This form is to be used to facilitate sharing of information and protection of confidentiality. When completed and added to the customer’s file, this form allows agencies (as initialed below) to share information on an as needed basis to assist the customer to reach his/her employment and training goals. The Career Planner highlights the items that need initialing, and the Customer initials the items that are authorized to share.

**CUSTOMER INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Customer Name |  | Date of Birth |  | County |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agencies to Receive/Exchange Information (Initial each agency this release/exchange of information applies to. Annotate specific agencies as needed.) | |  | **Type of Information to be Released/Exchanged)**  (Initial each type of information this release/exchange of information applies to.) | | | | | | |
|  | Catholic Charities |  |  | Academic Assessment | | | | | |
|  | Child Support Agency |  |  | Academic Schedules/Attendance/Grades | | | | | |
|  | College/University: |  |  | Benefits Received | | | | | |
|  | Couleecap |  |  | Child Support Obligations | | | | | |
|  | Counseling Services |  |  | Employment Information | | | | | |
|  | Department of Corrections – agent: |  |  | Financial Verification | | | | | |
|  | Department of Health & Human Services |  |  | Assessment Results | | | | | |
|  | Domestic Abuse Agency |  |  | Legal Records | | | | | |
|  | Employer |  |  | Medical Records | | | | | |
|  | Families First |  |  | Physical Restrictions | | | | | |
|  | Family and Children’s Center |  |  | Program Eligibility | | | | | |
|  | Family Preservation and Support |  |  | Referral Information | | | | | |
|  | Housing Agency |  |  | Services Received | | | | | |
|  | Job Service |  |  | Unemployment/Workman’s Compensation | | | | | |
|  | Literacy – Agency Name |  |  | W-2/Food Stamp Services | | | | | |
|  | Medicaid / Medicare |  |  | Wage Information | | | | | |
|  | Salvation Army |  |  | Other | | | | | |
|  | Secondary Education – School: |  |  | Other | | | | | |
|  | Social Security Administration |  |  | Other | | | | | |
|  | Southwest Technical College |  |  | | | | | | |
|  | Social Security Administration |  | **I authorize** **to use the following information**: | | | | | | |
|  | Unemployment Compensation |  |  | First name | |  | Last name |  | Photograph | |
|  | United Way |  |  | Words (interview regarding your experience with      ) | | | | | |
|  | UW-Extension |  |  | Videotaped image | | | | | |
|  | Veteran Services |  |  | | | | | | |
|  | Western Dairyland, E.O.C. Inc. |  | **For the following purposes:** | | | | | | | |
|  | Western Wisconsin Cares |  | | Promotional items (brochures, flyers, newsletter, reports, presentations) | | | | | |
|  | Workforce Connections, Inc. |  |  | |
|  | WTC – Western Technical College |  |  | | Stories published on website: | | | | | |
|  | Other |  |  | | Media releases, letters to legislators | | | | | |
|  | Other |  |  | | | | | | | |
|  | Other |  | Please identify specific information you do **not** want       to use if not listed above: | | | | | | | |
|  |  |  |
|  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| This consent of release of information expires one year after signature date, unless specified here: | | |  | | | | |
| I understand that I have the right to inspect and receive a copy of the material(s) disclosed, and a copy of this consent form. I understand this consent may be revoked upon written requests; however, information may have been release before receipt of notice of revocation. | | | | | | |
| Signature of Customer |  |  | | Date |  |  | |
| Parent/ Guardian signature if participant is under 18 | | | | | | |

**Babel Notice**

In accordance with 29 CFR 38.9 (g)(3), Limited English Proficient (LEP) individuals seeking access to information about WIOA programs offered through the Western Wisconsin Workforce Development Board and its American Job Center partners, will receive language assistance in all communications of vital information. Vital information is defined as information, whether written, oral, or electronic, that is necessary for an individual to understand how to obtain any aid, benefit, service and/or training; necessary for an individual to obtain any aid, benefit, service and/or training; or required by law.

An interpreter, as well as the availability of free language assistance such as rulebooks; written tests that do not access English language competency, but rather assess competency for a particular license, job, or skill for which English proficiency is not required; and letters or notices that require a response from the beneficiary or applicant, participant or employee will be provided to all LEP individuals at no cost to the individual. WIOA Title I-financially assisted programs or activities or offerings are supported with federal funding from the Workforce Innovation and Opportunity Act (WIOA). E3 Works and QUEST programs are funded by WIOA and are equal opportunity programs.

**English**

IMPORTANT! These are documents that contain important information about WIOA training services; how to apply for training services; and your rights, responsibilities and/or benefits. It is critical that you understand the information in these documents. You can receive telephone translation assistance of all documents by calling (608) 789-5410 at no cost to you.

**Español**

¡IMPORTANTE! Hay documentos que contienen información importante acerca de los servicios de capacitación de WIOA, cómo solicitar servicios de capacitación, sus derechos, responsabilidades y / o beneficios. Es fundamental que entienda la información de estos documentos. Usted puede recibir asistencia de traducción telefónica de todos los documentos por calling (608) 789-5410 sin costo alguno para usted.

**Hmong**

TSEEM CEEB! Muaj cov ntaub ntawv uas muaj cov ntaub ntawv tseem ceeb ntawm WIOA cov kev pabcuam kev cob qhia; yuav ua li cas thiaj li thov rau cov kev pabcuam kev cob qhia; thiab koj cov cai, lub luag haujlwm thiab / lossis cov txiaj ntsig. Nws tseem ceeb heev uas koj to taub cov ntaub ntawv nyob hauv cov ntaub ntawv no. Koj tuaj yeem tau txais kev pab txhais lus hauv xov tooj ntawm tag nrho cov ntaub ntawv uas yog hu rau (608) 789-5410 yam tsis tau them nqi.

*Workforce Connections, Inc.*

*402 N. 8th Street, P.O. Box 2908*

*La Crosse, WI 54602-2908*

*(608) 789-5620*