

DATE: _____

**CERTIFICATION OF DISABLED EMPLOYEE
OF A VENDING STAND OR FOOD SERVICE FACILITY**

I. VENDOR COMPLETES THIS SECTION: (Use reverse if more space needed.) Facility #: _____

Vendor's Name _____ Bus. Phone _____

Business Address _____

Describe Employee's Job _____

Employee's Name _____

How is Employee Disabled? _____

DATE HIRED:

HOURLY RATE:

COUNSELOR, IF KNOWN:

If employee has ever applied for rehabilitation or been employed in a business enterprise for the blind, show on reverse approximately when and where and show name if different from above.

(ATTACH DOCTOR'S CERTIFICATION)

Signature of Vendor

* * * * *

II. AUTHORIZED REHABILITATION AGENCY COMPLETES THIS SECTION:

This form will be completed, if possible, from available records. Otherwise, agency will determine eligibility before returning to vendor.

_____ I hereby certify that the above-mentioned employee is disabled as defined by the Department of Rehabilitation.
Employee should observe the following limitations:

_____ No certification is issued for the following reason(s): _____

A rehabilitation plan will be developed for:

_____ Employment in a cafeteria or vending stand.

_____ A higher level occupation, if possible.

Signed

Title

Date

III. SBEC COMPLETES THIS SECTION:

Beginning Date for Deduction

SBEC Signature

Date

-----INFORMATION COLLECTION AND ACCESS-----

THE GOVERNOR'S EXECUTIVE ORDER 8-22-76 REQUIRES THE FOLLOWING INFORMATION TO BE PROVIDED WHEN COLLECTING INFORMATION FROM INDIVIDUALS.

AGENCY NAME TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE

Department of Rehabilitation Program Manager, Business Enterprises Program

ADDRESS TELEPHONE NUMBER

P. O. Box 944222, Sacramento, CA 94299-9222 916-263-8900

AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION:

Randolph Sheppard Act (20USC 107);
California Welfare and Institutions Code, Section 19625 et seq;
California Administration Code – Title 222, Sections 47000 – 47071.

THE FOLLOWING ITEMS OF INFORMATION ARE VOLUNTARY, ALL OTHERS ARE MANDATORY:

All items on the Certification of Disabled Employee of a Vending Stand or Food Service Facility are mandatory.

THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION:

The discount on your VENDOR'S fee to BEP Trust Fund cannot be provided.

THE PRINCIPAL PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED:

This information is used to determine VENDOR'S employee disability eligibility for the 10% of the certified legally blind and/or disabled employee's wages discount on your VENDOR'S fee to BEP Trust Fund.

EACH INDIVIDUAL HAS THE RIGHT TO REVIEW FILES MAINTAINED ON THEM BY THE AGENCY, UNLESS EXEMPTED UNDER SECTION 4 OF THIS EXECUTIVE ORDER.
