



INVITATION TO SELF IDENTIFY FOR INDIVIDUALS WITH DISABILITIES

Behavioral Health Network (BHN) receives contracts and are subject to various Affirmative Action reporting requirements. In Massachusetts, for example, these regulations require that BHN take affirmative action to employ, and to advance in employment, qualified minority, veteran and disabled individuals. According to the Massachusetts Executive Office of Health and Human Services, a disabled person is "any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, or has a record of such impairment, or is regarded as having such an impairment. Major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working."

If you are an individual with a disability and would like to be considered under and included in our Affirmative Action Program, please submit such information to the Human Resources Department on the form below. Submission of this information is voluntary and you are not required to identify yourself as a individual with a disability. The information provided will be used only in accordance with the state law and regulations and will reflect to the State, BHN's actual workforce statistics. This means that the information provided will be kept confidential, except that government officials investigating compliance with the law shall be informed on a collective basis. BHN will only report as disabled those individuals voluntarily identifying themselves as such.

BHN's Affirmative Action Program may be reviewed upon request in the Human Resource Department during normal business hours.

SELF-DISCLOSURE FORM

Disability definition:

"any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, or has a record of such impairment, or is regarded as having such an impairment. Major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working."

I, (Please print) _____, am an employee of Behavioral Health Network. I have read the above statement and am voluntarily identifying myself as a disabled person under this definition.

Signature

Date