



Application for Eligibility for Connect 700 Program

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

Applicant Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Applicant Instructions:

1. Submit a certification letter from a licensed medical or vocational rehabilitation professional certifying that you are eligible to participate in the Connect 700 program.
2. Submit this completed form and the certification letter from your licensed medical provider or vocational rehabilitation professional to the Equal Opportunity Unit by emailing C700Eligibility.MMB@state.mn.us.

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

3. If your application is approved, the Equal Opportunity Unit will send you a *Certificate of Eligibility*.
4. You must submit a valid *Certificate of Eligibility* when you apply for state employment if you wish to be considered a Connect 700 candidate for any state position.

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 Signature:

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 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: _____

Return to the Equal Opportunity Unity at C700Eligibility.MMB@state.mn.us

Licensed Medical or Vocational Rehabilitation Professional Instructions:

Please 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
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- 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.

If you determine that the applicant meets these criteria, please provide a certification letter certifying the applicant's eligibility to participate in the Connect 700 Program. The certification letter must include: (1) your name, title, organization, address, and telephone number; (2) a statement that you have provided services to the applicant and are knowledgeable about the applicant's disability; and (3) 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.

The certification letter must be printed on your letterhead, must be dated with the current date, and must include your signature.

The certification letter should **NOT** identify the type of disability (e.g., blindness, intellectual disability, etc.).

DO NOT include: (1) copies of the applicant’s medical records; or (2) any 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.

The following is a sample certification letter:

Licensed Medical or Vocational Rehabilitation Professional Letterhead.

Name

Title

Organization

Address

Telephone number

Date

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 [disabilities] is [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. 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]

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