

## Work Center Application / Recertification Questionnaire Form

Work Center Name:		
Contact Person:		
Mailing Address:		
Telephone:		
Fax:		
Email:		
	Yes	No
Does your agency agree to pay all employees at least the State of Maine minimum wage?		
Please identify the goods/services that your work center presently provides. (Attach additional pages, if necessary.)		

To the following questions, please check Y or N	Yes	No
1) N/A - [1999,c.543, §1 (RP).]		
2) Does your agency comply with Occupational Health and Safety Standards Required by US and Maine Laws?		
3) Does your agency employ disabled persons to perform at least 66% of all labor on production or service provision?		
4) Does your agency have an ongoing job placement program which includes annual evaluation of each disabled worker's capability for competitive employment and arrangements for job placement as needed?		

I, the undersigned, do hereby declare that the above-named work center:

- 1) [1999, c. 543, §1 (RP).]
- 2) Has complied with occupational health and safety standards required by the laws of the United States or this State.
- 3) Employs during the fiscal year in commodity production or service provision persons with disabilities at a quota of not less than 66% of the total hours of direct labor on all production, whether or not government related.
- 4) Has, is part of or demonstrates a formal relationship for support with an ongoing placement program that includes at least preadmission evaluation and annual review to determine each worker's capability for normal competitive employment and maintenance of liaison with the appropriate community services for the placement in the employment of any of its workers who may qualify for that placement.

In the event that any of the above-cited statement is no longer valid, the Director of the Division of Procurement Services must be notified in writing of this fact within seven calendar days of the invalidation.

Signed by: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Title or Position of Person Signing: \_\_\_\_\_

*(Must be signed by the President of the Board of Directors; the Work Center or sponsoring agency, or by the person having legal authorization to represent the Board of Directors.)*

State of Maine, Division of Procurement Services  
**Work Center Application/Recertification**

**Persons with Disabilities Certification and Safety Information**

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Failure to provide complete and accurate information will result in disqualification.

**Persons with disabilities.** "Persons with disabilities" means individuals who have physical or mental impairments that substantially limit one or more major life activities, have a record of those impairments or are perceived to have those impairments.

Using the definition above, please describe how your program certifies employees qualify as "Persons with disabilities." Attach additional pages to describe your program if needed.

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**Work Centers must comply with occupational health and safety standards required by the laws of the United States or this State.**

Please describe your company's safety program. Include what types of safety training is provided and how often your company provides the training to your employees. List any OSHA violations or citations your company has received over the past twenty four (24) months. Attach additional pages to describe your program and violations if needed.

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State of Maine, Division of Procurement Services  
**Work Center Application/Recertification**

**Vocation and Rehabilitation Program Information**

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Failure to provide complete and accurate information will result in disqualification.

**Work center: "Work center" means a program that provides vocational rehabilitation services to individuals with disabilities to enable those individuals to maximize their opportunities for employment, including career advancement.**

**Has, is part of or demonstrates a formal relationship for support with an ongoing placement program that includes at least preadmission evaluation and annual review to determine each worker's capability for normal competitive employment and maintenance of liaison with the appropriate community services for the placement in the employment of any of its workers who may qualify for that placement.**

Please describe how your program provides vocational rehabilitation services to individuals with disabilities to enable those individuals to maximize their opportunities for employment, including career advancement. Include any cooperative agreements, formal or informal, your company has with other vocational rehabilitation organizations. Attach additional pages to describe your program if needed.

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Please describe your company's formal relationship for support with an ongoing placement program that includes at least preadmission evaluation and annual review to determine each worker's capability for normal competitive employment and maintenance of liaison with the appropriate community services for the placement in the employment of any of its workers who may qualify for that placement. Attach additional pages to describe your program if needed.

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