



The AT Messenger

....bringing technology to you

Published by the Delaware Assistive Technology Initiative

Vol. 2, Issue 1, Jan/Feb 1994

New Year Brings New Challenges for DATI

From the Director...

Happy New Year! More than sugarplums have been dancing in the four DATI sites these last few months. Staff and volunteers have been busy taking stock of where we've been and where we're going. With input and support from many of you, the DATI will submit an Extension Grant application this winter to the U.S. Department of Education, National Institute on Disability and Rehabilitation Research. When funded, it will permit the DATI to continue operation and to expand its efforts in the areas of advocacy, case management, and public awareness about AT and its potential for increasing independence. Thank you to all who shared opinions and visions of the future by attending the public forums, returning questionnaires, and completing the consumer survey. Your ideas have shaped the future directions of the DATI.

You'll be seeing lots of new products in the next few months, including an *AT Resource Directory*, a *Guide to Funding Resources for AT in Delaware*, an introductory videotape about AT, and a series of brochures about various technology applications. There will also be numerous opportunities to increase your AT knowledge--just take a look at the crowded calendar of activities enclosed with this newsletter! We will also host a statewide conference in October--more on that in future issues of the *AT Messenger*.

It is never too late to add a resolution to your list. Plan to check out one of the DATI centers throughout Delaware. Chances are you'll discover something that will make your life--or the life of someone you care about--more pleasant and/or productive. And isn't that what it's all about?

-Beth Mineo
Project Director

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DATI Throughout the State...

New Castle County

Delaware Elwyn

321 E. 11th St.

Wilmington, DE 19801-3499

(302)657-5647; (302)658-8860 (TDD)

Linda Heller, Director

Fast In--Fast Out!

Did you ever learn something new and then two minutes later you used the information? That happens every day when you work in an assistive technology center. Recently, we ordered and received a new ergonomic keyboard and immediately received a call from a young working woman with severe carpal tunnel syndrome who was having trouble typing fast enough and who could not type for extended periods of time because of pain and fatigue in her hands.

Enter Comfort Keys, a three-section adjustable keyboard that can help someone work at the computer more comfortably. Comfort Keys uses the "qwerty" key arrangement and has a variety of programmable functions (macros, etc.) to increase productivity. Some of the features of the Comfort Keyboard System are as follows:

- Sections can be positioned close together or further apart to adjust to each individual's shoulder width.
- Sections rotate or tilt independently to adjust to an individual's natural typing posture.
- Contains left-hand, right-hand, and numeric keypads.
- Numeric keypad can be positioned on the left, which provides instant productivity gain for left-handers.
- Can be adjusted for use while sitting or standing.

- Includes new, ergonomically designed Cradle Arm Support, which provides greater comfort by supporting weight of the forearms.
- Minimizes the need for retraining by using standard "qwerty" keyboard layout.

The woman who has carpal tunnel syndrome has come into the center to practice typing on the Comfort Keys and feels she will soon find it a natural, faster, and more comfortable way to type at work. The result: she keeps her job, makes her boss happy, and could be eligible for a promotion. The cost for the basic Comfort Keys is \$795.00 plus shipping. This system can be attached to any computer (IBM/Macintosh) no matter where she works! So if you would like to know more about the Comfort Keyboard System, contact Health Care Keyboard Company, Inc. N82 W15340 Appleton Ave., Menomonee Falls, WI 53051 Phone (414)253-6333, Fax (414)253-6330. Or contact the New Castle County Assistive Technology Resource Center at (302)657-5647. We would love to have you visit!

Kent County

Easter Seal of Del-Mar

Kent County Community School

Carver Rd.

Dover, DE 19901-2716

(302)739-6885; (302)739-6886 (TDD)

Maureen Schweitzer, Coordinator

What's New at Closing the Gap?

Closing the Gap is an annual conference held in Minneapolis, Minnesota that has earned the reputation as the leading source of information in innovative applications of micro-computer technology for persons with disabilities. Each year, manufacturers of assistive technology, consumers, caregivers, administrators, special educators, and many

more get together to exchange ideas, introduce new products and innovations, and share experiences with one another. This year, five of the DATI staff travelled to Minnesota to be part of this valuable networking opportunity. What we brought back was 30 pounds of literature, a host of new ideas, and the enthusiasm that is generated by such a gathering! We were excited to find information about the following new products.

Dyna Write is a new software program available from Dynavox. This program will be available in the winter of 1993. It is a word prediction program and includes grammar prediction. This program will open up word processing to people just beginning to write. Dyna Write is also available to be compatible with Dyna Syms, which will allow people who are still using symbols to make an easy transition into using words.

Words+ has also come out with an updated version of the System 2000 that many of us now own! This system is more compact than ever before. All of the cables and computer software are now stored into a CommPac. The whole system still only weights 5-6 pounds total. This version comes with an optional color monitor. All pictures can be edited according to your wishes.

Dunamis has the TOOLKit 4.1. This product allows the user to make customized overlays for the Powerpad. This allows the users to provide animation, graphics, speech, singing, and text on the computer screen.

Patti King DeBaun and Carolyn Musselwhite presented some really great ideas on how to use augmentative communication devices to increase the creativity and reading skills of children.

Intellitools presented ideas on how to use Overlay Maker to increase educational participation, i.e., matching, spelling, mathematics, and language. Ideas were also presented on

how to create overlays to be used with some early childhood software.

Another helpful workshop gave us some really great ideas for saving time when using the computer in the schools and the clinic. Great ideas were provided on how to organize your software and hardware so that everyone will know what is required to use it.

Aside from attending numerous exhibits and seminars, the Kent County TRC Staff presented two workshops featuring the Intellikeys Overlay Maker and Intellitalk programs. Two hundred workshop packets were distributed and we made many new friends from across the country. Please call the Kent TRC for any information about what we learned or about the Closing the Gap newsletter and conference.

Sussex County

*Easter Seal of Del-Mar
Easter Seal Rehabilitation Center
600 N. DuPont Highway, Suite 100
Georgetown, DE 19947
(302)856-7946 (voice or TDD)
Linett Fleetwood, Coordinator*

Therapeutic Pleasure

Have you heard this latest therapy terminology? If not, perhaps you have not yet visited the Sussex County TRC. Therapists in Sussex County are starting to make increased use of the TRC and they have described the experience as enriching, supportive, and a therapeutic pleasure.

One particular therapist has utilized the Assistive Technology Resource Center for a variety of devices to enhance the life of Jeffrey, a two-year-old boy with the biggest baby blues you have ever seen and a smile with eternal dimples. When his therapist first started with us, Jeffrey was being carried everywhere by his mother because he was unable to walk. The therapist tested him in

our adapted stroller. It worked so well that he was in a beautiful new wheelchair within a matter of weeks.

Jeffrey's next visit was with his speech therapist to take a look at the Dynavox. With a few quick lessons, Jeffrey was able to communicate to the therapist what toys he wanted. It's still being determined whether the Dynavox is the communication device for him, but so far it looks promising.

With Jeffrey growing in size, Mom needed to have some help during bath time. The therapist visited us with Jeffrey and Mom and we were able to fit him with a pediatric bath chair. Not only was Mom happy about the bath chair for bathing, but Jeffrey was delighted because he uses the chair in his sandbox where he now can play with other children.

Jeffrey and his therapist are now working with an exercise cycle to help his mobility and coordination. The cycle was not a device in the TRC, but we helped research where to locate it and arranged a loan of the cycle for a trial period. The test was successful and they are now starting funding procedures.

This is just one success story. We have many. Perhaps one day we will be able to write about your success in our newsletter!

One other note: We will be expanding our hours in order to have the TRC remain open Tuesday and Thursday evenings until 5:30 pm. We will also open the TRC on the second and fourth Saturday of each month from 10 am to 1 pm. We hope these expanded hours will make our services available to more of you.

New Federal Relay Provider

The Federal Information Relay Service (FIRS) is a system in which intermediaries facilitate conversations between speech and/or hearing impaired individuals, using standard telephones. FIRS ensures that the Federal Telecommunications System is fully accessible nationwide to speech and/or hearing impaired federal employees and members of the general public who need to access federal agencies. This accessibility requirement is mandated by the Telecommunication Accessibility Enhancement Act of 1988 (Public Law 100-542).

The General Service Administration (GSA), which operated FIRS internally for several years, recently awarded a contract to U.S. Sprint to begin providing the relay services on April 1, 1993. The contract is for a one year period with three one-year renewal options. The minimum dollar amount of the contract is one million dollars with a fifteen million dollar ceiling under which the federal government may order services. The telephone number that users contact to access FIRS remains the same: 1-800-877-8339 (V/TDD).

Devices Available

For sale: Prentke Romich Introtalker--electronic augmentative communication device that simulates speech for someone with unintelligible speech. 3 years old. \$500 negotiable. (Item 2-1-001)

For sale: Crow River wheelchair lift for vans. Includes power motors for van door opening. Fully automatic lift for transferring person in/out of van while in wheelchair. Best offer. (Item 2-1-002)

For sale: Electric Everest &

Jennings Marathon wheelchair. Narrow adult with right hand controls. 5 years old. \$500. (Item 2-1-003)

For sale: A'Becc motorized wheelchair, right handed controls. 10 years old. \$500. (Item 2-1-004)

Devices Wanted

Adult Manual Wheelchair

Standard manual wheelchair needed to facilitate client mobility during fire drills.

Call DATI Central Site at (302)651-6790 for further information or to place your free ad!

More on the Role of Team Members in Identifying Appropriate Technology for Individuals with Disabilities

Richard Lytton, M.A., CCC-SP

Coordinator, Augmentative Communication & Technology Clinic, A.I. duPont Institute, Wilmington, DE

The September/October 1993 issue of *The AT Messenger* contained an excellent discussion of the professionals who might be involved in the evaluation and recommendation of assistive technology for people with disabilities. The discussion focused on the need to identify the skills and needs of an individual before selecting a device or system and described some professionals who contribute expertise about a person's physical functioning (occupational therapists, physical therapists), cognitive and language functioning (psychologists, special educators, speech-language pathologists), sensory functioning (audiologists, optometrists, ophthalmologists) and environmental supports and needs (social workers, vocational counselors). Rehabilitation engineers and manufacturers/distributors were also included as professionals who have much technical and equipment information to add to the process. The expertise of these people is an important supplement to the critical role of the consumer and his/her family in the assistive technology evaluation and recommendation process.

Physicians also should be included as important members of assistive technology teams. Many users of assistive technology have ongoing medical conditions that can influence their ability to benefit from their technology. These include conditions such as

seizures, respiratory conditions, allergies or degenerative diseases. Some people, especially developing children and individuals with acquired disabilities, are in dynamic situations that necessitate periodic re-evaluation and monitoring to assure that technological aids meet the user's needs over time.

It is also important that the input of the various "experts" be coordinated and synthesized. Without such case management, a consumer, a parent, a treating therapist or teacher, or a funding agency may be confused by the different perspectives of different professionals. While parents or other family members can be the best "case manager" and advocate, this role may fall to a social worker, counselor or therapist. Often a physician is the most appropriate manager of the many components of a person's comprehensive care. This role may be assumed by a primary care physician (pediatrician, internist, family doctor, etc.) or by a specialist. For instance, physiatrists are specialists in rehabilitation medicine and are experienced in tying together a person's medical, therapeutic and social needs. Finally, and significantly, a physician must prescribe assistive technology (or "durable medical equipment") when health insurance funding is being sought. It can be helpful to involve this member of the team early in the process and not just when it comes time to apply to the insurance company or Medicaid.

To learn more about specific physical disabilities and how AT solutions might be diagnosed, plan on attending the

Physical Disabilities Primer

Friday, January 28, 1994, A.I. duPont Institute. See the back of the calendar or call Central Site at 651-6790 for details.

Intellikeys

Ed Salisbury, AT Specialist, DATI Kent County Assistive Technology Resource Center

What is Intellikeys? Intellikeys is an easy to use, fully functional alternate keyboard produced by the Intellitools company, formerly Unicorn Engineering. An alternative keyboard allows people who may not be able to use a standard keyboard to access the computer. Unlike most alternate keyboards, the Intellikeys requires no interface. A keyboard interface generally costs between \$500 and \$1000. Intellikeys is also compatible with Macintosh, Apple II and IBM and compatible computers. It plugs directly into the back of the computer, allowing the standard keyboard and the mouse to remain active. Intellikeys works with all programs and uses none of the computer's valuable memory.

To use the Intellikeys, one simply attaches the keyboard to the computer with the appropriate cable, then slides in one of the six overlays that accompany the keyboard. Intellikeys will automatically recognize any of these six overlays. The overlays are designed to accommodate those who may have visual impairments, limited fine motor control, spastic movements, or cognitive impairments. The overlays are:

- **IBM** - emulates the standard IBM keyboard providing larger key areas, bold characters, and contrasting colors.
- **Apple** - emulates the standard Apple or Macintosh keyboard with the same features as the IBM overlay.
- **Basic Writing** - organizes the letters of the alphabet into alphabetical order rather than the standard "qwerty" keyboard layout. This overlay also provides the user with numbers, punctuation, and keys that are used most often.
- **Alphabet** - includes keys with large bold

letters in alphabetical order, punctuation, and a few of the necessary keys like `return` and `space`. This overlay is excellent for beginning writers who may be confused or distracted by the standard 101-key keyboard layout.

- **Numbers** - consists of a numeric keypad and a set of arrow keys that can be used for mouse or cursor movement. The arrows overlay consists of four large arrows that can take the place of the mouse, or act as arrow keys to move the cursor. A few necessary keys, like `return` and `space` are also included.
- **Set-up** - allows the user to customize the keyboard touch features to their particular needs. Among these touch features are hold-down time, repeat rate, and key latching.

If one finds that the six overlays are not sufficient for his or her needs, an inexpensive software program called Overlay Maker can be purchased that will allow the user to create custom overlays. Keys on the custom overlay may be as large or as small as the user desires. The color and shape of the key may also be controlled. A key can be used to represent a character, phrase, or complex function. For example, one key on the Intellikeys may type a person's name and full address to the computer when depressed. Another key may type a series of DOS commands to an IBM or compatible computer to automatically load or start a program. The overlay maker program is a valuable tool for a parent, teacher, or therapist to create a means of computer access that is only limited by his or her imagination. So far, Overlay Maker is only available for Macintosh and Apple II compu-

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FINANCING ASSISTIVE TECHNOLOGY

ALERT--Health Care Reform Needs Your Input - NOW!!!

Ron Sibert, Funding Specialist, DATI

Since its introduction in September, the Clinton health care reform proposal has been debated in Congress and nationwide. It is called the Health Security Act (HSA), and what it does or does not include will have tremendous impact on the lives of people with disabilities in Delaware and across the nation. The bad news is that certain crucial disability-related issues still need to be addressed. The good news is that the proposal itself is still evolving and there is still time for concerned citizens to make a difference.

From a disability perspective, the proposed HSA shows lots of potential for meeting the needs of people with disabilities. It has several advantages over what exists right now and represents the best promise of universal health care to date; **but there is still lots to be done**. Various points contained in the Act are still under discussion, but the information presented here is based on the current draft of the Plan - the one to which our legislators have been and will be reacting for the next several weeks. Note that certain changes to the proposed Plan are already being negotiated at the Congressional level, but the Plan's language has not yet officially been amended to reflect those changes. With that in mind, here is a synopsis of some of the Plan's strengths and weaknesses relative to people with disabilities. First, some of the Plan's apparent strengths:

- Universality- the Plan calls for all U.S. citizens and legal residents to be covered by January 1, 1998.
- Limits are to be placed on out-of-pocket costs for insurance copayments (usually

the 20% of total cost) and deductibles.

- Life-time caps on covered services are to be eliminated.
- People with the most severe disabilities will be eligible for a new federally funded Home and Community Based Care (HCBC) program that provides services - including assistive technology - regardless of a person's income or resources.
- The Plan also includes a tax incentive for working individuals with disabilities. It will be in the form of a tax credit for 50% of the cost of personal assistance services up to a maximum of \$15,000/year.

Because the HSA is probably the most comprehensive of the health care proposals to surface thus far, it has great potential for making significant reforms in our health care system. According to several sources, it comes much closer than the others. Even so, **HSA could pose serious problems to people with disabilities and their families if certain provisions are allowed to stand without input from the disabled community**. The following points outline some of the problems with the proposed Act and some recommended solutions. Then, just a few words on what you can do to help.

- **Congenital/chronic conditions and those associated with aging (later-onset disabling conditions) have been completely excluded from coverage**. As you are about to see, this "acute care bias" shows up in various parts of the Plan.
- Home health care, extended care services, and outpatient rehabilitation services may only be covered if the alternative would be

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Financing AT *(cont'd from page 7)*

treatment in a hospital, skilled nursing facility, or in-patient rehabilitation facility. That is, a person may only qualify for these services if their condition might otherwise call for them to be admitted to a facility for supervised medical care... **and only when the problem is not due to a chronic or congenital condition.** Home health care, extended care, and outpatient rehab have traditionally been necessary resources in the treatment of chronic and congenital conditions. Coverage really needs to be extended to include those who have such conditions.

- Allied health services such as physical therapy, occupational therapy, and speech-language pathology will only be covered - again - for acute illness or injury... and only in cases where function has been shown to improve. In these cases too, coverage needs to be extended to individuals with chronic and congenital conditions.
- While there is coverage (albeit limited) for speech pathology services in the Plan, **hearing aids and audiological rehabilitation services have been completely excluded.** This is not only unfair to people who have hearing impairments, it's discriminatory. No matter how unintentional, this policy clearly flies in the face of the Americans with Disabilities Act (ADA), and needs to be reconsidered.
- Because of the way equipment and related services have been treated in the law, **assistive technology coverage could be extremely limited.** The current proposal contains a section entitled "Durable Medical Equipment and Prosthetic and Orthotic Devices" - this is the category in which public and private insurers place assistive technology. Unfortunately, the definition of durable medical equipment (DME) comes from a very outdated and restrictive Social Security Administration definition which states "'durable medical equipment' includes iron lungs, oxygen tents, hospital beds and wheelchairs..." and limits the location in which the equipment can be used by saying the equipment must be "appropriate for use in the home." While these devices certainly are forms of assistive technology, AT includes a much broader array of devices and services, and is more in keeping with current therapeutic practices. A federal definition of assistive technology exists in several laws such as P.L. 100-407, The Technology Related Assistance for Individuals with Disabilities Act of 1988, and P.L. 101-476, the Individuals with Disabilities Education Act of 1990. It was even more recently referenced in the Rehabilitation Act Amendments of 1992. Of course these laws are intended to help people with disabilities function better in their daily lives. Is that different from health care? Doesn't the law consider a wheelchair - something that restores a function (mobility) - medically necessary? Shouldn't that same standard be applied to an electronic communication device or to customized seating? The fact that it has with Medicaid of Delaware, New York, and Minnesota says that some people think so. It makes sense for the definition of AT to be adopted in health care reform legislation because, for people with disabilities, health care means whatever it takes to function better.
- Another related issue is the standard of medical necessity that will be used to determine whether or not a device should be covered. Under the proposed standard, a device can only be covered if it is "customarily used for a medical purpose." By this definition, for example, an air condi-

tioner that is necessary to help a respiratory patient to breathe and to prevent life-threatening pulmonary edema might not be considered medically necessary because the device does not usually serve a medical purpose. Even before there was health care reform, coverage for such items was eventually granted by Medicare on appeal. In other words, Medicare first denied the device, and later found it to be medically necessary after the consumer appealed the decision and forced them to take a closer look. Health care reform laws need to reflect that experience. They will only when consumers with disabilities become more involved. Under the Clinton Plan, a National Health Board is supposed to interpret medical necessity and develop regulations that will determine whether or not certain devices and services are to be covered as medically necessary. People with disabilities need to be represented on the National Health Board to assure that disability-related issues are considered in the process.

- Next, while consumers are free to choose their insurer, the Act would allow insurers to limit consumer choice by requiring the clients to go to specified equipment vendors and service providers. This policy could limit consumers to accessing only those devices that the authorized vendors are willing to make available. Choice must extend not only to health care providers and insurers, but to equipment vendors as well.
- Then there is the issue of training and appropriate use of AT devices. Although the “Additional Services” section of the HCBC services plan mentions AT devices, there is no mention of the **services** needed to enable a person to benefit from use of a given device. Again, there is lan-

guage in recent past legislation that reflects this concern. It is made clear that assistive technology includes both devices *and* related services. An assistive technology service is defined as any one that will “assist a person in the selection, acquisition, or use of an assistive technology device.” It is very important for this definition to be adopted in health care reform legislation.

- Long-term care under the current plan has an “institutional bias”. There would be funding caps placed on home-based services and home health care equipment, but federal matching funds for skilled nursing facilities and ICFs-MR (facilities for people with mental retardation) would be unlimited. Also, out-of pocket expenses for middle-income families with children with severe or multiple disabilities may be as high as 25% of the total cost of care...very expensive.

So the question is: “What can the average citizen do?” And the answer is “Plenty” - much more than most people think. Right now, Congress is in recess. Our Senators and Congressman have returned home to their local offices to hear from you - their constituents - what is important to you and how you want them to vote on health care reform when they return to Washington around January 24. This short recess is perhaps the best opportunity to call or write and share your concerns about the above issues. Senator Roth in particular is on one of the Congressional Committees (Senate Finance) that has jurisdiction over parts of the proposed health care reform plan.

Senator William V. Roth Jr.
3021 Federal Building
Wilmington, DE 19801
573-6291

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Financing AT *(cont'd from page 9)*

Senator Joseph R. Biden Jr.
6021 Federal Building
Wilmington, DE 19801
573-6345

Congressman Michael N.Castle
3 Christina Center
201 N. Walnut Street - Suite 107
Wilmington, Delaware 19801
428-1902

When you write, be sure to include your own mailing address and phone number. Also try to keep a copy for your own records. Later on, the President and Congress are likely to leave a lot of details for the Governor and State Legislature to work out locally after the final version of the law is passed. It would be a good idea to have a copy of your letter on hand when it's time for us to begin working directly with our State officials. Please do not let this opportunity pass you by. Our elected officials need to hear from us in order to make informed decisions. Let them hear from you.

The Guide to Funding Resources for Assistive Technology in Delaware

The funding guide includes descriptions of major public and private, local and national AT funding streams, their eligibility criteria, and how they can best be used to access all assistive devices and services. It also contains general references to relevant public policies and legal statutes.

**Coming Soon to a TRC near you!
Watch for your chance to get a
free copy!**

AT Task Force Formed

The Statewide Assistive Technology Education Task Force for Delaware Children & Youth with Disabilities has been formed and is dealing with educational issues related to assistive technology. The Task Force is being co-chaired by Cherritta Matthews, Exceptional Children Team, Department of Public Instruction, and Ron Sibert, Funding Specialist, Delaware Assistive Technology Initiative. The group meets monthly and is charged with the following activities:

- Development and implementation of a plan to ensure that all public school staff are aware of assistive technology and its potential for students with disabilities in Delaware schools.
- Development and implementation of training using a trainer-of-trainers model for appropriate school staff related to the assessment and provision of appropriate assistive technology for Delaware students with disabilities.
- Identification of funding strategies to support the provision of assistive technology for students with disabilities in Delaware.
- Recommendations for the development of guidelines and/or changes to the *Administrative Manual: Programs for Exceptional Children* related to the provision of assistive technology for Delaware students with disabilities.

The planning components of the Task Force charge will be completed by May, 1994 and submitted to the Exceptional Children Team of DPI and the Advisory Board of DATI for review. The plan will identify any barriers to full implementation of assistive technology services for Delaware children and youth with disabilities and after recommendations for elimination of those barriers. This will include, but is not limited to, funding issues. The plan will document training completed and establish timelines to complete needed training for Delaware educational staff.

Be sure that you don't miss a single issue of the AT Messenger. If you're not on the project's mailing list already, clip this form and send it in today!

DATI Mailing List Application

Name _____ Title _____

Affiliation _____

Address _____

Phone _____ (Home) _____ (Work)

<p>I am a:</p> <p><input type="checkbox"/> Person with a disability (please specify): _____ _____</p> <p><input type="checkbox"/> Family member of a person with a disability</p> <p><input type="checkbox"/> Friend/advocate/colleague of someone with a disability</p> <p><input type="checkbox"/> Professional working with people who have disabilities (please specify) _____</p> <p><input type="checkbox"/> Interested citizen</p> <p><input type="checkbox"/> Other (please specify) _____ _____</p>	<p>Accessibility Needs:</p> <p><input type="checkbox"/> Braille</p> <p><input type="checkbox"/> Large print</p> <p><input type="checkbox"/> 15/16 Audiotape</p> <p><input type="checkbox"/> 1-7/8 Audiotape</p> <p><input type="checkbox"/> ASL Interpreter</p> <p><input type="checkbox"/> Tactile Interpreter</p> <p><input type="checkbox"/> Transportation</p>	<p>I would like to be involved in:</p> <p><input type="checkbox"/> Technology users peer network</p> <p><input type="checkbox"/> Service provider network</p> <p><input type="checkbox"/> Funding initiatives</p> <p><input type="checkbox"/> Presenters network</p> <p><input type="checkbox"/> Project governance (boards & committees)</p> <p><input type="checkbox"/> Advocacy activities</p> <p><input type="checkbox"/> Volunteer work as: _____ _____</p>
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Send completed application to: **Delaware Assistive Technology**
 A.I. duPont Institute
 P.O. Box 269, 1600 Rockland Rd.
 Wilmington, DE 19899
 Phone: (302)651-6790 TDD: (302)651-6794 FAX: (302)651-6793

Intellikeys (*cont'd from page 6*)

ters. Once an overlay is created with the Overlay Maker program, it may then be used on an IBM or compatible computer.

Other accessories for the Intellikeys include keyguards for each of the six standard overlays, and the Intellitalk talking word processor. The keyguards are designed to allow a person to rest their hand on the keyboard without depressing any keys. Keyguards also help those who may slide their hand across the keyboard or have difficulty targeting a specific key. The Intellitalk talking word processor is another inexpensive program that

may be used with or without Intellikeys on the Macintosh computer. With the Intellikeys attached, the Macintosh can be made to operate as a communication aid for the home, classroom, or worksite.

The Intellikeys with cable and the six standard overlays can be purchased for less than \$400.00. The Overlay Maker and Intellitalk programs bundled together are only \$99.00 for Intellitools. The keyguards may be purchased separately for \$50.00 each or as a set for \$250.00. If you would like to borrow an Intellikeys or see a demonstration, call your local DATI Assistive Technology Resource Center.

Nonprofit Organization
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Newark, Delaware
Permit No. 26

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Wilmington, DE 19899*



We want to hear from you!

Starting next issue, the *AT Messenger* will include a “Letters to the Editor” column. If you have a story about a person that uses AT, or suggestions for AT solutions to everyday problems, or have found a successful funding strategy, or simply want to share your viewpoint about technology-related assistance in Delaware, we want to hear it! Please address all correspondence to the Central Site address to the right. If you prefer, we can keep your identity confidential.

-DATI Staff

The AT Messenger is published bi-monthly by the Delaware Assistive Technology Initiative.

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