



Assistive Technology Curriculum

Name: _____

Date: _____

In an area where resources can be scarce, one of your most valuable assets is your dependability to maintain a high level of productivity. Acquiring assistive technology is crucial for meeting basic needs. This plan is to help facilitate the steps to purchase assistive technology. It will help you research options, make purchasing decisions, and understand your finance and maintenance options.

Course of Study:

Purchasing Assistive Technology with you IDA to help obtain or maintain employment

Instructions for Warm Springs community members and WSCAT staff members:

This course of study is to provide Warm Springs community members with the tools to purchase the appropriate assistive technology to help obtain or maintain employment, per Oregon IDA Initiative program requirements.

Examples of assistive technology may include hearing aids, wheelchairs, trailers for traveling workers, and a laptop for remote work.

Goal:

To provide participants the opportunity to make a considered choice in buying reliable, affordable assistive technology that serves their work and personal needs.

Objectives:

1. To provide participants with a clear timeline and plan of action for enrolling and saving in an IDA program, then purchasing the appropriate assistive technology.
2. To provide participants the opportunity to make a considered choice when buying dependable, affordable technology, through comparison of at least 3 different vendors/styles of their assistive technology.
3. Provide participants a clear understanding of the cost of operating and maintaining their assistive technology, if applicable, and of how to do so within the constraints of their monthly budget.

Time Required:

8 hours, over a three-month period

Part 1: Purchasing Assistive Technology with your IDA

What's Your Timeline?

Month One:

- Complete asset/liability inventory (Completed during WSCAT intake process).
- Begin budget/cash flow study (Part 3 of this course of study).
- Set up savings account in preparation for program entry.

Month Two:

- Submit completed plan proposal to WSCAT.
- Make first savings deposit into IDA program.
- Meet with planner to continue work on cash flow management and any concerns that may be related to this.
- Organize steps to execute IDA plan at conclusion of saving period.

Month Three to End of Savings period (must be 6 months or longer):

- Deposit money into the IDA account each month.
- Meet regularly with planner to move plan forward and deal with any problems that may arise. This will move the plan forward to successful completion.
- Complete budget/cash flow study (Part 3 of this course of study).

Month of Maturity for the IDA Plan:

- Determine the assistive technology to be purchased from a specific location.
- Determine the value of sale and make final financing arrangements for value beyond the IDA down payment (if any).
- Make final arrangements to use your IDA to purchase equipment.
- Take ownership of the assistive technology.

Part 2: Intended Use

(2 hours)

Answer each of the following questions to help you begin thinking about what you plan to purchase.

What do you plan to purchase?

What challenges have you faced without this equipment?

How will your assistive technology help you be more productive in the workforce?

Will it lead to new or increased business opportunities? _____

How? _____

Part 3: Comparison Study

(3 hours)

Research **three** assistive technology options in which you are interested and answer the following questions for each of your chosen options.

Describe the requirements for the assistive technology to meet your needs for obtaining or maintaining employment.

First Assistive Technology Choice

Descriptions of item (brand, cost, special features, etc.)

Where can you purchase the item locally?

Name of location	Address	Phone number	Website

Estimated price (max/min)? _____/_____

How much savings do you plan to use? _____

Will you be getting a loan to finance any costs? If so, how do you plan to repay it?

What is the life expectancy for this item? _____

Are there costs for parts, repairs, upkeep, or maintenance? _____

If so, how expensive are they and how will you budget for these costs?

How many years do you plan to keep the assistive technology? _____

Second Assistive Technology Choice

Descriptions of item (brand, cost, special features, etc.)

Where can you purchase the item locally?

Name of location	Address	Phone number	Website

Estimated price (max/min)? _____/_____

How much savings do you plan to use? _____

Will you be getting a loan to finance any costs? If so, how do you plan to repay it?

What is the life expectancy for this item? _____

Are there costs for parts, repairs, upkeep, or maintenance? _____

If so, how expensive are they and how will you budget for these costs?

How many years do you plan to keep the assistive technology? _____

Third Assistive Technology Choice

Descriptions of item (brand, cost, special features, etc.)

Where can you purchase the item locally?

Name of location	Address	Phone number	Website

Estimated price (max/min)? _____/_____

How much savings do you plan to use? _____

Will you be getting a loan to finance any costs? If so, how do you plan to repay it?

What is the life expectancy for this item? _____

Are there costs for parts, repairs, upkeep, or maintenance? _____

If so, how expensive are they and how will you budget for these costs?

How many years do you plan to keep the assistive technology? _____

Let's Compare

Do you plan to buy this item new or used? _____

What is the average cost of the assistive technology?

Choice 1: _____

Choice 2: _____

Choice 3: _____

Where can you purchase the assistive technology?

Choice 1: _____

Choice 2: _____

Choice 3: _____

What warranty options are available for the assistive technology of choice?

Choice 1: _____

Choice 2: _____

Choice 3: _____

How reliable is the equipment? What is the life expectancy?

Choice 1: _____

Choice 2: _____

Choice 3: _____

Study the available parts and services for your item of choice to maintain it.

Choice 1: _____

Choice 2: _____

Choice 3: _____

Part 3: Calculating what you can afford

(2 hours)

The Budget

For the next three months, please track your monthly expenses. The budget will help you keep your finances organized while preparing to acquire reliable assistive technology. It will also allow you to see if you have deficits and where you may be able to decrease or increase income and expenses to alleviate these deficits. It will help you select that assistive technology that you can afford on your budget. **Expenses** include: rent, utilities, debt service, child care, transportation, etc. **Income** includes: wages earned, financial aid, child support, tax refunds, gifts, etc. The budget will be monitored for the first three months of the plan.

First Month

INCOME		EXPENSES	
Description	Amount	Description	Amount
Wages or salary		Rent or mortgage	
Business income		Utilities (Elec., water, trash, sewer)	
Seasonal income		Phone/cell phone	
Bonus/Interest Income		Cable or satellite TV	
Tax Refund		Transportation – gasoline or bus fare	
Public Assistance		Car – Insurance, loan payments, maintenance	
Food Stamps		Assistive technology maintenance	
Child Support		Food (groceries, dining out)	
Rental Income		School Expense (books, tuition)	
Grants, Scholarships, Gifts		Entertainment (movies, sports)	
Other: _____		Personal Care (hair, clothes)	
		Medical Expenses	
		Savings	
		Debt service (credit cards/other loans)	
		Other: _____	
Total		Total	

Subtract your total expenses from your total income and if you end up with a negative total, you have a deficit. If you end up with a positive total, then you have surplus income, which is great. If your total is \$0, then your income covers all of your expenses but you neither have a surplus nor a deficit.

Income minus expenses equals: \$ _____

Second Month

INCOME		EXPENSES	
Description	Amount	Description	Amount
Wages or salary		Rent or mortgage	
Business income		Utilities (Elec., water, trash, sewer)	
Seasonal income		Phone/cell phone	
Bonus/Interest Income		Cable or satellite TV	
Tax Refund		Transportation – gasoline or bus fare	
Public Assistance		Car – Insurance, loan payments, maintenance	
Food Stamps		Assistive technology maintenance	
Child Support		Food (groceries, dining out)	
Rental Income		School Expense (books, tuition)	
Grants, Scholarships, Gifts		Entertainment (movies, sports)	
Other: _____		Personal Care (hair, clothes)	
		Medical Expenses	
		Savings	
		Debt service (credit cards/other loans)	
		Other: _____	
Total		Total	

Subtract your total expenses from your total income and if you end up with a negative total, you have a deficit. If you end up with a positive total, then you have surplus income, which is great. If your total is \$0, then your income covers all of your expenses but you neither have a surplus nor a deficit.

Income minus expenses equals: \$ _____

Third Month

INCOME		EXPENSES	
Description	Amount	Description	Amount
Wages or salary		Rent or mortgage	
Business income		Utilities (Elec., water, trash, sewer)	
Seasonal income		Phone/cell phone	
Bonus/Interest Income		Cable or satellite TV	
Tax Refund		Transportation – gasoline or bus fare	
Public Assistance		Car – Insurance, loan payments, maintenance	
Food Stamps		Assistive technology maintenance	
Child Support		Food (groceries, dining out)	
Rental Income		School Expense (books, tuition)	
Grants, Scholarships, Gifts		Entertainment (movies, sports)	
Other: _____		Personal Care (hair, clothes)	
		Medical Expenses	
		Savings	
		Debt service (credit cards/other loans)	
		Other: _____	
Total		Total	

Subtract your total expenses from your total income and if you end up with a negative total, you have a deficit. If you end up with a positive total, then you have surplus income, which is great. If your total is \$0, then your income covers all of your expenses but you neither have a surplus nor a deficit.

Income minus expenses equals: \$ _____

If you are coming up with a deficit number in your budget total, then try to lower some of your expenses. For example, maybe you could decrease the amount spent on entertainment or clothing for the term. Other suggestions include working a part-time job to bring in extra income, packing a lunch from home instead of eating at a restaurant each day, or skipping the \$4 lattes once in a while. A little bit of saving can add up over time!

Part 4: Assistive Technology for Employment

(1 hour)

Provide proof that validates the need for assistive technology to obtain or maintain employment.

If currently employed:

1. Name/Address of Current Employer: _____

2. Attach a statement outlining the reasons you need the assistive technology to obtain or maintain employment in a particular job or industry. For example, explain how it would increase your ability to do your job productively.

3. Employer statement:

We strongly encourage our employees to secure assistive technology for employment. We prefer that employees have the items they need to help them be more productive at work.

Supervisor Signature: _____

Work Phone: _____ Email: _____

If currently unemployed:

1. Attach **three** job notifications related to your current search that document the need for assistive technology to secure employment.

2. Attach a statement outlining reasons why the assistive technology is needed to obtain and maintain employment in that particular job or industry. For example, explain how it would increase your ability to do your job productively.