



Connecticut Community Providers Association

a unified voice for community human service providers

Qualified Partnership Meeting
*****Monday, March 19, 2007*****
1:00 – 2:30 pm



CCPA Office
35 Cold Springs Road, Suite 522
Rocky Hill, CT

About Qualified Partnerships

Public Act 06-129 provides for the development of qualified partnerships between private janitorial contractors and community rehabilitation providers through which a private janitorial contractor may be accorded preferred purchasing status for state janitorial contracts under the statute. The overall mission of the qualified partner program is to expand employment for people with disabilities and people with economic disadvantages while providing employment security for workers on State of Connecticut janitorial contacts.

Purpose of this Meeting

The intention of this meeting is to:

- Detail the requirements for qualified partnerships
- Provide general guidance on how the partnerships are to be formed
- Provide general guidance on how they will function
- Delineate the responsibilities of State Agencies, the Connecticut Community Providers Association (CCPA), community rehabilitation providers, and private janitorial contractors in establishing and administering qualified partnerships

Who Should Attend

Any Commercial janitorial contractor interested in developing a partnership with a community rehabilitation program may attend. Commercial janitorial contractor means any for-profit proprietorship, partnership, joint venture, corporation, limited liability company, trust, association or other privately owned entity that employs persons to perform janitorial work, and that enters into contracts to provide janitorial services. The commercial janitorial contractor must have a Connecticut janitorial workforce of two hundred or more workers, or the commercial janitorial contractor must meet the criteria established by the Commissioner of Administrative Services to participate in the pilot program as a small or minority business.

DIRECTIONS TO CCPA

35 COLD SPRINGS ROAD, SUITE 522, ROCKY HILL, CONNECTICUT

From I-91 Southbound (From Hartford)

Take I-91 to exit 23 (West Street, Rocky Hill Exit). Take a right off the exit. Follow West Street .4 miles to the traffic light at the end. This is the intersection of West Street and Route 3. Take a left onto Route 3 and follow it for ¼ miles to the next traffic light which is Cold Springs Road. Turn Right onto Cold Springs Road. Southway Executive Park, 35 Cold Springs Road, is .1 miles on the right (the second driveway on Cold Springs Road). Follow the driveway for .2 miles to the last office building -- Building 500. Our office is located on the second floor.

From I-91 Northbound (From New Haven)

Take I-91 to exit 23 (West Street, Rocky Hill Exit). Take a left off the exit. Follow West Street .4 miles to the traffic light at the end. This is the intersection of West Street and Route 3. Take a left onto Route 3 and follow it for ¼ miles to the next traffic light which is Cold Springs Road. Turn Right onto Cold Springs Road. Southway Executive Park, 35 Cold Springs Road, is .1 miles on the right (the second driveway on Cold Springs Road). Follow the driveway for .2 miles to the last office building -- Building 500. Our office is located on the second floor.

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**Please fax this response to the CCPA office at (860) 257-7777  
or email CCPA at [Education@ccpa-inc.org](mailto:Education@ccpa-inc.org)**

**When emailing your planned attendance, please indicate the event, date and time.**

Qualified Partnership RSVP Form  
\*\*\*March 19, 2007\*\*\*  
CCPA Office  
1:00 – 2:30 pm

Name \_\_\_\_\_ Company \_\_\_\_\_

\_\_\_\_\_ Yes, I plan to attend this meeting.

\_\_\_\_\_ No, I cannot attend, but I want more information about Qualified Partnerships

***Please contact Donna Lorenzo at CCPA with any questions (860) 257-7909.***

CONNECTICUT QUALIFIED PARTNERSHIPS

Public Act No. 06-129

*An Act Concerning the Recommendations of the  
Disabled and Disadvantaged Employment Security Policy Group*

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## PURPOSE

Public Act 06-129 provides for the development of qualified partnerships between private janitorial contractors and community rehabilitation providers through which a private janitorial contractor may be accorded preferred purchasing status under the statute.

The intention of this bulletin is to:

- Detail the requirements for qualified partnerships
- Provide general guidance on how the partnerships are to be formed
- Provide general guidance on how they will function
- Delineate the responsibilities of State Agencies, the Connecticut Community Providers Association (CCPA), community rehabilitation providers, and private janitorial contractors in establishing and administering qualified partnerships

## MISSION AND OBJECTIVE

The overall mission of the qualified partner program is to expand employment for people with disabilities and people with economic disadvantages while providing employment security for workers on State of Connecticut janitorial contracts.

The long term objective of the qualified partner program is to develop a number of statewide projects between preferred source community rehabilitation providers and private janitorial contractors which offer economic incentives for contractors to create new integrated work opportunities for persons with disabilities.

## APPLICABILITY AND SCOPE

The qualified partnership program applies to all state agencies or departments covered by janitorial contracts awarded by the Department of Administrative Services.

The statute establishes the program as a four year pilot beginning October 1, 2006. There will be four contracts in the program having a total contract value of three million dollars and employing sixty (60) workers with disabilities or economic disadvantages.

## GOALS

- Create thirty (30) integrated janitorial work opportunities for people with disabilities through *Qualified Partnerships* during a four year period on four State of Connecticut custodial contracts
- Create thirty (30) integrated janitorial work opportunities for people with disadvantages through *Qualified Partnerships* during a four year period on four State of Connecticut custodial contracts
- Provide employment security for current workers on state janitorial contracts that use *Qualified Partnerships*
- Establish a purchasing preference to *Qualified Partnerships*
- Evaluate the effectiveness of *Qualified Partnerships* in meeting its purposes

## PROGRAM SUMMARY

The process by which qualified partnerships address the mission and objectives of the program is:

- I. The identification of four (4) janitorial projects by the Department of Administrative Services that will be suitable for the program
- II. The creation of partnership agreements between eligible community rehabilitation providers and private janitorial contractors
- III. The submission of the qualified partnership agreements by the Connecticut Community Providers Association
- IV. A contract award process conducted by the Department of Administrative Services to determine which qualified partnership will receive the identified contract
- V. The implementation of the partnership agreement

## PROCEDURES

### *I. Identification of Janitorial Projects*

The Department of Administrative Services will identify four janitorial contracts between October 1, 2006 and October 1, 2010 for the pilot project.

These projects are defined as facilities belonging to the State of Connecticut and the janitorial service contracts that are required to maintain them. The Department of Administrative Services (DAS) will select the four projects after carefully considering the following requirements as set forth in Public Act 06-129 (the Act):

- Each of the pilot program projects will be housed in a state facility that will be selected by DAS. Site selection will be based upon existing conditions at each site that are determined to be favorable for meeting the objectives of the Act.
- The four projects will create a total of at least sixty (60) full-time jobs or full-time equivalents at standard wages for persons with disabilities and persons with disadvantages. The jobs created by this program may not be restricted to any of the identified project sites.
- The total market value for all contracts awarded under the program will be no less than three million dollars.

### *II. Creation of Partnership Agreements*

*Qualified Partnerships* are a business relationship between commercial janitorial contractors and community rehabilitation providers developed to expand employment for people with disabilities and people with economic disadvantages

The Connecticut Community Providers Association will determine eligibility for and develop agreements with “community rehabilitation programs” to broker “qualified partnership” agreements with “commercial janitorial contractors” and to develop a list of employees who have applied to participate in a “qualified partnership.” A “community rehabilitation program” can be an organization or individual that provides vocational rehabilitation services to people with disabilities (PA 06-129 Section 1 (3)). Community rehabilitation programs participating in the preferred purchasing program will automatically be eligible for “qualified partnership” agreements.

The Connecticut Community Providers Association will determine eligibility for and develop agreements with “commercial janitorial contractors” to broker “qualified partnership” agreements with “community

rehabilitation programs” and verify that the “commercial janitorial contractor” has hired and continues to employ the requisite number of persons with disabilities in positions equivalent to those created by the pilot program contract and that such persons are integrated into the general workforce of the contractor. “Commercial janitorial contractor is any for-profit proprietorship, partnership, joint venture, corporation, limited liability company, trust, association, or other privately owned entity that enters into contracts to provide janitorial services (PA 06-129 Section 1 (4)).

The Connecticut Community Providers Association will designate an agreement between eligible “community rehabilitation programs” and “commercial janitorial contractors” as a “qualified partnership” when the following criteria have been met:

1. The commercial janitorial contractor has entered into a binding agreement with a community rehabilitation program
2. The commercial janitorial contractor agrees to fill not less than one-third of the jobs gained from a successful bid for a pilot program contract with people with disabilities (person eligible for state services as a person with a disability ((PA 06-129 Section 1 (1))).
3. The commercial janitorial contractor agrees to fill not less than one-third of the jobs gained from a successful bid for a pilot program contract with people with persons with a disadvantage (person eligible for Workforce Investment Act services or whose annual income is not greater than two hundred percent of the federal poverty level.)
4. The commercial janitorial contractor certifies that it will pay standard wages to employees with disabilities or disadvantages hired through the program.
5. The commercial janitorial contractor has a Connecticut janitorial workforce of two hundred or more workers, unless the commercial janitorial contractor has met the criteria established by the Commissioner of Administrative Services to participate in the pilot program as a small or minority business.

### *III. Submission of the Qualified Partnership Agreements*

The Connecticut Community Providers Association will notify the Department of Administrative Services of all “qualified partnerships” and provide documentation of all necessary agreements and eligibility criteria.

### *IV. Appeal Process for Commercial Janitorial Companies and Community Rehabilitation Programs Denied Designation as Qualified Partnerships*

Commercial janitorial companies and community rehabilitation programs that have been denied designation as qualified partnerships may appeal such denial in writing. The written appeal must state the provision of Public Act 06-129 at issue and must include a detailed explanation of the reasons that the company or program believes it was improperly denied designation.

The appeal letter should be addressed to the Commissioner of Administrative Services. The Commissioner of Administrative Services may, after review of the appeal, designate the company/program as a qualified partnership.

#### V. *Contract Award Process*

After project sites have been selected, DAS will notify each qualified partnership, and award a janitorial contract for each site according to the provisions of Section 3 of the Act.

Contracts will be awarded pursuant to the following procedures:

- The agency using or managing the services at the selected pilot site(s) will submit a requisition to DAS-Procurement for each of the program projects that require janitorial services.
- DAS will notify each of the qualified partnerships, as described in section 3 of the Act and invite each qualified partnership in good standing, to submit a bid for the pilot opportunity.
- In the event that only one such qualified partnership submits a bid, that contract will be awarded to that qualified partnership, provided that such bid does not exceed the contract's fair market value (FMV) by a margin greater than 5%.

#### Fair Market Value (FMV)

In the event that only one such qualified partnership submits a bid, FMV will be determined by a cost analysis of the target facility's prior janitorial contracts combined with a cost analysis of janitorial contracts at facilities of similar size and specifications.

If more than one qualified partnership submits a bid, the contract will be awarded to the qualified partnership that is the lowest, responsible and qualified bidder as defined in Section 4a-59 of the Connecticut General Statutes.

In the event that no qualified partnership submits a bid, the contract will be awarded in accordance with the provisions of Sections 4-59 and 17b-656 of the Connecticut General Statutes.

The responsibilities of the DAS, as established in these policies, may not be delegated to an outside vendor.

#### V. *Implementation of Qualified Partnerships*

Once awarded a state janitorial contract under the program commercial janitorial contractors in the qualified partnership must:

- Hire for a minimum of three months the workers employed through the state contract
- Employ within six months people with disabilities and people with economic disadvantages in proportion to the number of jobs created within their business by the state janitorial contract
- Provide the employment anywhere within the contractor's overall business enterprise so long as the job is equivalent to the job created the state contract in wage and overall work conditions



The Connecticut Community Providers Association will verify that the *qualified partnership* is being implemented correctly by the commercial janitorial contractor and the community rehabilitation program and report any discrepancies or non-compliance to the Department of Administrative Services.

#### VI. *Reporting Process*

On the six-month anniversary date of each janitorial contract, the Connecticut Community Providers' Association (CCPA) shall certify to DAS that the requisite number of disabled and disadvantaged persons continue to be employed by the contractor, in positions equivalent to those created under the contract. The report shall include the date-of-hire of each individual hired as a result of the Pilot Program and identify the individual's work location.

The CCPA will submit an annual update of this report for the remaining term of the Pilot Program contract.

This report will also confirm that the following conditions exist:

- All individuals have been integrated into the general workforce of the corporate partner.
- All individuals are receiving wages and benefits (or compensation in lieu of benefits) that are consistent with the provisions set forth in C.G.S.31-57f.

The report should be sent to the attention of the Commissioner of Administrative Services.

Non-compliance with the terms of the *qualified partnership* agreement could result in the termination of the state janitorial contract obtained under the preference established by PA 06-129.

#### EVALUATION

The Legislative Government Administration and Elections Committee will study the pilot program's effectiveness during the four-year pilot period. It will look at the program's success in creating integrated work settings for people with disabilities. The committee will also study the need to make the pilot permanent and ways to provide incentives to municipalities and businesses to use the pilot if it is found to be effective.

CCPA will work with qualified partnerships to develop pre and post employment data for workers placed to assess the impact of the pilot program.

# Designation of State of Connecticut Qualified Partnership

Department of Administrative Services  
Procurement Services

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Pursuant to Public Act No. 06-129, An Act Concerning the Recommendations of the Disabled and Disadvantaged Employment Security Policy Group, the Connecticut Community Providers Association of Rocky Hill, CT shall designate a commercial janitorial contractor and a community rehabilitation program as a "qualified partnership" in order to participate in a pilot program to create and expand janitorial work opportunities for persons with a disability and persons with a disadvantage as defined by the statute.

The Applicants for the "qualified partnership" shall cooperatively ensure that for the janitorial pilot projects identified by the Department of Administrative Services:

1. Any person employed under a pilot program contract shall have the same rights conferred upon an employee by section 31-57g of the general statutes for the duration of the pilot program
  2. Within six months of obtaining a pilot program contract, the janitorial contractor will employ persons with a disability and persons with a disadvantage each at a rate of 30% of the total number of jobs gained through the pilot program contract. Such jobs shall be of an equivalent nature to the wages and overall responsibilities of the pilot program contract and may be distributed anywhere within the janitorial contractor's worksites.
- 

Community Rehabilitation Program Partner  
Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Commercial Janitorial Contractor Partner  
Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Projected Duration of Partnership: From: \_\_\_\_\_ To: \_\_\_\_\_

Description of services to be provided, where work will be performed, and responsibilities of each applicant:  
(Attach additional information if necessary)

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Application Status

Approved Effective: \_\_\_\_\_

Approved with Modifications (Attached): \_\_\_\_\_

Not Approved (Comments Attached) \_\_\_\_\_

Signed by: \_\_\_\_\_

Representing: \_\_\_\_\_

Date: \_\_\_\_\_

## Designation for State of Connecticut Qualified Partnership

This application for a “qualified partnership” project under Public Act No. 06-129 is supported by the Connecticut Community Providers Association on behalf of [Community Rehabilitation Provider] located in \_\_\_\_\_, CT and [Janitorial Corporate Partner], a private sector corporation in \_\_\_\_\_, [state]. This partnering agreement has been developed by the Connecticut Community Providers Association to provide janitorial services on the pilot program janitorial contacts identified by the Department of Administrative Services.

Pursuant to this partnering project, [Janitorial Corporate Partner] will employ the persons working on the pilot project contract prior to [Janitorial Corporate Partner] assuming the contract and confer on them all the same rights conferred upon an employee by section 31-57g of the general statutes for the duration of the pilot program.

Within six months of obtaining a pilot project contract, the [Janitorial Corporate Partner], will employ persons with a disability and persons with a disadvantage each at a rate of 30% of the total number of jobs gained through the pilot program contract. Such jobs shall consist of equivalent wages and overall responsibilities to those in the pilot program contract and may be distributed anywhere within the janitorial contractor’s worksites.

The [Community Rehabilitation Program] will be support the individuals with disabilities hired by [Janitorial Corporate Partner] and defined by the partnership agreement between [Community Rehabilitation Provider] and [Janitorial Corporate Partner].

All employees with disabilities will work side by side with other workers in settings similar to those of the pilot project contract and will be afforded the same opportunities for promotion and training as other workers.

[Janitorial Corporate Partner] is committed to hiring those individuals who demonstrate the greatest potential on a permanent basis.

## CCPA EVALUATION AGREEMENT FOR POTENTIAL "QUALIFIED PARTNERS"

THIS AGREEMENT (the "Agreement") is entered into as of [date] (the "Effective Date") by and between the Connecticut Community Providers Association, Inc., located at 35 Cold Springs Road, Suite 522, Rocky Hill, Connecticut 06067 (the "CCPA") and [Commercial Janitorial Contractor] ("[name]")[address] (together, the "parties") for the purpose of establishing [Commercial Janitorial Contractor]'s eligibility to be considered for participation in the Department of Administrative Services ("DAS") Preferred Purchasing Pilot Program (the "Pilot Program").

### BACKGROUND

CCPA is a private, not-for-profit entity representing and advocating for organizations and rehabilitation providers that provide services for individuals with disabilities and special needs.

Pursuant to Public Act 06-129 (the "Act"), CCPA has been selected by the Connecticut Legislature to (i) determine the eligibility of individual Commercial Janitorial Contractors and Community Rehabilitation Providers to be considered for the Pilot Program; and (ii) to certify the business relationships between a Commercial Janitorial Contractor and a Community Rehabilitation Provider as a "Qualified Partnership" as such term is defined by the Act, for the purpose of expanding employment for people with disabilities and/or economic disadvantages.

[Commercial Janitorial Contractor] is a [[state] corporation/limited liability company] desiring to enter into contracts to provide janitorial services under the Pilot Program.

[Commercial Janitorial Contractor] understands that under this Agreement it will provide information and agree to the terms and conditions required by CCPA for the purpose of CCPA determining [Commercial Janitorial Contractor]'s eligibility to be considered by CCPA as a candidate for a Qualified Partnership.

[Commercial Janitorial Contractor] acknowledges that under this Agreement CCPA may determine that [Commercial Janitorial Contractor] lacks the necessary criteria to be certified as a potential Qualified Partner.

[Commercial Janitorial Contractor] acknowledges that under this Agreement, CCPA is willing to seek, but does not guarantee, a Qualified Partnership for [Commercial Janitorial Contractor].

### AGREEMENT

The parties agree as follows:

1. [Commercial Janitorial Contractor] agrees to provide CCPA in a timely fashion, with all relevant documents, and other pertinent information as deemed necessary in order for CCPA to determine the eligibility of [Commercial Janitorial Contractor] to participate in the Pilot Program as a Commercial Janitorial Contractor as defined by PA 06-129 Section (3) including, but not limited to, proof of a Connecticut janitorial workforce of two hundred or more workers, unless the commercial janitorial contractor has met the criteria established by the Commissioner of DAS to participate in the Pilot Program under a "small" or "minority" business classification.
2. CCPA will notify eligible Community Rehabilitation Programs of the interest of [Commercial Janitorial Contractor] to facilitate creating a Qualified Partnership.
3. CCPA will assist the [Commercial Janitorial Contractor] to develop agreements with Community Rehabilitation Programs (as such term is defined in the Act), such that the relationship may be designated as a Qualified Partnership, the terms and conditions of which relationship shall be set forth in the Proposed Qualified Partnership Agreement, attached as Schedule A.
4. Any Commercial Janitorial Contractors and Community Rehabilitation Programs that enter into a Proposed Qualified Partnership Agreement with CCPA shall be deemed by CCPA to be a Qualified Partnership for purposes of participating in the Pilot Program. CCPA will submit documentation supporting the status as a Qualified Partnership to the State of Connecticut Department of Administrative Services ("DAS").
5. CCPA DOES NOT WARRANT THAT: (A) BY ENTERING INTO THIS AGREEMENT [Commercial Janitorial Contractor] WILL MEET THE REQUIREMENTS TO BE ELIGIBLE FOR THE PILOT PROGRAM; OR (B) IF DEEMED ELIGIBLE BY CCPA, [Commercial Janitorial Contractor] WILL BE SELECTED TO BE PARTNERED WITH A COMMUNITY REHABILITATION PROGRAM; OR (C) IF DESIGNATED A QUALIFIED PARTNERSHIP BY CCPA, THERE IS NO GUARANTEE THAT DAS WILL AWARD A PROJECT CONTRACT TO THE QUALIFIED PARTNERSHIP.

6. THE PARTIES ACKNOWLEDGE THAT IN NO EVENT SHALL CCPA BE LIABLE TO THE [Commercial Janitorial Contractor] FOR ANY DAMAGES INCLUDING INDIRECT, INCIDENTAL, SPECIAL, CONSEQUENTIAL OR EXEMPLARY DAMAGES, SUCH AS, BUT NOT LIMITED TO, LOSS OF ANTICIPATED PROFITS OR OTHER ECONOMIC LOSS IN CONNECTION WITH, OR ARISING OUT OF, THIS AGREEMENT.
  
7. In the course of this Agreement, and in connection with performance hereunder, [Commercial Janitorial Contractor], its employees and agents, including subcontractors, may come into possession of individually identifiable health information ("Protected Health Information"). [Commercial Janitorial Contractor] understands its legal and ethical responsibility to safeguard the confidentiality of Protected Health Information in accordance with state and federal law, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA) and its implementing regulations. [Commercial Janitorial Contractor] shall not use, access or disclose protected health information unless permitted to do so by CCPA, shall keep said information strictly confidential, and shall comply with state and federal law, including but not limited to HIPAA and its implementing regulations, and CCPA's policies and procedures related to access to use, and release of Protected Health Information, to the same extent as CCPA is obligated, under law. [Commercial Janitorial Contractor] shall use appropriate safeguards to prevent use or disclosure of the information other than as provided for by this Agreement.
  
8. It is expressly understood and agreed that CCPA does not, by this Agreement, intend to form an employment relationship, tax relationship, partnership, joint venture or other legal entity with, by or between CCPA and [Commercial Janitorial Contractor], and in no event shall this Agreement be deemed to do so. [Commercial Janitorial Contractor] acknowledges that CCPA is the administrator of this Pilot Program and [Commercial Janitorial Contractor] shall not take any actions to contact any Pilot Program contractors, Community Rehabilitation Providers or other Commercial Janitorial Contractors without the written permission of CCPA. This Agreement shall be governed and interpreted under the laws of the State of Connecticut, without regard to conflicts of law provisions. If either party is required to engage in any proceedings, legal or otherwise, to enforce its rights under this Agreement, the prevailing party shall be entitled to recover its reasonable attorney's fees, costs, and out of pocket expenses in addition to any other amounts due.
  
9. The term of this Agreement is four years from the Effective Date. Either party may terminate the Agreement with thirty (30) day advanced written notice. By entering into this Agreement [[Commercial Janitorial Contractor] is not precluded from seeking any other contracts from the State of Connecticut through any other state purchasing program(s).

The parties, each acting under proper authority, have signed this Agreement on the date(s) indicated below.

Connecticut Community Providers  
Association, Inc.

[Commercial Janitorial Contractor]

By:

By:

Title:

Title:

Date:

Date:



CONNECTICUT QUALIFIED PARTNERSHIPS  
Public Act No. 06-129

ATTACHMENT

DEFINITIONS FOR *PUBLIC ACT NO. 06-129*

- (1) "Person with a disability" means any individual with a disability, excluding blindness, as such term is applied by the Department of Mental Health and Addiction Services, the Department of Mental Retardation, the Bureau of Rehabilitation Services within the Department of Social Services or the Veterans' Administration and who is certified by the Bureau of Rehabilitation Services within the Department of Social Services as qualified to participate in a qualified partnership, as described in section 3 of this act;
- (2) "Vocational rehabilitation service" means any goods and services necessary to render a person with a disability employable, in accordance with Title I of the Rehabilitation Act of 1973, 29 USC 701 et seq. , as amended from time to time;
- (3) "Community rehabilitation program" means any entity or individual that provides directly for or facilitates the provision of vocational rehabilitation services to, or provides services in connection with, the recruiting, hiring or managing of the employment of persons with disabilities based on an individualized plan and budget for each worker with a disability;
- (4) "Commercial janitorial contractor" means any for-profit proprietorship, partnership, joint venture, corporation, limited liability company, trust, association or other privately owned entity that employs persons to perform janitorial work, and that enters into contracts to provide janitorial services;
- (5) "Janitorial work" means work performed in connection with the care or maintenance of buildings, including, but not limited to, work customarily performed by cleaners, porters, janitors and handypersons;
- (6) "Janitorial contract" means a contract or subcontract to perform janitorial work for a department or agency of the state; and
- (7) "Person with a disadvantage" means any individual who is determined by the Labor Department, or its designee, to be eligible for employment services in accordance with the Workforce Investment Act or whose verified individual gross annual income during the previous calendar year was not greater than two hundred per cent of the federal poverty level for a family of four.





|                                                                                     |                                                                                         |                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                     |                                                                                         | ____ months                                                                                                                                                                                       |
| 5. Are you now receiving <i>Medicaid</i> ?                                          | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>2</sub> No   |                                                                                                                                                                                                   |
| 6. Are you now receiving <i>Medicare</i> ?                                          | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>2</sub> No   |                                                                                                                                                                                                   |
| 7. Are you now covered by health insurance?<br>(Other than Medicare or Medicaid)    | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>2</sub> No   |                                                                                                                                                                                                   |
| 8. Are you now receiving <i>Supplemental Security Income, or SSI</i> ?              | <input type="checkbox"/> <sub>1</sub> Yes →<br><input type="checkbox"/> <sub>2</sub> No | 8a. How much do you receive each month for SSI?<br>\$ __ , ____                                                                                                                                   |
| 9. Are you now receiving <i>Social Security Disability Insurance, or SSDI</i> ?     | <input type="checkbox"/> <sub>1</sub> Yes →<br><input type="checkbox"/> <sub>2</sub> No | 9a. How much do you receive each month for SSDI?<br>\$ __ , ____                                                                                                                                  |
| 10. Are you now receiving <i>welfare income benefits</i> ?                          | <input type="checkbox"/> <sub>1</sub> Yes →<br><input type="checkbox"/> <sub>2</sub> No | 10a. How much do you receive each month in welfare income?<br>\$ __ , ____                                                                                                                        |
| 11. Are you now receiving <i>food stamps</i> ?                                      | <input type="checkbox"/> <sub>1</sub> Yes →<br><input type="checkbox"/> <sub>2</sub> No | 11a. What is the dollar value of the food stamps you receive each month?<br>\$ ____                                                                                                               |
| 12. Do you have any children?                                                       | <input type="checkbox"/> <sub>1</sub> Yes →<br><input type="checkbox"/> <sub>2</sub> No | 12a. How many of your dependent children live with you?<br><input type="checkbox"/> <sub>0</sub> None <input type="checkbox"/> <sub>1</sub> One <input type="checkbox"/> <sub>3</sub> Two or more |
| 13. Do you think you would be employed today without working on this pilot program? | <input type="checkbox"/> <sub>1</sub> Yes                                               |                                                                                                                                                                                                   |

|  |                                          |  |
|--|------------------------------------------|--|
|  | <input type="checkbox"/> <sub>2</sub> No |  |
|--|------------------------------------------|--|

**SURVEY OF GOVERNMENT BENEFITS FOR PEOPLE WITH DISABILITIES  
WORKING ON Pilot Program CONTRACTS IN CONNECTICUT  
Pre-employment Survey**

**Qualified Partnership:** \_\_\_\_\_

**Introduction:** The State of Connecticut wishes to evaluate the effectiveness of PA 06-129 in creating employment. The Connecticut Community Providers Association (CCPA), is conducting a research study about government assistance received by workers in the Connecticut State Use Program. I'd like to ask you some questions about the benefits you receive now, and about those you received before you began working with us. Everything you say will be kept confidential—our report will talk about the program in general and not about any one person specifically. I'll read you questions and ask you to answer. Please tell me if you are not sure of an answer, and don't guess.

|                                                                                                                        |                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Employee Identification Number                                                                                       | _____ (Any job-related ID number so that you can identify respondent should clarification be needed at a later date with regard to responses.) |
| 2. In what year did you begin working on your current job?                                                             | Year: _____                                                                                                                                    |
| 3a. How many hours do you work, on average, on your current job?                                                       | _____ hours                                                                                                                                    |
| 3b. What is your hourly wage for your current job?<br>(Include all payments received including benefits paid in cash.) | \$____ . ____ per hour                                                                                                                         |
| 4. If you are not currently working do you receive                                                                     | <input type="checkbox"/> <sub>1</sub> Yes → 4a. What was the amount of the monthly unemployment benefit?                                       |

|                                                                                  |                                                                                         |                                                                                                                                                                                         |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>unemployment benefits?</i>                                                    | <input type="checkbox"/> <sub>2</sub> No                                                | 4b. During the 12 months prior to your beginning work on a Connecticut State Use contract, how many months of unemployment benefits did you receive?<br>\$ __ , __ __ __<br>____ months |
| 5. Are you now receiving <i>Medicaid</i> ?                                       | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>2</sub> No   |                                                                                                                                                                                         |
| 6. Are you now receiving <i>Medicare</i> ?                                       | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>2</sub> No   |                                                                                                                                                                                         |
| 7. Are you now covered by health insurance?<br>(Other than Medicare or Medicaid) | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>2</sub> No   |                                                                                                                                                                                         |
| 8. Are you now receiving <i>Supplemental Security Income, or SSI</i> ?           | <input type="checkbox"/> <sub>1</sub> Yes →<br><input type="checkbox"/> <sub>2</sub> No | 8a. How much do you receive each month for SSI?<br>\$ __ , __ __ __                                                                                                                     |
| 9. Are you now receiving <i>Social Security Disability Insurance, or SSDI</i> ?  | <input type="checkbox"/> <sub>1</sub> Yes →<br><input type="checkbox"/> <sub>2</sub> No | 9a. How much do you receive each month for SSDI?<br>\$ __ , __ __ __                                                                                                                    |
| 10. Are you now receiving <i>welfare income benefits</i> ?                       | <input type="checkbox"/> <sub>1</sub> Yes →<br><input type="checkbox"/> <sub>2</sub> No | 10a. How much do you receive each month in welfare income?<br>\$ __ , __ __ __                                                                                                          |
| 11. Are you now receiving <i>food stamps</i> ?                                   | <input type="checkbox"/> <sub>1</sub> Yes →<br><input type="checkbox"/> <sub>2</sub> No | 11a. What is the dollar value of the food stamps you receive each month?<br>\$ __ __ __                                                                                                 |
| 12. Do you have any children?                                                    | <input type="checkbox"/> <sub>1</sub> Yes →                                             | 12a. How many of your dependent children live with you?                                                                                                                                 |

|                                                                                     |                                                                                       |                                                                                                                                        |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                     | <input type="checkbox"/> <sub>2</sub> No                                              | <input type="checkbox"/> <sub>0</sub> None <input type="checkbox"/> <sub>1</sub> One <input type="checkbox"/> <sub>3</sub> Two or more |
| 23. Do you think you would be employed today without working on this pilot program? | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>2</sub> No |                                                                                                                                        |