



STATE USE LAW COMMITTEE
ANNUAL CERTIFICATION

Name of Organization (D/B/A)

Address

City

State

Telephone

Fax

E-mail

Direct Labor Hours Report: (Report period 7/1-6/30)

- A. Workers with disabilities direct labor hours in all work services
B. Workers without disabilities direct labor hours in all work services
C. Total direct labor hours (A + B)

I certify that:

- Direct labor hours reported (Line A above) were performed by individuals with disabilities as defined by State Use Committee's Policies and Procedures.
There is a file on each individual with disabilities, which includes a written report prepared by a licensed physician, psychiatrist, and/or qualified psychologist reflecting the nature and extent of the disability or disabilities that cause such person to qualify as being a person with a disability, or is self-identified and will produce documentation on request.
If enrolled in services, there is a file on each individual with a disability which includes a report of service program evaluation and annual re-evaluation of the individual's capability for competitive employment prepared by a person or persons qualified by training and experience to evaluate work potential.
That in producing products or in the performance of service contracts through the act, the organization shall maintain a ratio of at least 51% people with disabilities working on State Use contracts.
Complies with Indiana laws governing private not-for-profit corporations.
The organization is certified by the Wage & Hour Division, U.S. Dept. of Labor (WH-228).
Meets standards for rehabilitation facilities mandated by the Indiana Family and Social Services Administration.
Affirmative Action procedures will be utilized in employment practices.

I understand that:

- I (my organization) is responsible for paying the Certified Coordinating Agency a 5% service Program Fee.

Signature of President/CEO

Name, Title and Date

For consideration to become a Certified Ability Indiana Organization, mail a copy of the completed Annual Certification form along with the Capability Inventory form to the following:

Ability Indiana
c/o Asher Weaver
615 N. Alabama St., Ste. 410
Indianapolis, IN 46204

For Internal Use Only

RECOMMENDED BY CENTRAL COORDINATING AGENCY (CCA)

Signature of CCA Representative

Typed Name, Title and Date

RECOMMENDED BY STATE USE LAW COMMITTEE

Signature of Committee Member

Typed Name, Title and Date

Minute #

Date

Posted by

(Revised 12.16.2019)