

## Northwest Workforce Service Area Letter 101

**Subject:** Minnesota Government Data Practices Act

**Issuance Date:** 1 January 2004, Revised 1 September 2011

**Effective Date:** 1 January 2004

**Action:** To establish the Northwest Workforce Service Area procedures in accordance with the Minnesota Government Data Practices Act.

**Who:** Workforce Investment Board Members, Local Elected Official Board Members, and Program Providers.

**Background:** In June, 1988, the Minnesota Legislature enacted the “Minnesota Government Data Practices Act (Minnesota Statutes, Chapter 13). The Act became effective 1 July 1988. Guidelines under the act govern rights of the individual in the collection, creation, storage, maintenance, dissemination, and access or data. The Minnesota Government Data Practices Act establishes that government data is public and is accessible by the public for both inspection and copying unless there is federal law, a Minnesota state statute, or a temporary classification of data that provides that certain data is not public.

**Policy and Procedures:** Program Providers must understand that they are bound by the Minnesota Government Data Practices Act and that they shall inform program applicants that applicant data may be shared with other agencies for eligibility and program evaluation purposes. The following forms are to be utilized to provide applicants and program participants an explanation of their rights under the Minnesota Data Practices Act.

1. **“Tennessen” Warning:** Each individual applying for services under Title I of the Workforce Investment Act shall be provided with a “Tennessen” Warning (Attachment A) informing them of the purposes and uses of the data collected, who has access to the data and the effects of non-disclosure.

The applicant should be provided with the original document and a copy of the “Tennessen” Warning should be signed and dated and placed in the individuals file. A parent or guardian must sign the “Tennessen” Warning for a youth under the age of 18.

2. **Release of Client Information:** The Release of Information Form (Attachment B) will be used to secure information from other agencies to assist Case Management Staff in the preparation and coordination of services under Title I of the Workforce Investment Act.

All information must be completed on the form prior to obtaining the clients signature. The signature of a parent or guardian must be obtained on the Release of Client Information form for all youth under the age of 18.

A separate Release of Client Information Form must be completed for each agency from which information is being requested.

Data collected, exclusive of data from other agencies, is accessible to the individual concerned. If an individual wishes to have access to data collected from other agencies through a release of information form, the individual must contact the agency responsible for that data.

All data collected by any program provider may be shared with other program providers under agreement with the Northwest Private Industry Council.

Data cannot be collected, stored, used or disseminated for any purposes other than those stated in the above forms except:

1. As approved by the Commissioner of Administration;
2. As subsequently authorized by state or federal law; or;
3. As consented to by the individual subject to the data.

**Attachments:**

Attachment A: "Tennessen" Warning

Attachment B: Release of Client Information

**Contact:**

Amanda Grzadzielewski  
NWPIC Executive Director  
220 Pennington Avenue South, Suite B  
Thief River Falls, MN 56701  
Phone/TTY: (218) 683-5460  
Fax: (218) 683-5461  
E-Mail: [agrzadzielewski@nwpic.net](mailto:agrzadzielewski@nwpic.net)

# **ATTACHMENT A**

## **“TENNESSEN” WARNING**

**NORTHWEST PRIVATE INDUSTRY COUNCIL  
"TENNESSEN" WARNING**

**AUTHORITY**

The Northwest Private Industry Council (NWPIC), as the grantee of Federal and State job training funds authorized under Title I of the Workforce Investment Act, administers programs in Kittson, Marshall, Norman, Pennington, Polk, Red Lake and Roseau Counties designed to help unemployed or disadvantaged individuals secure jobs or training for jobs. As part of this responsibility as the recipient of WIA funds, the NWPIC has contracted with Inter-County Community Council (ICCC) and the Minnesota Department of Employment and Economic Development (DEED) for program services. As a result, ICCC and DEED are authorized to request information for applicants and to examine their qualifications to be participants in the WIA program.

**PURPOSES AND USES**

Under the Minnesota Government Data Practices Act (M.S. 15.1611 ct seq.), you have the right to know what uses will be made of private or confidential information you provide in filling out application documents for programs under Title I of the Workforce Investment Act (WIA). The information requested on the application is used to determine the qualifications and eligibility of applicants for participation in employment and training programs. The date of your application will be entered into an automated record keeping system. Staff members will have access to your application form in order to verify its contents. Certain items are public information and anyone may have access to public information upon request. Your authorization is required, however, for the release of private information. Private information is not accessible to anyone except you, persons you authorize to see it, certain State and Federal officials and private auditors under contract to the State or Federal Government whose jobs require reasonable access to it, and cooperating parties under contract to provide project services to the extent necessary to help implement your Individual service Strategy (ISS). Any information used for statistical or research purposes will be in summary form and will not disclose any personally identifying data about you. Depending on services recommended, your entire file will be transferred to the appropriate contractual agency.

**EFFECTS OF NON-DISCLOSURE**

The WIA application contains some questions whose answers we cannot require. Failure to complete these items will not adversely affect your eligibility, but omission of such items could mean that you might not receive full consideration for participation. You are encouraged to complete all the items in order to facilitate a complete appraisal by staff. Intentional misrepresentation of information about income or prior employment will result in termination from enrollment in any WIA program and may result in criminal prosecution.

**AUTHORIZATION**

I authorize ICCC and/or DEED to share information in order to determine eligibility and to the extent necessary to help implement the ISS. I understand that this authorization will expire one year from the date of signature on this form or upon the completion of all follow-up requirements of my participation in the program.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Service Provider Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

NWPIC 10-01-08

# **ATTACHMENT B**

## **RELEASE OF CLIENT INFORMATION**

	<h2 style="margin: 0;">NORTHWEST WORKFORCE SERVICE AREA RELEASE OF CLIENT INFORMATION</h2>
---	--

**Client Name:** \_\_\_\_\_  
Last
First
MI
**Social Security #:**

**Client Address:** \_\_\_\_\_  
 \_\_\_\_\_

**General Authorization for Release of Personal Information:**

I hereby authorize \_\_\_\_\_ to release any and all information to be used to verify program eligibility and to assist with the development of the Individual Service Strategy (ISS) under the Minnesota Dislocated Worker Program, the Minnesota Youth Program, and/or the Workforce Investment Act (WIA) to:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Request that the following information be provided:**

**Any and all information needed to verify compliance and or completion of the WIA program. To included grades, transcripts, certificates and current enrollment status.**

This authorization is in effect as long as the client is an active program participant. I understand and agree that I may revoke this authorization at any time, and will do so in writing, and that I may review the information before authorizing its release subject to the provisions of the Federal and State Laws covering data privacy.

The client file under any of the above mentioned programs is open to the client, less all information received from other agencies. Clients have the right to review personal information at the agency where it is initiated.

Client Signature:	Date:
Parent/Guardian Signature:	Date:
Agency Signature:	Date: