

ASSISTIVE TECHNOLOGY INDIVIDUAL DEVELOPMENT ACCOUNTS
(AT-IDA)

Fact Sheet

An AT-IDA is a program* offered through KATCO, the Kansas Assistive Technology Cooperative. An AT-IDA provides eligible families and individuals with an opportunity to establish matched savings accounts for moneys which may be used for the purchase of assistive technology devices and services. At this time the match ratio is 1:1.

Assistive technology is any item, piece of equipment or product system, whether acquired commercially, off-the-shelf, modified or customized, that is used to increase, maintain, or improve functional capacities of individuals with disabilities.

Program requirements:

- Any Kansan with a disability or a family member acting on the individual's behalf whose household income is less than or equal to 300% of the federal poverty level.**
- Deposits into an AT-IDA can only be made from earned income. SSI & SSDI are not considered "earned" income.
- If accepted, develop an AT-IDA Savings Plan. This plan will include:
 - 1) Documentation that the participant attended and completed a full-day economic education program
 - 2) Identify a specific AT device or service. Any device must include name and model number.
 - 3) Provide the total cost of the AT equipment
 - 4) Complete a household income and expense sheet that includes verification of earned income.
 - 5) Specify the amount to be deposited monthly
 - 6) Specify the date when each monthly deposit is to be made
- Notify KATCO when a monthly deposit can not be made (not to exceed three consecutive months or 4 occurrences in a 12 month period of time)
- When the target amount has been saved, provide a written request to KATCO to send payment to the vendor for the purchase of the AT as described in the AT-IDA Savings Plan
- The total of all deposits by the customer and KATCO must not exceed \$10,000.00 annually, not to exceed \$50,000.00 in 5 years.
- No AT-IDA savings account will exceed 5 years.

KATCO will:

- Determine if interested individual meets the above stated poverty level
- Coordinate and provide the economic education curriculum
- Work with eligible participants to write the AT-IDA Savings Plan
- Set up a physical file that contains:
 - Income/Expense sheet with earned income verification
 - Original signed copy of the AT Savings plan
 - Verification of completed economic education curriculum
 - Copies of monthly payments
 - Copies of bank statements, if paper copies are mailed
 - Documentation of the AT that will be purchased
 - Meeting notes or copies of emails that are exchanged with the participant
- Work with eligible customers to set up a savings account with Lyon County State Bank
- Accept monthly payments from customers and deposits into the participant's account
- Deposit monthly payments and transfer the match amount for each customer***
- Notify the borrower when the target saving amount has been reached
- Upon written request by the customer, arrange for the bank to send payment to the vendor and have the equipment either delivered to or picked up by the customer.
- Confirm that the equipment was delivered in satisfactory condition.
- Close the savings account.

* Until otherwise notified the program is available to residents in Lyon, Osage, and Coffey. It will expand across the state when additional match monies are found.

** See Table of HHS Breakdown

*** A savings match will only occur when a customer makes a deposit. Any deposit that is returned will have the match amount withdrawn from the savings account and the customer will be assessed any penalty fees which will be debited from the account.

AT-IDA Interest Form

If you are interested in becoming a participant in the AT-IDA program, please complete the top portion of this form. We will contact you once the program particulars have been set up and will ask you to provide some specific information at that time.

If you have questions about the program, please call (866) 465-2826. Thank you.

Name: _____

Date: _____

Address: _____ City: _____ Zip: _____

County: Coffey _____ Lyon _____ Osage _____

Telephone number: _____ Alternate number: _____

Technology I am interested in purchasing: _____

Estimated Cost of the technology: _____

Possible monthly savings (how much I can put aside each month in a savings account): _____

Mail this form to:
KATCO
625 Merchant, Suite 205
Emporia, KS 66801
Attn: AT-IDA

For Office Use Only

Date Contacted: _____

Has an Income/Expense & earned income sheet been completed: Yes _____
No _____
(if "no" send copy to be completed and returned)

Does the applicant meet the 300% or less poverty level: Yes _____ No _____

Does the applicant meet the requirements for the program: Yes _____
No _____

Is the interested party still interested:

Yes_____

No_____

Notified of Training Meeting:

Yes_____

No_____ Date:_____

Kansas AT-IDA Poverty Guideline Table

This table is to be used when calculating eligibility for the Kansas AT-IDA program. Kansas statute states that eligible participants must meet the household income guidelines of 300% poverty or less.

2007 HHS Poverty Guidelines

Persons in Family or Household	48 Contiguous States and D.C.	300%
1	\$10,210	\$30,630.00
2	13,690	\$41,070.00
3	17,170	\$51,510.00
4	20,650	\$61,950.00
5	24,130	\$72,390.00
6	27,610	\$82,830.00
7	31,090	\$93,270.00
8	34,570	\$103,710.00
For each additional person, add	3,480	

SOURCE: *Federal Register*, Vol. 72, No. 15, January 24, 2007, pp. 3147–3148

In general, one can calculate various percentage multiples of the guidelines by taking the current guidelines and multiplying each number by 1.25 for 125 percent, 1.50 for 150 percent, etc. Be aware,