Name: _____

Last 4 SSN: _____

## AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

**Sharing Entities:**

"VR" — State of Nevada, Department of Employment, Training and Rehabilitation (DETR), Rehabilitation Division, Vocational Rehabilitation (VR) program (includes the Bureau of Vocational Rehabilitation and the Bureau of Services to Persons who are Blind or Visually Impaired)

"ESD" — State of Nevada, DETR, Employment Security Division, Employment services programs (includes Wagner-Peyser and Career Enhancement Program)

"DWSS E&T" — State of Nevada, Department of Health and Human Services (DHHS), Division of Welfare and Supportive Services (DWSS), Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) Employment & Training (E&T) programs

"Nevadaworks" — Local workforce development board (LWDB) in northern Nevada; Nevadaworks, through their contracted service providers, Workforce Innovation and Opportunity Act (WIOA)'s programs

"Workforce Connections" — Local workforce development board (LWDB) in southern Nevada; Workforce Connections, through their contracted service providers, WIOA's dislocated worker, youth, and adult employment services programs

"GOWINN" — The Governor's Office of Workforce Innovation helps drive a skilled, diverse, and aligned workforce in the state of Nevada by promoting cooperation and collaboration among all entities focused on workforce development

**Purpose of Collecting Information:**

This information may be collected and used for several purposes including, but not limited to: verification of eligibility; referral provision and coordination; verification of status while actively receiving services and during the follow-up period; also, for program reporting, planning, and evaluation purposes. In most cases, the method of soliciting this information and verifying it includes the use of your Social Security number (SSN).

This release covers the following items:

- Education information, including:
  - Enrollment documentation
  - School status documentation
  - Diploma/certificate documentation
  - Attendance records
  - Progress reports
- Employment information, including:
  - Employer name and address
  - Employment start and end dates (as applicable)
  - Rate of pay
  - Hours assigned per week (full-time vs. part-time)
- Demographics and prior assessments
- Prior earned income
- Unemployment Insurance information
- SNAP (food stamps) / TANF status
- Social security income

- Job title
- Fringe benefits (including health insurance, retirement, paid time off)

- Financial aid application and status

- Media:
  By participating in the program, you grant these parties the right to photograph you and understand those photos may be used for promotional display.

- Test results and assessments related to math, reading, job interests, aptitudes related to your employment, training, and service referral needs

**Certification and Release of Information:**

I fully understand the above-stated information and consent to the release of the indicated information, including the ways in which my Social Security number can be used by the parties listed above.

I authorize, to the extent permitted by law, the sharing entities (listed on page 1) to share all information about me contained within my individual case files with the sharing entities, for the exclusive purpose of coordinating delivery of goods and services to me. The sharing entities agree that all information about me shall be kept confidential as allowed and required by law. I understand that my records are protected under Federal regulations governing confidentiality of Alcohol and Drug Abuse Patient 42 CFR Part II and cannot be disclosed without consent unless provided for in the regulations.

I am listing here any entities from the sharing entities (listed on page 1) for whom I do NOT authorize the sharing of my information: _____

I understand that the information I have provided will be used to determine program eligibility. I certify that the information provided is true to the best of my knowledge. I allow the release of this information for verification purposes.

I have been advised that I may have to provide documents to support this application and could be subject to prosecution for fraud and/or perjury if I intentionally supply inaccurate or misleading information, and that my participation in this program may be terminated immediately if I am found ineligible after enrollment.

I have received and understand the Grievance Policy as provided by the program staff.

I understand that I may revoke this consent at any time by submitting a signed written revocation to any of the sharing entities (listed on page 1) for which I have an open case. Data sharing with a particular sharing entity will cease upon the closure of my case file with that particular sharing entity. This consent will expire upon closure of all my case files with all the sharing entities.

_____ _____
Applicant Signature Date

_____ _____
Parent or Legal Guardian Signature (if applicant is a minor) Date

_____ _____
Program Staff / Witness Signature Date

## APPLICANT'S RIGHTS

### Equal Opportunity is the Law

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of race, color, religion, sex, (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English Proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act (WIOA), on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communication with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

If you think that you have been subjected to discrimination under a WIOA Title-I financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: The recipient's Equal Opportunity Officers [Michael Baltz – State EO Officer, Mary Beth Hartleb – Workforce Connections, Southern Nevada WIB EO Officer, or Milt Stewart – Nevadaworks, Northern Nevada WIB EO Officer] or the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue, NW, Room N-4123, Washington, DC 20210.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

I have read and understand my rights under federal law and know that I have the right to file a complaint.

| | |
|---|---|
| Applicant Signature | Date |
| Program Staff / Witness Signature | Date |

DETR IS AN EQUAL OPPORTUNITY EMPLOYER/PROGRAM.
AUXILIARY AIDS AND SERVICES AVAILABLE UPON REQUEST FOR INDIVIDUALS WITH DISABILITIES.

Equal Opportunity Officers:

- Michael Baltz, State EO Officer, (702) 486-6511 and (800) 326-6868 (TTY, Nevada Relay 711)
- Mary Beth Hartleb, Workforce Connections, Southern LWDB EO Officer, (702) 683-8750 and (880) 326-6868 (TTY, Nevada Relay 711)
- Milt Stewart, Nevadaworks, Northern LWDB EO Officer, (775) 284-1332 and (800) 326-6868 (TTY Nevada Relay 711)