

Number on Waiting List @ Beginning of Period _____

Plus: Consumers added to Waiting List _____

Less: Consumers hired from Waiting List _____

Less: Consumers removed from Waiting List _____

Number on Waiting List @ End of Period _____

St. Louis County Consumers Employed _____

Consumers from other Counties Employed _____

Total Consumers Employed @ End of Period _____

By signing this form, I am certifying that this information is correct and that all of the consumers included on this waiting list have been contacted within the past 30 days to verify that they still desire sheltered employment at this sheltered workshop and that they are available for immediate hire.

Individual Completing Form _____

Date: _____