

**Fiscal Year 2022**

# **Grant Application for Missouri DeafBlind Programs**

November 19, 2021

Missouri Commission for the Deaf and Hard of Hearing  
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## Missouri DeafBlind Programs Grant Application Form

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|
| COMPANY NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |              |
| AUTHORIZED SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | DATE         |
| PRINTED NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | TITLE        |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |              |
| CITY, STATE, AND ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |              |
| FEDERAL EMPLOYER ID NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |              |
| BUSINESS PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAX NUMBER | CELL PHONE   |
| E-MAIL ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |              |
| <p>SELECT GRANT APPLICATION SECTIONS</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> MO SSP Program - Northwest - \$69,130</li> <li><input type="checkbox"/> MO SSP Program - Southwest - \$24,530</li> <li><input type="checkbox"/> MO SSP Program - Central &amp; NE - \$24,530</li> <li><input type="checkbox"/> MO SSP Program - Eastern - \$80,280</li> <li><input type="checkbox"/> MO SSP Program - Southeast - \$24,530</li> <li><input type="checkbox"/> MO DB-SPIE - \$35,000</li> </ul> |            |              |
| THE BELOW SECTION IS FOR MCDHH PURPOSES ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |              |
| <p>SECTIONS AND AMOUNTS AWARDED</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> MO SSP Program - Northwest - \$</li> <li><input type="checkbox"/> MO SSP Program - Southwest - \$</li> <li><input type="checkbox"/> MO SSP Program - Central &amp; NE - \$</li> <li><input type="checkbox"/> MO SSP Program - Eastern - \$</li> <li><input type="checkbox"/> MO SSP Program - Southeast - \$</li> <li><input type="checkbox"/> MO DB-SPIE - \$</li> </ul>                                          |            |              |
| AWARDED BY MCDHH AS FOLLOWS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | DATE AWARDED |

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## **I. MCDHH Overview**

### **A. Missouri Commission for the Deaf and Hard of Hearing**

The Missouri Commission for the Deaf and Hard of Hearing (MCDHH) functions as an agency of the state to advocate for public policies, regulations, and programs to improve the quality and coordination of existing services for individuals with hearing loss, and to promote new services whenever necessary. This agency is housed within the Missouri Department of Elementary and Secondary Education (DESE).

To these ends, the Missouri Commission for the Deaf and Hard of Hearing works with individuals, service providers, businesses, organizations, and state agencies to improve the lives and opportunities of all Missourians with hearing loss.

### **B. MCDHH Legal Mandates**

Under § 161.405, RSMo (Appendix A), the MCDHH functions as an agency of the state to advocate public policies, regulations, and programs to improve the quality and coordination of existing services for Deaf and Hard of Hearing persons, and to promote new services whenever necessary.

The Commission shall:

- Promote deaf awareness to the general public and serve as a consultant to any public agency needing information regarding deafness.
- Develop a system of state certification for those individuals serving as interpreters of the deaf.
- Maintain the quality of interpreting services.
- Maintain a census of persons with a hearing loss in Missouri
- Promote the development of a plan which advocates the initiation of improved physical and mental health services for deaf Missourians.
- Conduct or make available workshops or seminars as needed for educating non-deaf individuals of the problems associated with deafness and ways by which these groups or agencies can more effectively interact with those who are deaf.
- Promote the development of services for deaf adults, such as shelter homes, independent living, skill training facilities and post-school educational training which will help provide for those deaf individuals requiring such services an opportunity to live independently.
- Establish a network for effective communication among the deaf adult community and promote the establishment of TDD relay services where needed.
- Develop and establish interpreting services for the state of Missouri.

In 2016, the Missouri Legislature passed House Bill 1696, which established 161.412, RSMo. This authorized the MCDHH to issue grants to organizations providing services to deaf-blind adults, children, and their families, subject to appropriations.

## II. Introduction & Background

### A. Grant Opportunity Introduction

MCDHH was appropriated funds from the Missouri General Assembly to offer grants for the benefit of DeafBlind Missourians. The Missouri SSP Program specifically focuses on training of support service providers (SSP) and providing direct services to DeafBlind individuals. This application constitutes as a grant opportunity to provide SSP training and services in five regional areas, and additional scholarships to promote education and independence. This grant is funded for Fiscal Year 2022 only, and future grants are contingent upon appropriated funds and successful administration and implementation of the program.

Grant applicants must develop a plan and budget that addresses all the grant requirements stated herein and submit the plan as part of the grant application packet.

### B. Definitions

**Support Service Provider (SSP):** For the purposes of this grant, an individual hired by the grantee to empower persons who are DeafBlind to be independent and make their own decisions. The SSP assists by allowing the DeafBlind person to integrate into the community with guidance, environmental information, and communication assistance.

**DeafBlind Individual:** A person who qualifies as having combined vision and hearing loss as indicated below:

1) Vision

- Vision acuity of 20/200 or less in the better eye with corrective lenses, or
- A field loss such that the peripheral diameter of visual field subtends an angular distance of no greater than 20 degrees, or
- Progressive visual loss with a prognosis leading to one or both of the above conditions; and

2) Hearing

- Chronic hearing disabilities so severe that most speech cannot be understood with optimum amplification, or
- Progressive hearing loss having a prognosis leading to the above condition.

**Service Areas:** Five geographic areas surrounding Kansas City, Springfield, Columbia, St. Louis, and Cape Girardeau, identified in Appendix B.

**Train-The-Trainer:** A model of training where qualified individuals are trained in developing the skills and knowledge needed to deliver program-required curriculum to SSPs and DeafBlind individuals.

### C. Grantee Qualifications

The grantee must be an organization, company, agency, or bureau that serves Missourians with disabilities.

Applicants must demonstrate successful experience serving Missourians with disabilities, preferably DeafBlind individuals. Applications should include the following to support their experience in the grant application:

- A description of services the applicant has provided to Missourians with disabilities—particularly DeafBlind individuals—and the number of years of experience providing such services.
- A description of programs the applicant has administered that primarily involve providing direct services to individuals with disabilities, training/education, and/or distributing funds (i.e. scholarships, grants, contracts).
- Details of successful projects by the applicant in working with DeafBlind individuals.
- A description of how the applicant can positively contribute to Missouri's DeafBlind Community.
- Any licensure, certification, and/or training related to serving DeafBlind individuals, providing training, or coordinating programs that primarily involve distributing funds.
- At least three references from organizations and/or DeafBlind individuals.

### III. Missouri SSP Program

The Missouri SSP Program consists of three phases. The grant application plan must indicate how the grantee will implement each phase. Each application must address all three phases. The phases are described in detail below.

#### 1) Phase 1: Train-The-Trainer

Grantees must provide a two-day training to any individual that will be responsible for delivering training curriculum to SSPs or DeafBlind individuals who will be receiving grant services. The training will cover the roles and responsibilities of SSPs and DeafBlind individuals, and best practices for delivering this information. An outline of the training is included in Appendix C. Participating trainers must complete the Train-The-Trainer course with a qualified Train-The-Trainer instructor, fulfill the requirements of the Missouri SSP Background Screening Policy (Appendix J), and meet at least three of the four requirements listed here:

- Experience and/or training as a teacher (i.e. preparing lessons, performing evaluations, giving feedback)
- Have a combination of vision and hearing loss, and experience using SSPs
- Have experience working as an SSP
- Credibility/Leadership in the DeafBlind Community

Trainers must also undergo an annual file review process. In the anniversary month of becoming a trainer, each trainer must have a meeting with the SSP Coordinator to review his or her file. During this meeting, the SSP Coordinator shall ensure all information is up-to-date, communicate program changes, address any concerns, and solicit feedback on the program. At this time, the SSP Coordinator may recommend additional support for the trainer, such as more one-on-one discussions or re-taking the Train-The-Trainer course. While an in-person file review is preferable, a phone call, video chat, or e-mail may suffice. If a file review is not completed within the anniversary month, trainers are not eligible to provide training until the meeting takes place.

Individuals administering Train-The-Trainer instruction must meet the following requirements:

- 10+ years of experience working with DeafBlind individuals in a professional capacity
- Extensive experience serving as an SSP
- Extensive experience in providing trainings to professionals and/or community members
- Credibility/Leadership in the DeafBlind Community

Sections of the Train-The-Trainer curriculum that relate to policies and procedures specific to the grantee organization—such as billing processes—may

be covered by a representative of the grantee organization; such an individual is not subject to the trainer requirements.

## 2) Phase 2: Training, Recruitment, and Community Education

The grantee will utilize the individuals trained through the Train-The-Trainer phase to train both SSPs and DeafBlind individuals in the awarded service area. In each group training session, at least one trainer must be a DeafBlind consumer of SSP services to ensure that this perspective is paramount in the training; this requirement may be waived for one-on-one training sessions. The grantee must determine the appropriate number of SSPs and DeafBlind individuals to train based on available funding for both training and direct services. The grantee must indicate this number of SSPs and DeafBlind individuals in the grant application plan. The grant application must also address the training plan proposed by the grantee.

The training curriculum for DeafBlind consumers is outlined in Appendix D, and for SSPs in Appendix E. SSPs and DeafBlind individuals must go through the required training before participating in an appointment through the MO SSP Program. MCDHH recommends that trainings for DeafBlind consumers and SSPs be conducted separately to ensure that the material covered is nuanced for each audience.

DeafBlind participants and SSPs must undergo an annual file review process. In the anniversary month of joining the program, each participant must have a meeting with the SSP Coordinator to review their file. During this meeting, the SSP Coordinator shall ensure all information is up-to-date, communicate program changes, address any ongoing issues, and solicit feedback on the program. At this time, the SSP Coordinator may recommend additional support for the participant, such as more one-on-one discussions or re-taking the training. While an in-person file review is preferable, a phone call, video chat, or e-mail may suffice. If a file review is not completed within the anniversary month, participants are not eligible to provide/receive services until the meeting takes place.

Group training sessions and all other SSP-related events must be scheduled and advertised in advance; MCDHH and potential trainees must be notified at least two weeks before an event occurs.

In addition to formal, curriculum-based training, this phase may also include other informational program aspects such as outreach materials and programming, recruiting, and community development that supports the Missouri SSP Program.

## 3) Phase 3: Direct Services to DeafBlind Individuals by SSPs

The grantee must determine DeafBlind individuals eligible for services through an intake application process. The intake application has been provided in Appendix F, and includes a verification section to determine the individual meets the DeafBlind criteria. In addition, the DeafBlind individual must:



- Have the capacity of giving instructions regarding service activities to the SSP;
- Be at least 15 years of age (anyone under the age of 18 will require parental consent to use the SSP service);
- Be a resident of the State of Missouri for a minimum of one year;
- Agree to follow the Missouri SSP Guidelines, as listed on Appendix G;
- Complete the DeafBlind Consumer Training curriculum (Appendix D);
- Agree to pay any incidental expenses and/or activity expenses (i.e. parking meters, bus fare, entrance fees and event tickets); and
- Grant permission for the SSP to access care for the DeafBlind individual in the event of an emergency. However, the SSP is not allowed to interpret in these emergency situations. In addition, the grantee, MCDHH, and the SSP are not responsible for medical costs.

The trained SSPs will provide direct services to trained DeafBlind individuals. The direct services include, but are not limited to:

- Relaying visual and environmental information in the person's preferred language and communication mode so the DeafBlind individual is empowered to make independent decisions;
- Serving as a human guide when walking and on public transportation, paratransit, or taxi or other hired service;
- Providing any other support that enhances independence and promotes greater community integration; and
- Abiding by the Missouri SSP Code of Professional Conduct on Appendix H.

The SSP must meet the following criteria:

- Be over 18 years of age;
- Have basic knowledge of DeafBlind culture;
- Demonstrate the skills necessary to communicate comfortably and effectively with DeafBlind individuals;
- Have access to the Internet, use of a personal email address, and working knowledge of Microsoft Word;
- Complete the SSP Training curriculum (Appendix E);
- Possess a valid driver's license and proof of auto insurance or state-issued identification; and
- Fulfill the requirements of the MO SSP Background Screening Policy (Appendix J).

A sample job description that may be used to promote and select SSPs is included as Appendix I.

The grantee must indicate in the grant application plan how they plan to coordinate direct services. The direct services program must comply with the Missouri SSP Program Guidelines (Appendix G). Additionally, the program must

include a mechanism for DeafBlind individuals to confirm the length of completed appointments to ensure that the correct payment is issued to SSPs.

The grantee must also adopt the Missouri SSP Code of Professional Conduct in Appendix H.

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#### **IV. Scholarship Program for Independence and Education (MO DB-SPIE)**

The purpose of the Missouri DeafBlind Scholarship Program for Independence and Education (MO DB-SPIE) are to supplement the MO SSP Program in a way that fulfills the intended outcomes of section 161.412, RSMo. This grant will allow DeafBlind individuals and the families of DeafBlind children to access resources that are beyond the scope of an SSP.

Proposals for MO DB-SPIE should provide the design for a scholarship program through which DeafBlind individuals and/or families of DeafBlind children can apply for funding to access resources that will allow them to develop skills toward establishing or maintaining independence. The proposal should address, at a minimum, allowable expenses to be covered by the scholarship, quantity and amounts of scholarships, details of the application process, criteria for selecting awardees, and a budget and timeline for the project. Recipients of the scholarships must be DeafBlind Missouri residents.

## V. Terms & Conditions

### A. Grant Amount by Section

The grant awards per section are listed below. The grantee may apply for one (1) section, all sections, or any combination of sections. For the MO SSP Program, preference will be given to grantees who apply for all regions; only one grantee will be awarded per region.

| <b>Section</b>  | <b>Section % (SSP)</b> | <b>Total Available</b> | <b>Minimum Program Funds Available</b> | <b>Maximum Indirect Funds Available (15%)</b> |
|-----------------|------------------------|------------------------|----------------------------------------|-----------------------------------------------|
| SSP - Northwest | 31                     | \$69,130               | \$58,760.50                            | \$10,369.50                                   |
| SSP- Eastern    | 36                     | \$80,280               | \$68,238.00                            | \$12,042.00                                   |
| SSP - Southwest | 11                     | \$24,530               | \$20,850.50                            | \$3,679.50                                    |
| SSP - Southeast | 11                     | \$24,530               | \$20,850.50                            | \$3,679.50                                    |
| SSP - Central   | 11                     | \$24,530               | \$20,850.50                            | \$3,679.50                                    |
| DB-SPIE         | N/A                    | \$35,000               | \$29,750.00                            | \$5,250.00                                    |
| <b>Total</b>    | <b>100</b>             | <b>\$258,000</b>       | <b>\$219,300</b>                       | <b>\$38,700</b>                               |

### B. Administration

The grantee will be responsible for the day-to-day operations of the programs for which it receives funding.

For the Missouri SSP Program, the grantee must recruit, train, and compensate SSPs. The grantee must promote SSP services, accept and approve intake applications from DeafBlind individuals, coordinate SSP services, monitor service hours, make payments to SSPs, and must ensure all SSPs and DeafBlind individuals meet the criteria established by the grantee.

For MO DB-SPIE, this may include tasks such as tracking spending and submitting invoices to MCDHH for reimbursement, ensuring compliance with all grant rules and policies, distributing funds to scholarship recipients, promoting availability of these new opportunities, conducting application processes, keeping required records such as background screenings and program data, and administering surveys.

The grantee may take 15% of the grant award for indirect costs and grant administration.

### C. Restrictions

Only indirect funds may be used to pay administrative or staff salaries. Administrative services performed by the grantee may be included in Budget Group A; the grantee may bill only for actual hours worked at an appropriate hourly rate.

Expenses that relate directly to the Missouri SSP Program but do not correspond with only one Phase should be included in Budget Group B. These may include, but are not limited to, website expenses and software fees. The Missouri SSP Program cannot reimburse bills for professional services unless previously approved for a one-time special circumstance. The 15% indirect rate may be used to offset such expenses. Professional services include, but are not limited to, legal, accounting, phone and internet expenses, and human resources services. Durable equipment requests may be made to MCDHH for purchase and will be loaned to the grantee for the duration of their grantee status.

SSPs and assigned DeafBlind individuals cannot be family members or someone who has had a romantic or intimate personal relationship with the DeafBlind individual.

### D. Period

The grant period is from the date of award through June 15, 2022. MCDHH reserves the right to offer three additional renewal periods up to one year in length, contingent upon appropriated funding.

### E. Award Criteria

MO SSP Program applications will be scored based on the following criteria:

| <b>Criteria</b>                           | <b>Points</b> |
|-------------------------------------------|---------------|
| Experience of the Grantee                 | 10            |
| Grant Application Plan                    | 70            |
| Budget Worksheet                          | 10            |
| Number of Region(s) (2 points per region) | 10            |
| <b>TOTAL POINTS</b>                       | <b>100</b>    |

MO DB-SPIE applications will be scored based on the following criteria:

| <b>Criteria</b>           | <b>Points</b> |
|---------------------------|---------------|
| Experience of the Grantee | 20            |
| Grant Application Plan    | 60            |
| Budget Worksheet          | 20            |
| <b>TOTAL POINTS</b>       | <b>100</b>    |

A review panel will evaluate eligible applications that address all grant requirements. If a proposal is late, significantly incomplete, or an applicant cannot establish its eligibility, the proposal will be omitted from the grant review process. The decision of MCDHH is final.

MCDHH will make grant awards within 30 calendar days of the grant application due date.

## F. Reporting Requirements

### *Monthly Invoicing & Reporting*

The grantee must submit monthly invoices based on actual expenditures to access grant funds. However, all grant funds must be invoiced prior to June 15, 2022. Each invoice must be itemized by the budget categories in the grant application. The checklist and procedures for monthly billing and tracking are listed on Appendix N. Invoices are due by the final day of the following month; for example, the November invoice is due by the end of December. Invoices returned after this deadline will forfeit reimbursement for the 15% indirect costs and grant administration.

Deadlines for May and June invoices are subject to change as is necessary for timely reimbursement by the end of the fiscal year. MCDHH will communicate these deadlines as information becomes available.

The invoice form template is included as Appendix K.

### *Annual Feedback Form*

Additionally, the grantee must conduct the consumer and SSP satisfaction surveys in Appendices L and M, and report results to MCDHH with final invoices in June 2022. The grantee may ask additional questions and/or survey consumers and SSPs on a more frequent basis if desired. **DeafBlind individuals and SSPs who do not return the feedback form in time for final June invoices will be ineligible to provide or receive services until the feedback form is completed.**

### *Monitoring*

Once the agreement is signed, the grantee will be responsible for managing the day-to-day operations the grant. As the awarding agency, MCDHH staff may monitor grants to identify potential problems and areas where technical assistance might be necessary. This active monitoring is accomplished through review of reports and correspondence from the grantee, audits, site visits, and other available information.

Applicant organizations are required to have financial systems in place to monitor their grant expenditures. An organization awarded a grant under this program shall cooperate with the MCDHH to adapt its financial system to meet the MCDHH fiscal requirements, to provide the outputs needed for reports, and other requirements. Monitoring will include both office-based monitoring and on-site monitoring visits.

During both processes, the applicant/grantee will provide MCDHH with the information and documentation necessary to evaluate the following:

- Intake and application process;
- Accuracy and timeliness of billing and service delivery;
- Records retention;
- Screening process;
- Training plan;
- Direct services program;
- Ability to maintain confidentiality;
- Marketing and outreach plan and products;
- Coordination of support services;
- Monitoring of service hours;
- Payments to SSPs; and
- Ability to ensure that all SSPs and DeafBlind meet grant criteria.

The applicant/grantee will cooperate with MCDHH if the MCDHH conducts an audit of individual SSP and DeafBlind files for:

- Correspondence with the invoices received during monthly reporting;
- Accuracy and completeness of files and records;
- Timeliness of payments and service delivery;
- Grievances and complaints, as well as resolution of these issues; and
- Confidentiality of records.

Checklists for on-site monitoring visits will be sent out at least two weeks in advance of any on-site visit.

#### *Records Retention*

The grantee shall retain and maintain all records pertaining to this grant for a period of no less than three years from the closing date of the grant year. All records should be retained in a condition that they can be reviewed by MCDHH staff, should the need arise during that time. Please remember that these records are always confidential.

#### G. Grant Terms

##### *Termination*

DESE and/or MCDHH reserves the right to terminate the grant at any time, for the convenience of the Department, without penalty or recourse, by giving written notice to the grantee at least thirty (30) calendar days prior to the effective date of such termination.

##### *Grantee Liability*

The grantee shall be responsible for any and all injury or damage as a result of the grantee's negligence involving any equipment or service provided under the terms and conditions, requirements and specifications of the grant. In addition to the liability imposed upon the grantee on account of personal injury, bodily injury (including death), or property damage suffered as a result of the grantee's negligence, the grantee assumes the obligation to save DESE, MCDHH, employees and assignees of DESE or MCDHH, from every expense, liability, or payment arising out of such negligent act. The grantee also agrees to hold DESE, MCDHH, including their employees, and assignees, harmless for any negligent act or omission committed by any subcontractor or other person employed by or under the supervision of the grantee under the terms of the grant.

#### *Insurance*

The grantee shall understand and agree that DESE cannot save and hold harmless and/or indemnify the grantee or employees against any liability incurred or arising as a result of any activity of the grantee or any activity of the grantee's employees related to the grantee's performance under the grant. Therefore, the grantee must acquire and maintain adequate liability insurance in the form(s) and amount(s) sufficient to protect DESE, MCDHH, their employees, their clients, and the general public against any such loss, damage and/or expense related to his/her performance under the grant.

#### *Grantee Status*

The grantee represents himself or herself to be an independent grantee offering such services to the general public and shall not represent himself/herself or his/her employees to be an employee of the DESE or MCDHH. Therefore, the grantee shall assume all legal and financial responsibility for taxes, FICA, employee fringe benefits, workers compensation, employee insurance, minimum wage requirements, overtime, etc., and agrees to indemnify, save, and hold the department, its officers, agents, and employees, harmless from and against, any and all loss; cost (including attorney fees); and damage of any kind related to such matters.

#### H. Application Submission Instructions

A hard-copy submission must include an original signature of the authorized institutional official. Additional proposals may be submitted electronically as a Word document, PDF file, or via fax. Submission formatting guidelines are detailed on Appendix O. All grant applications must be received by MCDHH by 9 a.m. on November 30, 2021. Incomplete applications will not be considered. Proposals should be mailed or delivered to:

Missouri Commission for the Deaf and Hard of Hearing  
3216 Emerald Lane, Suite B  
Jefferson City, MO 65109

Cathee.Wolford@mcdhh.mo.gov  
Fax: (573) 526-5209



## APPENDIX A: RSMo. 161.412

Effective 28 Aug 2016  
Title XI EDUCATION AND LIBRARIES

### Chapter 161

#### **161.412. Issuance of grants to deaf-blind adults and children and their families. –**

1. Subject to appropriations, the Missouri commission for the deaf and hard of hearing shall provide grants to:

- (1) Organizations that provide services for deaf-blind children and their families. Such services may include providing family support advocates to assist deaf-blind children in participating in their communities and family education specialists to teach parents and siblings skills to support the deaf-blind children in their family;
- (2) Organizations that provide services for deaf-blind adults. Such grants shall be used to provide assistance to deaf-blind adults who are working towards establishing and maintaining independence, and
- (3) Organizations that train support service providers. Such grants shall be used to provide training that will lead to certification of support service providers in Missouri.

2. The commission shall use a request-for-proposal process to award the grants in this section. Organizations that receive grants under this section may expand the grant for any purpose authorized in this section. The total amount of grants provided under this section shall not exceed three hundred thousand dollars annually.

(L. 2016 H.B. 1696)

## APPENDIX B: Service Area Regions Map

This is a text-only list of counties by service region. The following page includes a color-coded map to show the location of each region.

### Central/Northeastern Region

- Adair
- Audrain
- Boone
- Callaway
- Carroll
- Chariton
- Clark
- Cole
- Cooper
- Grundy
- Howard
- Knox
- Lewis
- Linn
- Livingston
- Macon
- Marion
- Mercer
- Moniteau
- Monroe
- Osage
- Pike
- Putnam
- Ralls
- Randolph
- Saline
- Schuyler
- Scotland
- Shelby
- Sullivan

### Southwest Region

- Barton
- Barry
- Camden
- Cedar
- Christian
- Dade
- Dallas
- Douglas
- Greene
- Hickory
- Jasper
- Laclede
- Lawrence
- McDonald
- Miller
- Morgan
- Newton
- Ozark
- Polk
- St. Clair
- Stone
- Taney
- Vernon
- Webster
- Wright

### Southeast Region

- Bollinger
- Butler
- Cape Girardeau
- Carter
- Crawford
- Dent
- Dunklin
- Howell
- Iron
- Madison
- Maries
- Mississippi
- New Madrid
- Oregon
- Pemiscot
- Perry
- Phelps
- Pulaski
- Reynolds
- Ripley
- Shannon
- Ste. Genevieve
- St. Francois
- Scott
- Stoddard
- Texas
- Washington
- Wayne

### Northwest Region

- Andrew
- Atchison
- Bates
- Benton
- Buchanan
- Caldwell
- Cass
- Clay
- Clinton
- Daviess
- DeKalb
- Gentry

- Harrison
- Henry
- Holt
- Jackson

- Johnson
- Lafayette
- Nodaway
- Pettis

- Platte
- Ray
- Worth

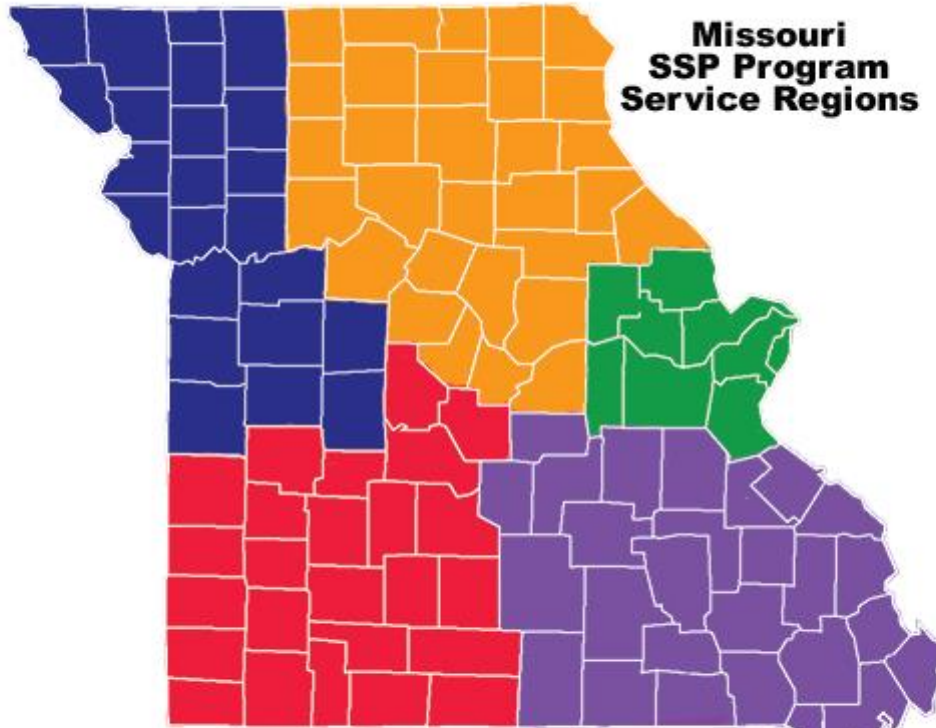
**Eastern Region**

- Franklin
- Gasconade
- Jefferson

- Lincoln
- Montgomery
- St. Charles

- St. Louis
- St. Louis City
- Warren

## Missouri SSP Program Service Regions



### Central/NE Region

Adair  
Audrain  
Boone  
Callaway  
Carroll  
Chariton  
Clark  
Cole  
Cooper  
Grundy  
Howard  
Knox  
Lewis  
Linn  
Livingston  
Macon  
Marion  
Mercer  
Moniteau  
Monroe  
Osage  
Pike  
Putnam  
Ralls  
Randolph  
Saline  
Schuyler  
Scotland  
Shelby  
Sullivan

### SW Region

Barton  
Barry  
Camden  
Cedar  
Christian  
Dade  
Dallas  
Douglas  
Greene  
Hickory  
Jasper  
Laclede  
Lawrence  
McDonald  
Miller  
Morgan  
Newton  
Ozark  
Polk  
St. Clair  
Stone  
Taney  
Vernon  
Webster  
Wright

### SE Region

Bollinger  
Butler  
Cape Girardeau  
Carter  
Crawford  
Dent  
Dunklin  
Howell  
Iron  
Madison  
Marion  
Mississippi  
New Madrid  
Oregon  
Pemiscot  
Perry  
Phelps  
Pulaski  
Reynolds  
Ripley  
Shannon  
St. Genevieve  
St. Francois  
Scott  
Stoddard  
Texas  
Washington  
Wayne

### NW Region

Andrew  
Atchison  
Bates  
Benton  
Buchanan  
Caldwell  
Cass  
Clay  
Clinton  
Daviess  
DeKalb  
Gentry  
Harrison  
Henry  
Holt  
Jackson  
Johnson  
Lafayette  
Nodaway  
Pettis  
Platte  
Ray  
Worth

### Eastern Region

Franklin  
Gasconade  
Jefferson  
Lincoln  
Montgomery  
St. Charles  
St. Louis  
St. Louis City  
Warren

## **APPENDIX C: Train-The-Trainer Curriculum Outline**

Recommended duration: 2 days (16 hours)

1. The Diverse DeafBlind Community
  - a. Causes
  - b. Onset of Vision and Hearing Loss
  - c. Cultural Comparisons
  - d. Communication modes
  - e. Identity with DeafBlind Community or other community
  - f. Terminology
  - g. Exposure to Technology used by DeafBlind People
2. Role of the SSP
  - a. Definition
  - b. 4 Key Responsibilities
  - c. Parameters of Services & Professional Boundaries
  - d. Types of SSP Activities
  - e. Role Distinction Between Interpreter, SSP, and Intervener
3. Prioritizing Visual Information
  - a. Group Settings
  - b. New Situations
  - c. Mood
  - d. Meals/Menus
  - e. How Much is Too Much
4. Cultural Comparison
  - a. Deaf/DeafBlind/Hearing/Blind
  - b. Social Norms, Behaviors
  - c. Possible Cultural Conflicts
  - d. DeafBlind Cultural Sensitivity
5. Safe Guide Techniques
  - a. Techniques
  - b. Practice
  - c. Use of Different Occluders
6. Train-the-Trainer
  - a. Communication Ground Rules
  - b. Group Dynamics
  - c. Managing Time
  - d. Dealing with SSP Fear
  - e. Simulation Activities
  - f. Ethical Considerations
  - g. Training DeafBlind Consumers
7. Review of SSP Program
  - a. Guidelines (Appendix F)
  - b. Code of Professional Conduct
  - c. MO SSP Law
  - d. Emergency Situations

## **APPENDIX D: DeafBlind Consumer Training Curriculum Outline**

Recommended duration: 8 hours

Minimum duration: 4 hours

1. Role of the SSP
  - a. Definition
  - b. 4 Key Responsibilities
  - c. Parameters of Services & Professional Boundaries
  - d. Types of SSP Activities
  - e. Role Distinction Between Interpreter, SSP, and Intervener
  
2. Role Play
  - a. Empowerment (responsible to make own decisions)
  - b. Requesting Visual/Environmental Information
  - c. How to Select/Schedule an SSP
  - d. Situational Practice
  
3. Review of SSP Program
  - a. Guidelines (Appendix G)
  - b. Code of Professional Conduct
  - c. MO SSP Law
  - d. Emergency Situations
  
4. Grantee's SSP Policies and Procedures

## **APPENDIX E: SSP Training Curriculum Outline**

Recommended duration: 8 hours

Minimum duration: 4 hours

1. The Diverse DeafBlind Community
  - a. Causes
  - b. Onset of Vision and Hearing Loss
  - c. Cultural Comparisons
  - d. Communication modes
  - e. Identity with DeafBlind Community or other community
  - f. Terminology
  - g. Exposure to Technology used by DeafBlind People
2. Role of the SSP
  - a. Definition
  - b. 4 Key Responsibilities
  - c. Parameters of Services & Professional Boundaries
  - d. Types of SSP Activities
  - e. Role Distinction Between Interpreter, SSP, and Intervener
3. Prioritizing Visual Information
  - a. Group Settings
  - b. New Situations
  - c. Mood
  - d. Meals/Menus
  - e. How Much is Too Much
4. Cultural Comparison
  - a. Deaf/DeafBlind/Hearing/Blind
  - b. Social Norms, Behaviors
  - c. Possible Cultural Conflicts
  - d. DeafBlind Cultural Sensitivity
5. Safe Guide Techniques
  - a. Techniques
  - b. Practice
  - c. Use of Different Occluders
6. Review of SSP Program Rules
  - a. Guidelines (Appendix G)
  - b. Code of Professional Conduct
  - c. Job Description
  - d. MO SSP Law
  - e. What to Do in Emergency
7. Grantee's SSP Policies and Procedures





**SECTION 3: Professional Certification**

A professional must sign this portion of the application. By signing below, you certify that you have direct knowledge that the applicant's disability meets the following criteria for vision AND hearing:

**Vision**

- Vision acuity of 20/200 or less in the better eye with corrective lenses, or
- A field loss such that the peripheral diameter of visual field subtends an angular distance of no greater than 20 degrees, or
- Progressive visual loss with a prognosis leading to one or both of the above conditions.

**Hearing**

- Chronic hearing disabilities so severe that most speech cannot be understood with optimum amplification, or
- Progressive hearing loss having a prognosis leading to the above condition.

**Which best describes your professional role with the applicant?**

- |                                                                |                                                 |
|----------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Doctor                                | <input type="checkbox"/> Audiologist            |
| <input type="checkbox"/> Ophthalmologist/Low Vision Specialist | <input type="checkbox"/> Rehabilitation Teacher |
| <input type="checkbox"/> HKNC Regional Representative          | <input type="checkbox"/> Voc Rehab Counselor    |

**My attestation of the applicant's vision and hearing loss is based on:**

\_\_\_\_\_

\_\_\_\_\_

**Professional Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name and Title:** \_\_\_\_\_

**License/Certificate Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**SECTION 4: Personal Profile**

**Which best describes your level of hearing?**

- Deaf  Hard of Hearing  
 Late-Deafened  Can understand speech

More details, if needed: \_\_\_\_\_

**Which best describes your vision loss?**

- Blind  
Low Vision (pick one):  Close Vision  Tunnel Vision

More details, if needed: \_\_\_\_\_

**Which of the following communication methods do you prefer to use?  
Check all that apply.**

- American Sign Language (ASL)  
 Signed Exact English (SEE)  
 Pidgin Signed English (PSE)  
 High Visual Communication Skills (HVCS)/(MLS)  
 Tactile Sign Language  
 Close-Vision Sign Language  
 Spoken English  
 Other Spoken Language: \_\_\_\_\_  
 Other Signed Language: \_\_\_\_\_  
 Other: \_\_\_\_\_

**How do you read? Check all that apply.**

- Regular print  
 Large print  
 Braille grade 1 (uncontracted)  
 Braille grade 2 (contracted)  
 Computer Braille  
 Electronic/Screen Reader

**SECTION 5: Applicant Signature and Information Release**

**The above facts are true and complete to the best of my knowledge. I authorize [grantee organization] to release my application information and personal profile to my SSPs. I authorize [grantee organization] to send my personal profile to Missouri Commission for the Deaf and Hard of Hearing for the purpose of evaluating the Missouri SSP Grant Program.**

---

**Applicant OR Guardian Signature (if under 18 years old)**

**Date**

## APPENDIX G: MO SSP Program – Program Guidelines

1. **ALLOWED SSP ACTIVITIES:** An SSP empowers persons who are DeafBlind to be independent and make their own decisions. The SSP assists by allowing the DeafBlind person to integrate into the community with guidance, environmental information, and communication assistance. The following are examples of things that SSPs may and may not do for DeafBlind individuals in alignment with the spirit of this definition of an SSP:

SSPs may:

- Provide environmental information
- Assist with transportation
- Support communication

SSPs may not:

- Interpret
- Teach
- Clean or do other household chores
- Help to physically move boxes and furniture to a new place
- Assist with transportation to a destination that does not involve an SSP appointment
- Run errands on behalf of the DeafBlind person
- Provide personal care services (bathing, cooking, etc.)
- Leave pets/guide dogs unattended inside a vehicle

2. **REQUESTING AN SSP:** The DeafBlind consumer must contact the coordinating organization and/or their preferred SSP for an appointment with ample advance notice, as determined by the organization's individual policy. The organization is responsible for letting a DeafBlind consumer know in a timely manner if they are unable to fulfill the request.
3. **CANCELLATION:** It is the responsibility of the DeafBlind consumer to contact the coordinating agency and/or the SSP as soon as possible in the event of a cancellation, following the procedures of the coordinating agency. MCDHH requires a 24-hour notice to cancel an SSP. Cancellations made less than 24 hours in advance will be considered a no-show (see #4).
4. **NO-SHOWS:** SSP appointments canceled within 24 hours of the scheduled time, or if an SSP arrives on time for the appointment and the DeafBlind consumer is not available, the appointment time is still factored into the DeafBlind consumer's service usage for the month. The coordinating organization reserves the right to suspend services to a DeafBlind individual who has excessive no-shows. An SSP will still be paid the full rate of the appointment in the event of a DeafBlind consumer's no-show.
5. **EMERGENCIES:** In the event of an emergency, such as an accident or serious illness, the SSP has the right to call for emergency services. Neither the SSP nor the DeafBlind individual may hold MCDHH responsible for any costs related to the emergency, including medical bills. SSPs are not responsible for interpreting, even in emergencies.

6. COSTS: SSPs will be compensated for their time through this grant program; it is the responsibility of the DeafBlind person to cover other fees associated with the appointment for both themselves and the SSP, such as admission fares. The DeafBlind individual should NOT be giving an SSP additional payment, such as tips or gifts.
7. MUTUAL RESPECT: The following behaviors will not be tolerated amongst DeafBlind consumers, grantees and program coordinators:
  - verbal abuse and/or inappropriate language;
  - physical abuse;
  - sexual/romantic advances or suggestive language; and/or
  - any behavior that makes the individual feel uncomfortable or threatened.
8. DRUGS AND ALCOHOL: SSPs and DeafBlind consumers shall not be under the influence of drugs during an SSP appointment; SSPs shall also not consume alcohol directly before or during an SSP appointment. If this guideline is not followed, the involved person(s) are to leave the situation as quickly and safely as possible and immediately notify the organization's program coordinator. These incidents must be reported to MCDHH staff, who will evaluate the situation on a case-by-case basis. The outcome may or may not include termination from the Missouri SSP Program, depending on the severity of the offense. DeafBlind consumers who wish to consume alcohol during an appointment should consult with their SSP prior to the appointment and develop a plan to ensure that they will be capable of maintaining a standard of safety and independent decision-making throughout the appointment.
9. CONFIDENTIALITY AND PRIVACY: All activities during an SSP appointment and contents of a DeafBlind individual's file must be kept confidential by the SSP and the program coordinators. All personal information and personal affairs of the DeafBlind consumer should be confidential. Likewise, DeafBlind individuals should respect the privacy of their SSPs by not asking probing, personal questions or sharing information provided in confidence.
10. BREAKS: SSPs must be allowed to take breaks during appointments. The DeafBlind consumer must approve the timing of these breaks. Length and number of breaks may vary depending on what is reasonable for the nature of the appointment. At a minimum, an SSP must be allowed a 15-minute break for every four hours of work.
11. FAMILY MEMBERS: The relationship between an SSP and a DeafBlind consumer should be professional in nature. Therefore, funds through the Missouri SSP Program cannot be used for DeafBlind consumers to receive SSP services from their family members, romantic/intimate partners, or former romantic/intimate partners.
12. GRIEVANCES: Grievances regarding the Missouri SSP Program should first be taken to the coordinating organization to attempt resolution. If the issue cannot be solved, then it should be brought to the attention of MCDHH. Each grantee organization should have a clear grievance policy explained to both SSPs and DeafBlind participants during training.
13. STANDBY PERIODS: Depending on the nature of the appointment, there may be times when an SSP is not actively providing service to the DeafBlind consumer. For example, an SSP may be

asked to sit in a waiting room while the DeafBlind individual is having a medical examination. SSPs will receive compensation for these periods. Appointments that are expected to consist of 2 or more hours of standby time or where over half of the appointment requires the SSP to be on standby should be reviewed by the grantee's program coordinator to ensure that program funds are being used appropriately.

14. MOBILITY AND ACCESSIBILITY: In order to request or accept a particular job, SSPs and DeafBlind consumers should consider their own mobility and accessibility needs in the context of the physical requirements of the appointment. If the DeafBlind individual needs to touch the SSP for walking and balance, this is generally appropriate; however, if the DeafBlind individual is leaning on the SSP for support, this is outside of the SSP's area of expertise and scope of duties. Concerns about mobility and accessibility should be discussed between the organization's program coordinator, the SSP, and the DeafBlind consumer. Unresolved discussions should be brought to MCDHH for consideration.
15. SSP-TO-DEAFBLIND SERVICE RATIO: An SSP may serve multiple DeafBlind individuals at once, on a case-by-case basis, if the DeafBlind consumers, SSPs, and coordinator involved are all comfortable with the situation. In such situations, the SSP shall be paid time and a half, and the DeafBlind consumers will split the service hours evenly.
16. TRAVEL TIME AND MILEAGE: SSPs may bill for assignments portal-to-portal. This means that their transportation time to and from an assignment is to be paid at the full rate an SSP is paid. No additional mileage reimbursement will be paid by the grantee or the DeafBlind consumer for SSP assignments. An SSP's travel time to and from an assignment will not be counted toward a DeafBlind consumer's hours; the DeafBlind consumer's hours are counted from the time the SSP arrives at their location until the time they depart. Other events besides SSP appointments may be eligible for mileage reimbursement; in these cases, the grantee should honor the current rate set by the State of Missouri. With each monthly invoice, please notate the breakdown between portal-to-portal transportation time and direct service provision. For example, if an SSP billed for 5 hours of time but had to drive 30 minutes each way to get to and from the DeafBlind consumer, note that 1/5 hours was for portal-to-portal transportation.
17. TRANSPORTATION POLICY: SSPs may not transport DeafBlind individuals in their personal vehicles. This could create a liability issue for the SSP, the grantee, and the State of Missouri. DeafBlind individuals may use their service hours towards using an SSP for navigating public transportation, ridesharing, or similar methods so long as they are going to or from an otherwise eligible SSP appointment.
18. COVID-19 POLICY: All SSPs and DeafBlind individuals must follow applicable local, state, and federal mandates related to COVID-19. If a DeafBlind individual or SSP has tested positive for COVID-19, is awaiting COVID-19 test results, has symptoms of the virus, or has come into contact with someone who has COVID-19 within the last two weeks, they should evaluate the SSP appointment on a case-by-case basis with the program coordinator to ensure that all parties involved are comfortable and prepared to minimize the potential for viral transmission.
19. LANGUAGE AND COMMUNICATION: SSPs CANNOT interpret for a DeafBlind consumer during an SSP appointment, even if the SSP is certified and licensed to interpret in Missouri. SSPs may help to facilitate brief, casual communication. The DeafBlind consumer is

responsible for arranging for sign language interpreters when necessary (i.e. for a medical appointment, the DeafBlind individual, not the SSP, is responsible for requesting an interpreter from the hospital). All interpreters used for the SSP Program must be certified and licensed to practice in Missouri. English-to-English “re-voicing” does not fall within MCDHH’s jurisdiction or definition of interpreting. However, the State Committee of Interpreters does consider sign-to-sign copying or mirroring to be a form of interpreting, therefore requiring a certified and licensed interpreter.

## **APPENDIX H: Missouri SSP Code of Professional Conduct**

All grantees and SSPs involved in the Missouri SSP Program must adhere to the following:

- SSPs shall provide services that respect the privacy, integrity and confidentiality of Missouri's DeafBlind citizens.
- SSPs shall treat DeafBlind individuals with respect and dignity, and accept the DeafBlind individual as the experts regarding their own life experiences.
- SSPs shall assume personal responsibility for furthering their knowledge and training to improve their SSP skills, their understanding of the DeafBlind experience and their communication/language skills.
- SSPs shall provide a professional level of service consistent with current best practices and within one's area of expertise and qualifications.
- SSPs shall follow through on commitments, and are dependable and punctual.
- SSPs should wear attire that corresponds with the assignment and meets the visual needs of the DeafBlind individual.
- To ensure impartiality, SSPs shall not provide services when there may be a conflict of interest.

Breaches of this Code of Professional Conduct will result in possible removal from any and all Missouri SSP Program activities, and can result in legal action if warranted.



## **APPENDIX I: SAMPLE: Missouri SSP Job Description**

### **POSITION DESCRIPTION**

The role of an SSP is to empower the person who is DeafBlind to be independent and make their own decisions. The SSP assists by allowing the DeafBlind person to integrate into the community with guidance and communication assistance.

### **RESPONSIBILITIES:**

- Assist with guidance and safety;
- Relay visual and environmental information;
- Facilitate communication;
- Provide transportation assistance;
- Provide access to information so that the DeafBlind person is empowered to make independent decisions;
- Abide by MCDHH's SSP Code of Professional Conduct;
- Attend and satisfactorily complete required SSP training;
- Participate in program evaluations; and
- Comply with Missouri's SSP policies and procedures.

### **SSPs CANNOT:**

- Interpret;
- Teach;
- Do household chores;
- Physically lift or move objects;
- Run errands without physically being accompanied by the DeafBlind person;
- Provide personal care services (bathing, cooking, grooming, dispensing medication, etc.); and
- Bring their own friend or family member during an appointment with the DeafBlind person.

### **QUALIFICATIONS:**

- Be over 18 years of age;
  - Have basic knowledge of DeafBlind culture;
  - Demonstrate the skills necessary to communicate comfortably and effectively with DeafBlind individuals;
  - Have access to the Internet, use of a personal email address, and a working knowledge of Microsoft Word;
  - Possess a valid driver's license and proof of auto insurance or state-issued identification; and
- Fulfill the requirements of the MO SSP Background Screening Policy (Appendix J).

## APPENDIX J: MO SSP Program Background Screening Policy

Anyone acting as an SSP or a trainer in the Missouri SSP Program is required to disclose any felony or misdemeanor guilty plea, plea of nolo contendere, findings of guilt, or convictions in Missouri or any other state or jurisdiction. Grantees must have a fingerprint check conducted through the Missouri State Highway Patrol's approved vendor for all SSPs and trainers.

A trainer or SSP cannot work under the Missouri SSP Program if he or she has pleaded guilty to, entered a plea of nolo contendere to, or been found guilty of any of the following offenses or offenses of a similar nature established under the laws of this, any other state, the United States, or any other country, notwithstanding whether sentence is imposed:

- Any dangerous felony as defined under section 556.061(19), RSMo, or murder in the first degree, which states:  
"Dangerous felony", the felonies of arson in the first degree, assault in the first degree, attempted rape in the first degree if physical injury results, attempted forcible rape if physical injury results, attempted sodomy in the first degree if physical injury results, attempted forcible sodomy if physical injury results, rape in the first degree, forcible rape, sodomy in the first degree, forcible sodomy, assault in the second degree if the victim of such assault is a special victim as defined in subdivision (14) of section 565.002, kidnapping in the first degree, kidnapping, murder in the second degree, assault of a law enforcement officer in the first degree, domestic assault in the first degree, elder abuse in the first degree, robbery in the first degree, statutory rape in the first degree when the victim is a child less than twelve years of age at the time of the commission of the act giving rise to the offense, statutory sodomy in the first degree when the victim is a child less than twelve years of age at the time of the commission of the act giving rise to the offense, child molestation in the first or second degree, abuse of a child if the child dies as a result of injuries sustained from conduct chargeable under section 568.060, child kidnapping, parental kidnapping committed by detaining or concealing the whereabouts of the child for not less than one hundred twenty days under section 565.153, and an "intoxication-related traffic offense" or "intoxication-related boating offense" if the person is found to be a "habitual offender" or "habitual boating offender" as such terms are defined in section 577.001
- Any of the following sexual offenses: rape, statutory rape in the first degree, statutory rape in the second degree, sexual assault, forcible sodomy, statutory sodomy in the first degree, statutory sodomy in the second degree, child molestation in the first degree, child molestation in the second degree, deviate sexual assault, sexual misconduct involving a child, sexual misconduct in the first degree, sexual abuse, enticement of a child, or attempting to entice a child;
- Any of the following offenses against the family and related offenses: incest, abandonment of a child in the first degree, abandonment of a child in the second degree, endangering the welfare of a child in the first degree, abuse of a child, using a child in a sexual performance, promoting sexual performance by a child, or trafficking in children; and
- Any of the following offenses involving child pornography and related offenses: promoting obscenity in the first degree, promoting obscenity in the second degree when the penalty is enhanced to a class D felony, promoting child pornography in the first degree, promoting child pornography in the second degree, possession of child pornography in the first degree, possession of child pornography in the second degree, furnishing child pornography to a

minor, furnishing pornographic materials to minors, or coercing acceptance of obscene material.

The MCDHH, at its sole discretion, may deny an SSP, or SSP Trainer participation in this grant program that has a misdemeanor or a felony offense. Except for the offenses listed above, the MCDHH may, at its sole discretion, approve an SSP or an SSP Trainer found to have misdemeanor and/or felony offenses to provide services under the grant, if the MCDHH determines, under the facts presented, that the individual does not pose a serious threat to the health, safety, and/or welfare of the public and/or the DeafBlind individuals to be served. The proposed SSP or SSP Trainer shall provide whatever information the MCDHH deems necessary in making its evaluation, or be subject to denial on the basis of failing to provide such information.

These requirements do not prohibit the grantee from implementing additional screening procedures, such as background checks and drug testing, as they see fit, or from having more stringent requirements regarding the SSPs and/or SSP Trainers employed by the grantee. In addition, approval of an individual to receive payment through this grant program does not constitute a recommendation or warranty of a person's character and/or fitness for any services to be provided as an SSP or an SSP Trainer.

### APPENDIX K: Monthly Invoice Form

Complete the invoice form for each proposed region. List itemized expenses for each phase of the scope of work. Insert more rows as needed.

**SECTION:**

- |                                                  |                                               |
|--------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Northwest - \$69,130    | <input type="checkbox"/> Eastern - \$80,280   |
| <input type="checkbox"/> Southwest - \$24,530    | <input type="checkbox"/> Southeast - \$24,530 |
| <input type="checkbox"/> Central & NE - \$24,530 | <input type="checkbox"/> DB-SPIE - \$35,000   |

| PHASE I: TRAIN-THE-TRAINER                                             | AMOUNT |
|------------------------------------------------------------------------|--------|
|                                                                        |        |
|                                                                        |        |
| PHASE II: TRAINING, RECRUITMENT, AND COMMUNITY EDUCATION               | AMOUNT |
|                                                                        |        |
|                                                                        |        |
| INDIRECT (up to 15% of grant award amount)                             |        |
| <b>TOTAL TRAINING EXPENSES (not to exceed grant amount for region)</b> |        |

| PHASE III: DIRECT SERVICES TO DEAFBLIND INDIVIDUALS BY SSPS                   | AMOUNT |
|-------------------------------------------------------------------------------|--------|
|                                                                               |        |
|                                                                               |        |
| INDIRECT (up to 15% of grant award amount)                                    |        |
| <b>TOTAL DIRECT SERVICES EXPENSES (not to exceed grant amount for region)</b> |        |

| GROUP A: ADMINISTRATIVE SERVICES                                                      | AMOUNT |
|---------------------------------------------------------------------------------------|--------|
|                                                                                       |        |
|                                                                                       |        |
| INDIRECT (up to 15% of grant award amount)                                            |        |
| <b>TOTAL ADMINISTRATIVE SERVICES EXPENSES (not to exceed grant amount for region)</b> |        |

| GROUP B: GENERAL EXPENSES                                             | AMOUNT |
|-----------------------------------------------------------------------|--------|
|                                                                       |        |
|                                                                       |        |
| INDIRECT (up to 15% of grant award amount)                            |        |
| <b>TOTAL GENERAL EXPENSES (not to exceed grant amount for region)</b> |        |

| DB-SPIE                                                    | AMOUNT |
|------------------------------------------------------------|--------|
|                                                            |        |
|                                                            |        |
| INDIRECT (up to 15% of grant award amount)                 |        |
| <b>TOTAL DB-SPIE EXPENSES (not to exceed grant amount)</b> |        |

Total: \_\_\_\_\_

## **APPENDIX L: DeafBlind Consumer Feedback Form**

The following questions must be included on the annual survey for DeafBlind consumers. The grantee may release this questionnaire in as many formats as it chooses and may add additional questions as they see fit.

### Section 1: Geographic Information

County of Residence

Do you have access to a public transportation stop within one mile of your home (i.e. bus, shuttle, metro)? Options: Yes, No

### Section 2: Demographic Information

Which best describes your level of hearing? Check all that apply. Options: Deaf, Late-Deafened, Hard of Hearing, Can understand speech, other: Please describe

Which best describes your vision loss? Check all that apply. Options: Blind, Low Vision, Close Vision, Tunnel Vision, Other: Please describe

Which of the following types of communication do you prefer to use? Check all that apply. Options: Visual Sign Language, Tactile Sign Language, Pro-tactile, Spoken English, Other Spoken Language, Other Signed Language, Other

How do you read? Check all that apply. Options: Regular print, Large print, Braille grade 1 (uncontracted), Braille grade 2 (contracted), Computer Braille, Electronic methods and/or Assistive Technology

### Section 3: SSP Services Received

On average, how long are your appointments with your SSP? Select one: Less than 1 hour, 1-2 hours, 2-4 hours, 4-8 hours, Longer than 8 hours

How many appointments do you make with your SSP per month?

Please select 3 services you use your SSP for the most, choosing up to 3 options: Medical appointments, Community activities/events, Education, Reading/filling out paperwork, Daily errands (i.e. groceries), Employment, Recreation, Transportation

### Section 4: Program Satisfaction

Do you believe your training through the Missouri SSP Program prepared you for SSP appointments? What part of the training was most important? What would you change about the training?

Do you believe the SSPs you worked with this year received enough training to prepare for SSP appointments? What additional things do you wish SSPs were trained on?

What changes do you wish to see with the Missouri SSP Program in the future?

If the MO SSP Program is available next year, would you be interested in applying for continued services? Circle one: Yes, No

How likely is it that you would recommend the MO SSP Program to a friend or colleague? Scale of 0-10

### Section 5: Program Testimony

By responding to this section, you authorize the Missouri Commission for the Deaf and Hard of Hearing to use quotations or summaries from your answers to promote future funding and support for the Missouri SSP Program. If you do not wish for your feedback to be used, even if anonymously, do not participate in this section of the survey. Please describe the impact the Missouri SSP Program has had on your life.

Would you be interested in any of the following? Check all that apply: Writing testimony about the MO SSP Program, Giving recorded testimony about the MO SSP Program (spoken), Giving recorded testimony about the MO SSP Program (signed), Attending hearings related to funding for the MO SSP Program, Giving testimony at hearings related to the MO SSP Program, Meeting with your legislators about the MO SSP Program

If you would like more information about any of the opportunities previously listed, please provide your name and contact information below. This section will be filed separately from the rest of the satisfaction survey to ensure that your other answers are not personally identifiable. Name, Best Way to Contact.

## APPENDIX M: SSP Feedback Form

The following questions must be included on the annual survey for SSPs. The grantee may release this questionnaire in as many formats as it chooses and may add additional questions as they see fit.

### Section 1: Geographic Information

County of Residence

### Section 2: Demographic Information

Which best describes your level of hearing? Check all that apply. Options: Deaf, Late-Deafened, Hard of Hearing, Can understand speech, Other: Please describe

Which of the following types of communication do you prefer to use? Check all that apply. Options: Visual Sign Language, Tactile Sign Language, Protactile, Spoken English, Other Spoken Language, Other Signed Language, Other

### Section 3: SSP Services Performed

On average, how long are your appointments with a DeafBlind consumer? Select one: Less than 1 hour, 1-2 hours, 2-4 hours, 4-8 hours, Longer than 8 hours

How many appointments through the Missouri SSP Program do you work per month?

Please select 3 services you do most in your work as an SSP, choosing up to 3: Medical appointments, Community activities/events, Education, Reading/filling out paperwork, Daily errands (i.e. groceries), Employment, Recreation, Transportation

Did you serve as an SSP prior to the Missouri SSP Program's establishment? Options: Yes, No

Do you currently serve as an SSP outside of the Missouri SSP Program? Select all that apply. Options: Yes, as a paid service provider; Yes, as a volunteer; Yes, as a family member; No, I only serve as an SSP through the Missouri SSP Program

Are you employed outside of the Missouri SSP Program? Select all that apply. Options: Yes, I work full-time as \_\_\_\_; Yes, I work part-time as \_\_\_\_; Yes, I am a sign language interpreter; Yes, I am an independent contractor or self-employed as \_\_\_\_; No, I do not have other employment; Other \_\_\_\_

### Section 4: Program Satisfaction

Do you believe your training through the Missouri SSP Program prepared you for SSP appointments? What part of the training was most important? What would you change about the training?

Do you believe the DeafBlind consumers you worked with this year received enough training to prepare for SSP appointments? What additional things do you wish DeafBlind consumers were trained on?

What changes do you wish to see with the Missouri SSP Program in the future?

If the MO SSP Program is available next year, would you be interested in continuing to work as an SSP? Circle one: Yes, No

How likely is it that you would recommend the MO SSP Program to a friend or colleague? Scale of 0-10

### Section 5: Program Testimony

By responding to this section, you authorize the Missouri Commission for the Deaf and Hard of Hearing to use quotations or summaries from your answers to promote future funding and support for the Missouri SSP Program. If you do not wish for your feedback to be used, even if anonymously, do not participate in this section of the survey. Please describe the impact the Missouri SSP Program has had on your life.

Would you be interested in any of the following? Check all that apply: Writing testimony about the MO SSP Program, Giving recorded testimony about the MO SSP Program (spoken), Giving recorded testimony about the MO SSP Program (signed), Attending hearings related to funding for the MO SSP Program, Giving testimony at hearings related to the MO SSP Program, Meeting with your legislators about the MO SSP Program

If you would like more information about any of the opportunities previously listed, please provide your name and contact information below. This section will be filed separately from the rest of the satisfaction survey to ensure that your other answers are not personally identifiable. Name, Best Way to Contact.



## Appendix N: MO SSP Program Documentation Guidelines

### Monthly Invoice Checklist

- All expenses for the month are listed on the invoice
- All expenses on invoice have a corresponding supporting document
  - ✧ Totals on receipts/invoices match or written documentation adequately explains discrepancies,
  - ✧ Hourly rate for each trainer/SSP paid is clearly available in documentation,
  - ✧ For mileage, include a start and end point, purpose of the trip, and passenger list;
- Invoices should be divided by region and by program phase
- Calculate and add indirect cost last (15%)
- Remember: All expenses for this fiscal year should be accounted for ASAP, with the goal of submitting all invoices by June 15; we cannot guarantee that invoices submitted later will be paid during this billing cycle
- Assign each receipt a letter so they're easily referenced. Joe's mileage receipt is receipt "A," Susie's invoice for direct services is receipt "B," and so on. If there are more than 26 receipts to an invoice that month, move on to AA, AB, AC, and so forth.
- Do not combine line items. Suppose Joe, Susie, and Charles billed for \$20 in mileage each. Please list it on the monthly bill as "Susie Mileage: \$20," "Joe Mileage: \$20," and "Charles Mileage: \$20." Do not simply list "Mileage: \$60."
- Each line item should have a corresponding receipt by letter, and the number on the receipt must match the invoice. Suppose the fifth receipt (Receipt E) in your bill is for \$100 for your website. On your monthly invoice, the line item should read "E Website \$100." Make a note on the receipt that says "Phase 2: \$25 and Phase 3: \$25," or whatever the amounts billed are. Then, in Phase 2 list "E Website \$25" and in Phase 3 list "E Website \$25."
- Do not include timesheet information that is not applicable to the SSP Program. Either create a new spreadsheet that only includes SSP-relevant information or black out the information that is not relevant to the program (i.e. other interpreting jobs or PTO).
- Do not use highlighter. Instead, circle or underline important information so it is legible when copied.
- With each monthly invoice, please notate the breakdown between portal-to-portal transportation time and direct service provision. For example, if an SSP billed for 5 hours of time but had to drive 30 minutes each way to get to and from the DeafBlind consumer, note that 1/5 hours was for portal-to-portal transportation.

## **APPENDIX O: Submission Formatting Guidelines**

All grant proposals must be submitted using the following organization:

**SECTION I - ORGANIZATION INFORMATION:** Provide an overview of the applying organization, particularly in regards to its history working with DeafBlind individuals. Attachments, such as brochures or media clips, may be included as appendices at the end of the proposal.

**SECTION II - ABSTRACT:** Provide an abstract of the proposal that briefly and concisely describes the program to be implemented and summarizes the intended results of the program. The abstract should not exceed 250 words.

**SECTION III - PROGRAM PLAN AND TIMELINE:** The program plan must include a timeline for the implementation of activities and address each of the following items. This section may not exceed ten (10) pages.

*(1) Program Goals and Objectives*

*(2) Program Activities*

*(3) Organizational Capacity*

*(4) Coordination with Existing Programs and Initiatives*

**SECTION IV - BUDGET WORKSHEET:** Complete the budget worksheet included in Appendix P.

**SECTION V - BUDGET NARRATIVE:** The budget narrative should describe the basis for determining the amounts shown in Section IV. The budget narrative may be single-spaced. Both the budget worksheet and the narrative description should be aligned with the activities described in the proposal narrative and should reflect any coordinated uses of resources from other sources.

All proposals should use 12-point Arial font, double-spacing, and standard one inch margins. If submitted by email, use a Microsoft Word or a PDF document. If submitted by fax, make sure that all graphics and charts are large enough to be legible by the evaluation team.

## APPENDIX P: Budget Worksheet

Complete the budget form for each proposed region. List itemized expenses for each phase of the scope of work. Insert more rows as needed.

**SECTION:**

- |                                                  |                                               |
|--------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Northwest - \$69,130    | <input type="checkbox"/> Eastern - \$80,280   |
| <input type="checkbox"/> Southwest - \$24,530    | <input type="checkbox"/> Southeast - \$24,530 |
| <input type="checkbox"/> Central & NE - \$24,530 | <input type="checkbox"/> DB-SPIE - \$35,000   |

| PHASE I: TRAIN-THE-TRAINER                                      | AMOUNT |
|-----------------------------------------------------------------|--------|
|                                                                 |        |
|                                                                 |        |
|                                                                 |        |
| PHASE II: TRAINING, RECRUITMENT, AND COMMUNITY EDUCATION        | AMOUNT |
|                                                                 |        |
|                                                                 |        |
|                                                                 |        |
| INDIRECT (up to 15% of grant award amount)                      |        |
| TOTAL TRAINING EXPENSES (not to exceed grant amount for region) |        |

| PHASE III: DIRECT SERVICES TO DEAFBLIND INDIVIDUALS BY SSPS            | AMOUNT |
|------------------------------------------------------------------------|--------|
|                                                                        |        |
|                                                                        |        |
|                                                                        |        |
| INDIRECT (up to 15% of grant award amount)                             |        |
| TOTAL DIRECT SERVICES EXPENSES (not to exceed grant amount for region) |        |

| GROUP A: ADMINISTRATIVE SERVICES                                               | AMOUNT |
|--------------------------------------------------------------------------------|--------|
|                                                                                |        |
|                                                                                |        |
|                                                                                |        |
| INDIRECT (up to 15% of grant award amount)                                     |        |
| TOTAL ADMINISTRATIVE SERVICES EXPENSES (not to exceed grant amount for region) |        |

| GROUP B: GENERAL EXPENSES                                      | AMOUNT |
|----------------------------------------------------------------|--------|
|                                                                |        |
|                                                                |        |
|                                                                |        |
| INDIRECT (up to 15% of grant award amount)                     |        |
| TOTAL GENERAL EXPENSES (not to exceed grant amount for region) |        |

| DB-SPIE                                             | AMOUNT |
|-----------------------------------------------------|--------|
|                                                     |        |
|                                                     |        |
|                                                     |        |
| INDIRECT (up to 15% of grant award amount)          |        |
| TOTAL DB-SPIE EXPENSES (not to exceed grant amount) |        |

Total: \_\_\_\_\_