STATE OF KANSAS PURCHASES FROM QUALIFIED VENDOR TAX CREDIT PROGRAM EMPLOYEE EVALUATION FORM

INSTRUCTIONS: EMPLOYER COMPLETES SECTIONS I, II AND IF APPLICABLE, SECTION III. IF SECTION III DOES NOT APPLY, A HEALTH PROFESSIONAL COMPLETES SECTION IV. IN EITHER CASE, EMPLOYER SHOULD COMPLETE AND SIGN EMPLOYER CERTIFICATION.

I. EMPLOYER BACKGROUND				
Business / Organization Name	Total Number of Employees			
Contact Name			Phone	
Business Address			<u> </u>	
Employer is a charitable organization in the S	tate of Kansas and	l exempt from in	ncome tax under Internal Rev	enue Code 501 (c)(3).
Circle One: Yes No				
II. EMPLOYEE BACKGROUND				
Name			Hire Date	
Job Title			Job Location	
Last Four Digits SSN	-			
III. HOME AND COMMUNITY-BASED WAIVER	R SERVICES			
The employee is receiving services, has receiv	ved services or is e	ligible to receive	e services under the followin	g Medicaid waiver:
Circle one: FE PD	I/DD	TBI	Other	
Medicaid Number				
EMPLOYER CERTIFICATION				
<u>l, </u>		certify the ah	ove as true to the hest of my	knowledge
1,		, certify the ab	ove as true to the best of my	Knowicuge.
Employer Contact Signature		-	Date	
Printed Name		-		
IV. HEALTH PROFESSIONAL CERTIFICATION				
A. PHYSICAL/MENTAL IMPAIRMENT				
The employee has a physical or mental impair	rment that constit	utes a substanti	al barrier to employment.	
Physical impairment: Yes No Mental	impairment: Yes	s No		
Description of Disability / Barrier to Employm	ent:			
B. SEVERE AND PERSISTENT MENTAL ILLNESS	S (SPMI)			
The employee has a severe and persistent me	ental illness. Ye	s No		
Description of SPMI / Barrier to Employment:	<u>:</u>			
1		a licensed V	ınsas Health Professional do	hereby certify that the a
referenced employee has a physical or menta mental illness.	al impairment whic	ch constitutes a	barrier to employment; and/	or a severe and persiste
Signature			Date	
Printed Name			Phone	