

**SHELTERED WORKSHOP/PRODUCTS AND VOCATIONAL SERVICES  
SUPPLEMENTAL APPLICATION**

(TO BE COMPLETED FOR EACH APPLICABLE LOCATION)

1. Applicant \_\_\_\_\_
2. Address of sheltered workshop \_\_\_\_\_
3. Number of clients per day: Sheltered workshop \_\_\_\_\_ Vocational services \_\_\_\_\_
4. Number of teachers/instructors daily \_\_\_\_\_
5. Describe operations at the sheltered workshop (please be specific)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What type of clientele is working at the sheltered workshop?  
Developmentally Disabled \_\_\_\_\_ Mentally Ill \_\_\_\_\_ Physically Handicapped \_\_\_\_\_  
Other (describe) \_\_\_\_\_
7. Complete list of products made (include annual receipts)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Indicate number of clients where applicable:  
Janitorial: \_\_\_\_\_ Job Placements: \_\_\_\_\_  
Landscape: \_\_\_\_\_ Restaurant/Cafeteria: \_\_\_\_\_  
Other (describe): \_\_\_\_\_
9. Are clients paid salary?  Yes  No If yes, by whom? \_\_\_\_\_
10. Are clients covered by your workers compensation policy?  Yes  No  
If yes, carrier's name \_\_\_\_\_
11. Are clients covered by a separate accident/medical policy?  Yes  No  
If yes, carrier's name \_\_\_\_\_  
If no, are clients covered by Medicare/Medicaid?  Yes  No