

MISSOURI COMMISSION FOR THE DEAF & HARD OF HEARING (MCDHH)

Grant Application for Support Service Providers for DeafBlind Missourians

Missouri Commission for the Deaf and Hard of Hearing
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SUPPORT SERVICE PROVIDER 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 REGION</p> <p><input type="checkbox"/> Northwest - \$36,375</p> <p><input type="checkbox"/> Southwest - \$17,460</p> <p><input type="checkbox"/> Central & NE - \$16,005</p> <p><input type="checkbox"/> Eastern - \$59,655</p> <p><input type="checkbox"/> Southeast - \$16,005</p>		
THE BELOW SECTION IS FOR MCDHH PURPOSES ONLY		
<p>REGION AND AMOUNT AWARDED</p> <p><input type="checkbox"/> Northwest - \$</p> <p><input type="checkbox"/> Southwest - \$</p> <p><input type="checkbox"/> Central & NE - \$</p> <p><input type="checkbox"/> Eastern - \$</p> <p><input type="checkbox"/> Southeast - \$</p>		
AWARDED BY MCDHH AS FOLLOWS		DATE AWARDED

SUPPORT SERVICE PROVIDER GRANT

I. MCDHH OVERVIEW

A. MISSION OF THE 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 PUBLIC POLICY

MCDHH initiates legislation beneficial to deaf and hard of hearing Missourians and advocates for its passage. MCDHH also assists the legislature and other state agencies in the development of non-statutory public policies positively affecting people with hearing loss.

C. MCDHH LEGAL MANDATES

The Missouri Commission for the Deaf and Hard of Hearing 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.

D. MCDHH VISION

As a dynamic, evolving organization, the Missouri Commission for the Deaf and Hard of Hearing will be a recognized, impartial leader in providing innovative, proactive public services to improve the quality of life for deaf, hard of hearing and deaf-blind Missourians.

E. MCDHH GUIDING PRINCIPLES

Leadership - We are committed to providing strong, visionary leadership that encourages initiatives, advocates for policies and programs for those whom we serve, and fosters open supportive communication.

Innovation - We are committed to proactive, creative and strategic approaches in the continuous evaluation and improvement of our services.

Equality - We are committed to ensuring that all deaf, hard of hearing and deaf-blind Missourians receive equitable, or fair, opportunities to live, work and contribute just as all other citizens of Missouri.

Public Service as a Public Trust - As public servants, we are committed to being open, ethical, responsive, and accountable. We are also dedicated to the public we serve and to fostering an honest environment free of bias with respect to all individuals. We are committed to delivering all service fairly and ethically, and will place the needs of deaf, hard of hearing and deaf-blind Missourians at the center of our activities.

II. INTRODUCTION/BACKGROUND

A. GRANT OPPORTUNITY INTRODUCTION

In conjunction with its vision and mission, MCDHH was appropriated \$145,500 from the Missouri General Assembly to offer grants for training of Support Service Providers (SSP) and direct services to DeafBlind individuals. This application constitutes as a grant opportunity to provide these services in five regional areas. This grant is being funded for Fiscal Year 18 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): 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 have varying levels of 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.

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: Areas that have been identified in the grant as 5 geographic areas surrounding Kansas City, Springfield, Columbia, St. Louis, and Cape Girardeau identified in Appendix A.

Train the Trainer: A model of training where MCDHH provides training to grantees in developing the skills and knowledge needed to in-turn train SSPs.

C. GRANTEE QUALIFICATIONS

The grantee must be an organization, company, agency, or bureau that provides support services.

D. GRANTEE EXPERIENCE

The grantee must demonstrate successful experience in working with DeafBlind individuals by indicating the following in the grant application plan:

- Describe the type of services the grantee has provided to DeafBlind individuals and the number of years of experience providing the services.
- Describe at least two successful projects by the grantee in working with DeafBlind individuals that includes how each experience improved the services offered by the grantee.
- Describe the experience the grantee has in providing training and type of audience(s) trained.
- Describe the experience the grantee has in coordinating and overseeing support services.
- Describe the experience the grantee has in supervising individuals providing support services.
- Indicate how the grantee can positively contribute to the DeafBlind Community.
- Indicate any licensure, certification, and/or training related to serving DeafBlind individuals.
- Provide 3 references from organizations and/or DeafBlind individuals.

E. GRANT ACTIVITIES/SCOPE OF WORK

The grant consists of several phases that include training and direct services. The grant application plan must indicate how the grantee will implement each phase. Phases may not be split between grant applications. The phases are described in detail below.

1) Phase 1: Train-The-Trainer

MCDHH will provide training to 1 representative from each awarded region. The training will be held the beginning of October 2017 in Jefferson City or Columbia, MO. This is a two day

training that will cover how to train SSPs and DeafBlind individuals receiving grant services, and the roles and responsibilities of SSPs and DeafBlind individuals. An outline of the training is included in Appendix B. Grantees are required to send at least one representative to attend; the proposed budget should include lodging, transportation, and per diem costs to send their representative(s) to the Train-The-Trainer session. The representative must meet at least 3 of the 4 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

2) Phase 2: Train SSPs and DeafBlind Individuals

The grantee will utilize the training obtained from MCDHH to train both SSPs and DeafBlind individuals in the awarded service area. 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 the number of SSPs and DeafBlind individuals in the grant application plan. The grant application must also address the training plan proposed by the grantee. Training for DeafBlind consumers is outlined in Appendix C, and training for SSPs is outlined in Appendix D.

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 E, 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.
- Complete the training session on “The Role of the SSP.”
- Agree to pay any incidental expenses and/or activity expenses (i.e. parking meters, bus fare, entrance fees and event tickets).
- 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:

- Relay visual and environmental information in the person’s preferred language and communication mode so the DeafBlind individual is empowered to make independent decisions;
- Serve as a human guide when walking and on public transportation, paratransit, or taxi or other hired service;

- Provide any other support that enhances independence and promotes greater community integration; and
- Abide by the Missouri SSP Code of Professional Conduct on Appendix F.

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;
- Possess a valid driver’s license and proof of auto insurance or state-issued identification; and
- Demonstrate no criminal record as verified by initial and reoccurring background and fingerprint checks.

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

The grantee must indicate in the grant application plan how the grantee will provide direct services. The grantee should determine their own policy regarding cancellation or “no show” as it relates to SSP and DeafBlind individuals. The policy should be shared with all SSPs and DeafBlind individuals prior to services being delivered.

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

F. GRANT AMOUNT BY REGION

The grant award per region is listed below. The grantee may apply for one (1) region, all regions, or any combination of regions. Preference will be given to grantees who apply for all regions.

Region	Total Available	Training (without indirect)	Services (without indirect)	Maximum Indirect Cost (5.5%)
Northwest	\$36,375	\$17,187.19	\$17,187.19	\$2,000.63
Eastern	\$59,655	\$28,186.99	\$28,186.99	\$3,281.03
Southwest	\$17,460	\$8,249.85	\$8,249.85	\$930.30
Southeast	\$16,005	\$7,562.36	\$7,562.36	\$880.28
Central	\$16,005	\$7,562.36	\$7,562.36	\$880.28
Total	\$145,500	\$68,748.75	\$68,748.75	\$8,002.50

G. GRANT ADMINISTRATION

The grantee must recruit, hire, and train SSPs. The grantee must market/advertise 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. The grantee may take 5.5% of the grant award for indirect costs and grant administration.

H. GRANT RESTRICTIONS

Grant funds may not be used to pay administrative or staff salaries unless utilizing indirect funds. SSPs and assigned DeafBlind individuals can't be family members or someone who has had a significant relationship with the DeafBlind individual.

I. GRANT PERIOD

The grant period is from the date of award through June 30, 2018. MCDHH reserves the right to offer 3 additional one-year renewal periods contingent upon appropriated funding.

J. GRANT AWARD CRITERIA

Grant applications will be scored based on the following criteria:

Criteria	Points
Experience of the Grantee	10
Grant Application Plan	70
Budget Worksheet	10
Number of Region(s)	10
TOTAL POINTS	100

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

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

K. GRANT REPORTING REQUIREMENTS

The grantee must submit monthly invoices based on actual expenditures to access grant funds. However, all grant funds must be invoiced by June 20, 2018. Each invoice must be itemized by the budget categories in the grant application, and indicate the following:

- Total number of training session and number of attendees at each session (by region if applicable)
- Total number of SSPs and hours claimed (by region if applicable)

The form to be used for invoices is included as Appendix H.

Additionally, the grantee must conduct the consumer and SSP satisfaction surveys in Appendices I and J, and report results to MCDHH with final invoices in June 2018. The grantee may ask additional questions and/or survey consumers and SSPs on a more frequent basis if desired.

L. 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, from every expense, liability, or payment arising out of such negligent act. The grantee also agrees to hold DESE, MCDHH, including its 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, its employees, its 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 Department 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.

M. GRANT SUBMISSION INSTRUCTIONS

Grantees must submit an original 4 copies of the full proposal to MCDHH. The original must include an original signature of the authorized institutional official. Submission formatting guidelines are detailed in Appendix K. All grant applications must be received by MCDHH by noon on Monday, September 11, 2017. Faxed and e-mail applications will also be accepted. 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

Email: Dee.Sanfilippo@mcdhh.mo.gov

Fax: (573) 526-5209

APPENDIX A: 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/Northeast 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

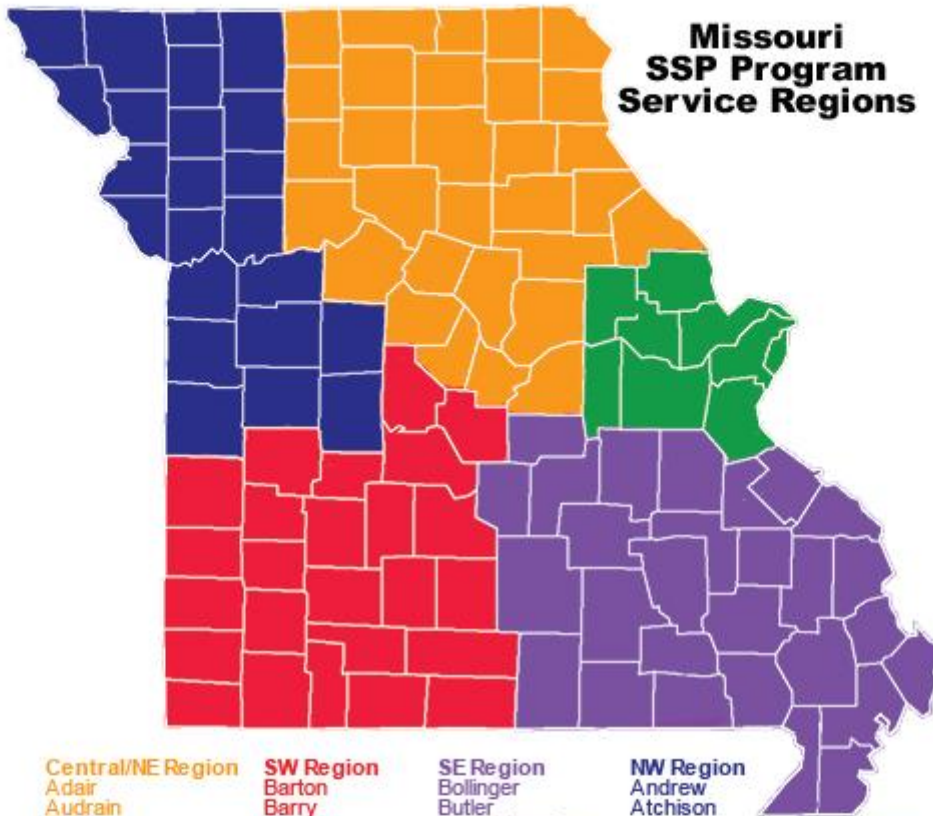
Northwest Region

- 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
- STL 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
Davies
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 B: Train-The-Trainer Curriculum Outline

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
 - b. Code of Professional Conduct
 - c. MO SSP Law
 - d. Emergency Situations

APPENDIX C: DeafBlind Consumer Training Curriculum Outline

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
 - b. Code of Professional Conduct
 - c. MO SSP Law
 - d. Emergency Situations

APPENDIX D: SSP Training Curriculum Outline

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
 - b. Code of Professional Conduct
 - c. Job Description
 - d. MO SSP Law
 - e. What to Do in Emergency

APPENDIX E: Intake Application for Support Services



MO Commission for the
Deaf and Hard of Hearing

[grantee name
and logo]

Intake Application for Support Services

SECTION 1: Applicant Information

Name: First MI Last

Address

City State Zip County

VP / TTY # Cell Phone Other Phone

Email SSN Date of Birth

SECTION 2: Emergency Contact Information

Name: First Last

Phone Email

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 F: Missouri SSP Code of Professional Conduct

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

- SSPs provide services that respect the privacy, integrity and confidentiality of Missouri's DeafBlind citizens.
- SSPs believe that DeafBlind individuals have the right to be treated with respect and dignity, and that DeafBlind people are the experts regarding their own life experiences.
- SSPs 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 provide a professional level of service consistent with current best practices and within one's area of expertise and qualifications.
- SSPs 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 do not provide services where there may be a conflict of interest.
- Breaches of this Code of Professional Conduct will result in possible removal from the Approved Missouri SSP List, and can result in legal action if warranted.

APPENDIX G : 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 working knowledge of Microsoft Word;
- Possess a valid driver's license and proof of auto insurance or state-issued identification; and
- Demonstrate no criminal record as verified by initial and reoccurring background and fingerprint checks.

APPENDIX H: Monthly Invoice Form



**Missouri Commission
for the
Deaf and Hard of Hearing**

GRANTEE:

Month/Year:

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

REGION:

- Northwest
- Southwest

- Central & NE
- Eastern
- Southeast

PHASE I: TRAIN-THE-TRAINER	AMOUNT
PHASE II: TRAIN SSPS AND DEAFBLIND INDIVIDUALS	
INDIRECT (up to 5.5% 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 5.5% of grant award amount)	
TOTAL DIRECT SERVICES EXPENSES (not to exceed grant amount for region)	

Invoice Total: _____
[sum of shaded boxes]

Total Hours of Training Provided:

Total of Service Hours:

Total Number of SSPs Compensated:

Total Number of DeafBlind Served:

Total Number of SSP Applicants:

Accepted:

Denied, Did Not Fit Criteria:

Denied, Other Reason:

Total Number of DeafBlind Applicants:

Accepted:

Denied, Did Not Fit Criteria:

Denied, Other Reason:

APPENDIX I: DeafBlind Consumer Satisfaction Survey



**MO Commission for the
Deaf and Hard of Hearing**

DeafBlind Consumer Satisfaction Survey

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)? Circle one.

Yes

No

SECTION 2: Demographic Information

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 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 and rank 3 services you use your SSP for the most, choosing up to 3 options. (1 is most frequent)

- | | |
|--|---|
| <input type="checkbox"/> Medical Appointments | <input type="checkbox"/> Daily Errands (i.e. groceries) |
| <input type="checkbox"/> Community Activities/Events | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Education | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Reading/Filling Out Paperwork | <input type="checkbox"/> Transportation |

SECTION 4: Program Satisfaction

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?

Not At All Likely

Neutral

Extremely Likely

0 1 2 3 4 5 6 7 8 9 10

SECTION 5: Program Testimonials

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 J: SSP Satisfaction Survey



**MO Commission for the
Deaf and Hard of Hearing**

Support Service Provider Satisfaction Survey

SECTION 1: Geographic Information

County of Residence: _____

SECTION 2: Demographic Information

Which best describes your level of hearing?

- | | |
|--|--|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Deaf |
| <input type="checkbox"/> Late-Deafened | <input type="checkbox"/> Late-Deafened |

More details, if needed: _____

Which of the following communication methods are you comfortable with using? 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: _____

SECTION 3: SSP Services Performed

On average, how long are your appointments as an SSP through the Missouri SSP Program? Select one.

- Less than 1 hour
- 1-2 hours
- 2-4 hours
- 4-8 hours
- Longer than 8 hours

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

Please select and rank 3 services you do most in your work as an SSP, choosing up to 3 options. (1 is most frequent)

- 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?

- Yes
- No

Do you serve as an SSP other than through the Missouri SSP Program?

- Yes, as a paid service provider
- Yes, as a volunteer
- Yes, sometimes as a paid service provider, others as a volunteer
- No, I only serve as an SSP through the Missouri SSP Program

Are you employed other than through the Missouri SSP Program?

- Yes, I work a full-time job as: _____
- Yes, I work one or more part-time jobs as: _____
- Yes, I am a certified and licensed sign language interpreter
- No, I do not have other employment
- Other: _____

SECTION 4: Program Satisfaction

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?

Not At All Likely

Neutral

Extremely Likely

0 1 2 3 4 5 6 7 8 9 10

SECTION 5: Program Testimonials

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 K: 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 may 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 (Describe the activity and how the activity will align with MCDHH goals.)

(3) Organizational Capacity

(4) Coordination with Existing Programs and Initiatives

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

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 L: 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.

REGION:

- Northwest - \$36,375
- Southwest - \$17,460
- Central & NE - \$16,005
- Eastern - \$59,655
- Southeast - \$16,005

PHASE I: TRAIN-THE-TRAINER	AMOUNT
PHASE II: TRAIN SSPS AND DEAFBLIND INDIVIDUALS	
INDIRECT (up to 5.5% 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 5.5% of grant award amount)	
TOTAL DIRECT SERVICES EXPENSES (not to exceed grant amount for region)	