

Please return the completed and signed form to the address listed below.

Vendor File Manager
Purchasing Department
108 Miles Hall 2nd Floor MC 6813
Southern Illinois University Carbondale
1255 Douglas Drive
Carbondale IL 62901

PERSONS WITH DISABILITIES CERTIFICATION

EFFECTIVE JANUARY 1, 1992, PUBLIC ACT 87-701 ALLOWS FOR BUSINESSES OWNED AND OPERATED BY A PERSON WITH DISABILITY TO PARTICIPATE IN A PREFERENTIAL PROCUREMENT PROGRAM FOR STATE GOVERNMENTAL CONTRACTS.

IF YOU WISH TO APPLY UNDER THIS CATEGORY, COMPLETE THE QUESTIONS IN SECTION E.

- E. “BUSINESS OWNED AND OPERATED BY A PERSON WITH A DISABILITY” means a business concern of which at least 51 percentum is owned by one or more persons with a disability, or in the case of corporation, one in which at least 51 percent of the stock is owned by one or more persons with a disability or by a not for profit agency for the disabled organized pursuant to Section 501 of the Internal Revenue Code of 1954; and the management and daily business operations of which are controlled by one or more of the persons with a disability who own it.

PERSON WITH A DISABILITY shall mean a person who is a citizen or lawful permanent resident of the United States and who has a medically diagnosed, severe physical or mental disability that results from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiphegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculoskeletal disorders, neurological disorders (including stroke and epilepsy), paraplegia, quadriplegia and other spinal cord conditions, sickle cell anemia, specific learning disabilities, or end state renal failure disease;

and

substantially limits at least one of the major life activities such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance or work skills in terms of employability;

or

any other disability or combination of disabilities which is determined by an evaluation of rehabilitation potential to cause a comparable degree of substantial functional limitation similar to the specific list of disabilities listed above. {language as specified in P.Act 87-701, Section 2.1, (a) and (b)}.

UNDER THIS DEFINITION, THIS FIRM IS: (CHECK WHERE APPROPRIATE)

A business owned and operated by a person(s) with a disability(s).

IF CHECKED, CONTINUE TO RESPOND, AS APPROPRIATE, TO THE FOLLOWING DOCUMENTATION:

Owner(s) has been or currently is a Department of Rehabilitation Services client in the Vocational Rehabilitation Program.

IF CHECKED, DO NOT PROCEED.

IF NOT CHECKED, FOR EACH OWNER WITH A DISABILITY, THE DOCUMENTATION LISTED BELOW MUST be obtained from a licensed medical physician which addresses the definition of "disability".

OWNER'S FULL NAME _____
Disability (1) _____
(2) _____
(3) _____

FUNCTIONAL LIMITATION

CHECK ALL APPROPRIATE

- Mobility
- Communication
- Self-Care
- Self-Direction
- Interpersonal Skills
- Work Tolerance
- Work Skills
- Other _____

SIGNATURE OF CERTIFYING PHYSICIAN

PROFESSIONAL MEDICAL LICENSE NUMBER

STATE

THIS PAGE MAY BE REPLICATED AS NEEDED