

Northwest Workforce Service Area Letter 102

Subject: Consent to Share Wage and Employment Information

Issuance Date: 1 January 2004, Revised 1 July 2008

Effective Date: 1 January 2004

Action: To insure compliance with State Dislocated Worker Directives and to establish that all participants enrolled in WIA Adult, WIA Youth, WIA Dislocated Worker and the State Dislocated Worker programs on or after 1 July 2003 have the Consent to Share Wage and Employment Information form completed, signed, and placed in the clients file.

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

Background: Wage Detail information is used to determine Dislocated Worker performance standards by matching the client's wage records at time of placement with the Wage Detail information that is housed in the Data Warehouse.

Policy and Procedures: Program operator staff will complete the attached Consent to Share Wage and Employment Information form and place the completed form in the client file.

1. The client is to receive a completed copy of the document.
2. Where a blank space calls for an agency name, use NWPIC/DEED/ICCC. Because of the contractual nature between these agencies, DEED/ICCC acts as the agent of the NWPIC.
3. When a blank space calls for Program Name and it is unknown which Dislocated Program the client will be enrolled in, use the generic term Dislocated Worker. If it is known at the time of application that the client will be enrolled into either the Federal WIA Dislocated Worker program or the State Dislocated Worker program use the specific program.
4. Additionally, staff MUST include the signed consent form in the participant file, and the Consent to Obtain Wage Detail section in Workforce One must be flagged as a "Y" so that DEED knows that a signed consent form allowing the release is in the participant file.

Reference Section

DEED WIA MIS Manual Part IV

Attachment: Consent to Share Employment & Wage Information

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ATTACHMENT A

CONSENT TO SHARE WAGE & EMPLOYMENT INFORMATION

	<h2 style="margin: 0;">CONSENT TO SHARE WAGE & EMPLOYMENT INFORMATION</h2>
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Please read. If you need help with or do not understand this form, please contact a staff person.

I agree that the Minnesota Department of Employment and Economic Development (DEED) / Inter-County Community Council (ICCC), may release information on my wages and employment contained on the state's Wage Detail Files to the Northwest Private Industry Council (NWPIC).

I understand that this is private information and my decision to refuse consent to share this information will not have an effect on my participation in the program.

I understand that the Northwest Private Industry Council will use this information ONLY for the following purposes:

1. Preparing required reports;
2. Auditing _____ or the Northwest Private Industry Council/ DEED/ICCC.
(Program Name)
3. Reviewing my eligibility for the Northwest Private Industry Council/DEED/ICCC employment and training program; and/or
4. Learning how well the _____ program is helping people like me.
(Program Name)

I understand that Minnesota state law does not allow the NWPIC to use this information for any other purpose. This information may not be shared by the NWPIC/DEED/ICCC without my consent. This consent goes into effect today. This approval expires after three years from the time I leave the:

_____ program.
(Program Name)

I may cancel this consent in writing at anytime.

_____ Yes, I agree to the sharing of wage and employment information.

_____ No, I do not agree to the sharing of wage and employment information.

Participants Name: _____ SS Number: _____

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Please complete the **Wage Detail** field in Workforce One. Enter a "Y" – Yes or "N" – No as indication by the checked box above consenting to share their wage and employment information.

NOTE: The Participant may cancel this authorization of consent at anytime with a written request.

NWPIC 12/10/10

Introduction

The “Consent to Share Wage and Employment Information” form is a new addition to the Manual. The intent of this form is to assure that we have permission to match the participant’s wage records at the time of placement with the Wage Detail information that is housed in the Data Warehouse. This form is to be used in conjunction with the “Use of Data Statement” and other required paperwork to enroll a participant into a specific program.

NOTE: If the State of Minnesota’s Department of Employment & Economic Development (DEED) provides data entry services, photocopies of all documents (“Use of Data Statement”, “Consent to Share Wage and Employment Information”) must accompany the appropriate application and status change forms, along with any other related documents.

NOTE: If you customize the form to include your “agency” and/or “program names, please be sure that all appropriate blanks have been completed.

Instructions:

1. Have the participant carefully read and complete the “Consent to Share Wage and Employment Information” form during the first meeting while obtaining basic information regarding his/her program eligibility.
2. Ensure that either the “yes” or “no” box has been checked and enter this information appropriately into Workforce One.
3. Ensure that the participant’s name is typed or printed above their signature; the participant and/or participant’s parent or legal guardian is signed and dated.
4. The signed original document becomes part of the participant’s file and a photocopy is provided to the participant. If necessary, the document is available upon request.
5. If a participant changes his/her consent option as indicated in item #4 above, the written request cancels the previous consent option and the system records need to be updated. This written request becomes part of the participant’s file.