Granby

Hartford

Hartland

Hebron

Manchester

Mansfield

Marlborough

New Britain

Newington

Plainville

Rocky Hill

Simsbury

Somers

South Windsor

Southington

Stafford

Suffield

Tolland

Union

West Hartford

Wethersfield

Willington

Windsor

Windsor Locks

**Northern Region – East**

Ashford

Bolton

Brooklyn

Canterbury

Chaplin

Eastford

Hampton

Killingly

Plainfield

Pomfret

Putnam

Scotland

Sterling

Thompson

Vernon

Windham

Woodstock

**Southern Region – East**

Bozrah

Colchester

East Lyme

Franklin

Griswold

Groton

Lebanon

Ledyard

Lisbon

Lyme

Montville

New London

North Stonington

Norwich

Old Lyme

Preston

Salem

Sprague

Stonington

Voluntown

Waterford

**Southern Region – Central**

Ansonia

Beacon Falls

Bethany

Branford

Meriden

Chester

Clinton

Cromwell

Deep River

Durham

East Haddam

East Hampton

East Haven

Essex

Guilford

Haddam

Hamden

Killingworth

Madison

Middlefield

Middletown

Milford

New Haven

North Branford

North Haven

Old Saybrook

Orange

Portland

Seymour

Wallingford

West Haven

Westbrook

Woodbridge

**Map of DORS Geographical Area**

Northern Region – East

Northern Region - Central



Southern Region - Central

Southern Region - East

Western Region – North West

Western Region - South

Southern Region - East

Northern Region - East

1. **EXPERIENCE**

**Complete all questions.** Respondents shall be individuals or public, private, non-profit, for profit organizations or companies that have no less than four years of experience, or are certified by the Rehabilitation Engineering and Assistive Technology of North America (RESNA) as an Assistive Technology Professional (ATP), and have capabilities in providing one or more of the Assistive Technology Services.

1. Describe the Assistive Technology related service(s) currently provided by the Respondent. **Page limitation is one (1) single-sided page**

1. Indicate if individual or staff have the credential of Assistive Technology Profession (ATP) from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA):

Yes [ ]

If yes, Certification Date:

For organizations, list the names and certification dates for employees:

 No [ ]

If no, list the names of employees who will provide AT services and their individual years of experience (minimum of 4 years of experience or ATP required):

1. Describe the disability population(s) primarily being served by the Respondent, including consumer age group(s), etc. **Page limitation is one (1) single-sided page**

1. Do you or your organization have any specialized experience or training in communicating with the following populations for evaluations and trainings (with or without an interpreter):

[ ]  Individuals who are monolingual Spanish speaking

[ ]  Individuals who use American Sign Language

[ ]  Individuals who Tactile Sign Language

[ ]  Individuals who read Braille

Other, please explain:

 5. Describe the Respondent’s ability to work with persons who are hard of hearing, persons who are deaf-blind, persons who have limited language skills and persons whose primary language is not English. Describe how the Respondent ensures cultural competency. **Page limitation is one (1) single-sided page**

**D.** **SERVICES PROVIDED IN BUILDING OWNED OR RENTED**

1. Does the Respondent have a facility where AT services can take place?

[ ]  Yes [ ]  No

If yes, please describe the accessibility of the facility (i.e.: ramped entrance, electronic door openers at entrance and exit, elevator to where services will be provided, accessible parking spaces, accessible bathrooms, etc). **Page limitation is one (1) single-sided page**

If yes, describe the proximity to public transportation of each facility at which the Respondent proposes AT Services can take place. **Page limitation is one (1) single-sided page**

1. **REFERENCES**

List three professional references for Organization or for the Individual. At least one reference must be able to attest to work behavior of individual or of employee who will act in the role of Contact Person for AT Services at organization (in section A1.). At least two of the references must be persons not related to the Respondent or employee by blood or marriage and must have knowledge of the Respondent’s previous experience and abilities to provide services to Clients under this RFA:

|  |  |  |
| --- | --- | --- |
| NAME | E-MAIL ADDRESS | PHONE NUMBER |
|       |       |       |
|       |       |       |
|       |       |       |