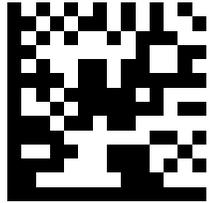




State of Utah
Department of Workforce Services
**RELEASE/DISCLOSURE OF INFORMATION &
CONSENT FOR COORDINATED SERVICES**
ONLY for use by Contracts and Refugee Home Visits
Where UWORKS is Unavailable



D18914001510101

John Doe

Name (Print)

PID

Case #

I understand that my records are protected under the State and Federal regulations as well as professional codes of ethics governing confidentiality and cannot be released or disclosed without my written consent, unless otherwise provided for in the State and Federal regulations.

I authorize the release and/or disclosure of information only to the agencies listed below with the restriction that the information cannot be passed on to any other person or entity/agency..... Yes No

- | | | |
|--|--|--|
| <input type="checkbox"/> Div. of Child & Family Services | <input type="checkbox"/> Div. of Services for People with Disabilities | <input type="checkbox"/> Div. of Juvenile Justice Services |
| <input type="checkbox"/> Job Corps | <input type="checkbox"/> Juvenile Court | <input type="checkbox"/> Local Mental Health Providers |
| <input type="checkbox"/> School Districts | <input type="checkbox"/> State/Local Health Department | <input type="checkbox"/> Substance Abuse Treatment Providers |
| <input type="checkbox"/> Vocational Rehabilitation | <input type="checkbox"/> Social Security Administration | <input type="checkbox"/> Any & All Employer/Worksite |
| <input checked="" type="checkbox"/> Other Your Organization Name <input type="checkbox"/> | | |

The information selected below is to be released and/or disclosed to coordinate a variety of services on my behalf. In order to provide these services, representatives of public and private agencies may be working together and may need to share information about me with one another.

I authorize the information below to be released from and/or disclosed to the agencies selected above to assist the Department of Workforce Services (DWS) in coordinating services for me. I only authorize the release and/or disclosure of the specific items checked below. I understand that this consent is effective from the date below until the final day of the month following the termination of my currently open program(s) with DWS. I understand I may revoke this consent at any time by sending written notification to my Employment Counselor.

Note: DWS does not disclose controlled documents without consent of the DWS Legal Department.

R = Release my information from a third party to DWS D = Disclose my information from DWS to a third party

- | | | |
|--|---|--|
| R D
<input type="checkbox"/> <input type="checkbox"/> Employment Information (wages, hours worked, schedule, etc.) | R D
<input type="checkbox"/> <input type="checkbox"/> Employment Plan Development/Renegotiation | R D
<input type="checkbox"/> <input type="checkbox"/> Legal Information (court documents/orders, etc.) |
| <input type="checkbox"/> <input type="checkbox"/> Add'l. Monitoring Information (WSL, CTW, job leads/contacts, etc.) | <input type="checkbox"/> <input type="checkbox"/> School Information (progress, attendance, schedule, etc.) | <input type="checkbox"/> <input type="checkbox"/> Treatment Information (plan, schedule, attendance, etc.) |
| <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Other TANF Eligibility | <input type="checkbox"/> <input type="checkbox"/> Other _____ | <input type="checkbox"/> <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> <input type="checkbox"/> Other _____ | <input type="checkbox"/> <input type="checkbox"/> Other _____ | <input type="checkbox"/> <input type="checkbox"/> Other _____ |

Signature of Customer

Date

Signature of Parent or Guardian, if under age 18

Date

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162