

Application for Eligibility for Connect 700 Program

This document is available in alternative formats by emailing C700Eligibility.MMB@state.mn.us.

NOTICE OF INTENT TO COLLECT PRIVATE INFORMATION

In this application, you are being asked to supply information that is classified as private under the Minnesota Government Data Practices Act (“MGDPA”).

The purpose and intended use of the data requested is to determine your eligibility to participate in the Connect 700 program. You are not legally required to supply the requested data, and you may refuse to supply it. If you refuse to supply the requested data, your application to participate in the Connect 700 program may be denied.

The MGDPA also limits who is permitted to access your private data. Representatives of the Minnesota Management and Budget Equal Opportunity Unit (“MMB EO Unit”) will have access to the requested data. Others who may legally access the data are representatives of the Minnesota Attorney General’s Office and Minnesota Legislative Auditor’s Office, enforcement agencies with proper authority, and any other person or entity authorized by state or federal law or court order. Your private data will not be disclosed to any member of the general public without your authorization.

Applicant Instructions

1. Provide the “Licensed Medical or Vocational Rehabilitation Professional Instructions” located in this Application form to your licensed medical or vocational rehabilitation professional.
2. Submit a certification letter from a licensed medical or vocational rehabilitation professional certifying that you are eligible to participate in the Connect 700 program. The certification letter must be issued within 90 days of when the MMB EO Unit received your Application form.
3. Submit this completed Application form and the certification letter from your licensed medical or vocational rehabilitation professional to the MMB EO Unit by emailing C700Eligibility.MMB@state.mn.us. Alternatively, your licensed medical or vocational rehabilitation professional may send your certification letter separately from your Application form to the MMB EO Unit by emailing C700Eligibility.MMB@state.mn.us.

NOTE: ONLY THE MMB EO UNIT CAN ACCEPT THE CERTIFICATION LETTER AND THIS FORM. DO NOT SEND THESE DOCUMENTS ANYWHERE ELSE.

4. If your application is approved, the MMB EO Unit will send you a Certificate of Eligibility.
5. You must submit a valid Certificate of Eligibility when you apply for state agency employment if you wish to be considered a Connect 700 candidate for any state position.
6. Please contact the MMB EO Unit by emailing C700Eligibility.MMB@state.mn.us if you have any questions.

The standard competitive selection process generally consists of one or more of the following:

- Telephone interview
- Competitive in-person interview
- Competitive panel interview

Disabilities that have been shown, when severe, to negatively impact applicants' ability to demonstrate their skills and abilities in the standard competitive selection process may include, but are **not** limited to:

- Autism
- Bipolar disorder
- Blindness
- Cerebral palsy
- Deafness
- Epilepsy
- Intellectual disability or cognitive disability
- Major depressive disorder
- Mobility disabilities requiring the use of a wheelchair or other personal mobility devices
- Multiple sclerosis
- Muscular dystrophy
- Partially or completely missing limbs
- Post-traumatic stress disorder
- Schizophrenia

Applicant Information

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I wish to participate in the Connect 700 program. I am submitting a certification letter from a licensed medical or vocational rehabilitation professional who has provided services to me and is knowledgeable about my disability. I authorize representatives of the MMB EO Unit to contact my licensed medical or vocational rehabilitation professional for the limited purpose of verifying their signature on the certification letter.

I understand that the standard competitive selection process generally consists of a telephone interview, a competitive in-person interview, and/or a competitive panel interview. I certify that I have a disability that prevents me from demonstrating my skills and abilities in a standard competitive selection process, and that there is no reasonable accommodation that would enable me to demonstrate my skills and abilities in a standard competitive selection process.

By checking this box, I agree my electronic signature is the legal equivalent of my manual signature on this application.

By checking this box, I certify that the above information is true and accurate to the best of my understanding.

Applicant's Signature: _____ Date: _____

Licensed Medical or Vocational Rehabilitation Professional Instructions

1. Review the following to determine if the applicant is eligible to participate in the Connect 700 Program.

The Connect 700 Program is an alternative, non-competitive selection process for individuals seeking employment in state government whose disabilities are of such a severe nature that they are unable to demonstrate their skills and abilities in the standard competitive selection process.

The standard competitive selection process generally consists of one or more of the following:

- Telephone interview
- Competitive in-person interview
- Competitive panel interview

Disabilities that have been shown, when severe, to negatively impact applicants' ability to demonstrate their skills and abilities in the standard competitive selection process may include, but are **not** limited to:

- Autism
- Bipolar disorder
- Blindness
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- Multiple sclerosis
- Muscular dystrophy
- Partially or completely missing limbs
- Post-traumatic stress disorder
- Schizophrenia

In order to be eligible to participate in the Connect 700 Program, two criteria must be met:

- (1) The applicant's disability or disabilities must be of such a severe nature that they are unable to demonstrate their skills and abilities in the standard competitive selection process; **AND**
- (2) There is no reasonable accommodation that would enable the applicant to demonstrate their skills and abilities in the standard competitive selection process.

2. If you determine that the applicant meets these criteria, provide a certification letter certifying the applicant's eligibility to participate in the Connect 700.

- **The certification letter MUST be printed on your letterhead.**
- **The certification letter MUST include:**
 - (1) Your name, title, organization, address, and telephone number;
 - (2) The date of issue;
 - (3) Your signature;
 - (4) A statement that you have provided services to the applicant and are knowledgeable about the applicant's disability; and
 - (5) A certification that:
 - a. The applicant has a disability or disabilities that are of such a severe nature that they are unable to demonstrate their skills and abilities in the standard competitive selection process; and
 - b. There is no reasonable accommodation that would enable the applicant to demonstrate their skills and abilities in the standard competitive selection process; and
 - c. Whether you anticipate that the applicant's ability to demonstrate their skills and abilities in the standard competitive selection process will or will not be permanent.

- **The certification letter should NOT:**

- (1) Identify the type of disability (e.g., blindness, intellectual disability, etc.).
- (2) Include copies of the applicant’s medical records and/or Genetic information.

“Genetic Information” includes information about the individual’s genetic tests; information about genetic tests of an individual’s family members; information about the manifestation of a disease or disorder in an individual’s family members (family medical history); an individual’s request for, or receipt of, genetic services, or the participation in clinical research that includes genetic services by the individual or a family member of the individual; and genetic information of a fetus carried by an individual or by a pregnant woman who is a family member of the individual and the genetic information of an embryo legally held by the individual or family member using an assisted reproductive technology.

3. Return the certification letter to the C700 applicant **OR** send it directly to the MMB EO Unit by emailing C700Eligibility.MMB@state.mn.us.

Sample Certification Letter

[Licensed Medical or Vocational Rehabilitation Professional’s Organization Letterhead]

Name
Title
Organization
Address
Telephone Number
Date of Issue

To Whom It May Concern:

[Name of Applicant] is a client/patient who receives services from [Organization/Firm/MD] and has been my client/patient since [date]. I have knowledge of [Name of Applicant]’s disability. I have reviewed the information provided to me in the “Application for Eligibility for Connect 700 Program” and I certify that [Name of Applicant]’s [disability is / disabilities are] of such severe nature that they are unable to demonstrate their skills and abilities in the standard competitive selection process and there is no reasonable accommodation that would enable them to demonstrate their skills and abilities in the standard competitive selection process. [Name of Applicant]’s inability to demonstrate their skills and abilities in the standard competitive selection process [is/is not] anticipated to be permanent. This letter certifies that it is my opinion that [Name of Applicant] is eligible to participate in the Connect 700 Program.

[Licensed Medical or Vocational Rehabilitation Professional Signature]

[Name]
[Title]