



RELEASE AGREEMENT

NAME: _____

SS# XXX-XX-_____

RELEASE OF INFORMATION

I give my permission to CareerSource Palm Beach County to release all pertinent information contained in my records and files, both electronic and hard copy, to any agency or organization with which the CareerSource has a contractual agreement. This includes, but is not limited to evaluations, assessments, tests, program participation, counseling notes, and outcomes.

I further give permission to any agency or business, public or private, to release information to the CareerSource pertaining to employment and/or academic progress/school attendance. I understand that any information collected by the CareerSource will be held in strict confidence and will be utilized strictly to conduct business related to my eligibility for services and to assist in the delivery of such services.

I specifically give the U.S. Department of Education permission to send information regarding student financial aid to the Alliance.

MEDIA RELEASE

- I DO
- I DO NOT

... give my permission to CareerSource Palm Beach County to use any photograph and/or video footage, which I am included in commercial advertisements, newsletters, or any other agency publication/film. I further release CareerSource Palm Beach County from any liability for such use.

I understand that the CareerSource Palm Beach County is a non-profit corporation and will not benefit financially from the use of any photograph and /or video footage, which I am included.

I certify that I have read the above statements, understand my rights and agree with the contents of the Release Agreement.

Applicant or Participant Signature

Date

Parent or Guardian's Signature (if customer is a minor)

Date

Career Consultant Signature

Date

WTP-003 – Release Agreement: 9/12/2008, Issue 3, Revised 2/18/2014, Revised 1/9/2015

An Equal Opportunity Employer/Program-Auxiliary aids and services are available upon request to individuals with disabilities using TTY/TDD equipment via the Florida Relay Service at 711.

PRIVACY ACT STATEMENT

Disclosure of your social security number is voluntary. It is requested however, pursuant to Section 119.071 (5) (a), Florida statutes for the administration of Workforce Programs, and will be used in assessing and reporting program performance and accountability to the federal government.

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OPPORTUNITIES AND OBLIGATIONS ACKNOWLEDGEMENT FORM

YOUR OPPORTUNITIES

You have the opportunity to:

- * Receive help paying for support services (if approved) in employment, education, or other assigned activity(ies), unless you are able to make these arrangements on your own. Support services may include, but are not limited to transportation, tools, clothing, uniforms, etc. (This help is based on your assigned activity and the availability of funding.)

family circumstances including change of address,

- * Have decisions about your case reviewed by a supervisor at the Regional Workforce Board.

- * Request a hearing if you disagree with a decision about your temporary cash assistance.

- * Be excused from or rescheduled for an activity if you have good cause. Good cause is determined by the Regional Workforce Board.

- * Request Cash Assistance Severance Benefit.

- * Request Relocation assistance.

- * Receive the following services, if eligible:

- Mental Health Counseling - Domestic Violence Counseling/Services and/or - Substance Abuse Counseling/Services

- * Receive transitional benefits, if eligible, after you are no longer receiving temporary cash assistance, based on funding availability, such as: - Childcare - Transportation - Education and Training

- * Receive Medicaid and food assistance benefits based on eligibility requirements.

YOUR OBLIGATIONS

You are required to:

- * Participate in, document and complete assigned program order to find activities.

- * Respond to all contacts from the Regional Workforce Board or to: childcare, other agencies you are referred to.

- * Inform Regional Workforce Board of changes in participation, employment,

telephone number, childcare needs, transportation problems, health problems, etc.

- * Apply for and seek employment.

- * Accept any reasonable offer of suitable employment.

- * Remain employed. Must contact Regional Workforce Board prior to reducing your hours or quitting.

- * Report good cause reasons for failure to participate immediately.

CONSEQUENCES FOR FAILURE TO PARTICIPATE

CASH ASSISTANCE PENALTIES

- * 1st Penalty: Cash assistance terminated for entire family for a minimum of 10 days or until the individual complies, whichever is later.

- * 2nd Penalty: Cash assistance terminated for entire family for one month or until the individual who failed to comply does so, whichever is later.

- * 3rd Penalty: Cash assistance terminated for entire family for three months or until the individual who failed to comply does so, whichever is later.

NOTE: Cash assistance may be continued on a level for children under age 16 through a protective payee.

FOOD ASSISTANCE PENALTIES

- * 1st Penalty: Loss of food assistance for one month or until compliance, whichever is longer.

- * 2nd Penalty: Loss of food assistance for three months or until compliance, whichever is longer.

- * 3rd Penalty: Loss of food assistance for six months or until compliance, whichever is longer.

NOTE: If the non-compliant individual is the head of household, food two or three penalty assistance for the entire assistance group will be terminated unless that individual meets a food assistance exemption.

I have received a copy and have reviewed the Opportunities and Obligations. I understand my rights and responsibilities as a participant in the Welfare Transition Program.

PRIVACY ACT STATEMENT: **I understand that I am required by law to provide my social security number(s) or proof that I have applied for a social security number if I do not currently have one to receive TANF funded benefits/services. This is mandatory under the Social Security Act (42 U.S.C. 1137). If I do not have a social security number and have not applied for a social security number, I can request help with filing an application. The social security number is used to administer the program, including determining eligibility, attributing the receipt of services, correspondence and participation to my case, as well as for reporting purposes.*

Participant Signature

Date

Participant's Printed Name

Social Security Number



Workforce System Complaint and Grievance Procedures

COMPLAINT OF DISCRIMINATION PROCEDURES:

If, as a CareerSource Palm Beach County System participant, you feel that your rights have been violated due to an act of discrimination based on race, color, gender, national origin, religion, disability, age, marital status, political affiliation or belief (beneficiaries only), citizenship, or participation in CareerSource programs, you may file a complaint of discrimination.

You may file a complaint of discrimination (within 180 days of the occurrence) with either the CareerSource Palm Beach County's Equal Opportunity Officer at 3400 Belvedere Road, West Palm Beach, FL 33406, the Department of Economic Opportunity, Office of Civil Rights (OCR), Caldwell Building, 107 East Madison Street, MSC 150, Tallahassee, Florida 32399-4128 or directly with the US Department of Labor, Civil Rights Center (CRC), 200 Constitution Avenue, Northwest, Room N-4123, Washington, DC 20210.

NON DISCRIMINATION COMPLAINT/GRIEVANCE PROCEDURE (APPLICANTS AND PARTICIPANTS):

If as a participant of any agency within the CareerSource System, you have a problem which arises in connection with programs operated in the Career Center or with a CareerSource Representative that is not based on discrimination, you should first complete a Career Center Complaint/Grievance Record and then discuss the matter with the Department Manager. If the matter cannot be resolved by the Department Manager, the Program Director will attempt to resolve the complaint. If the problem is not resolved to your satisfaction, you may submit a written grievance to the CareerSources' VP of Client Services within 90 days of the occurrence.

HEARING PROCEDURE:

CareerSource Palm Beach County will diligently attempt to clear up the matter informally within 10 working days. If the complaint or grievance is not resolved informally, a hearing shall be held and a decision shall be rendered by the CareerSource Executive Leadership within 60 calendar days from receipt of the complaint or grievance. You will be informed of the date and place of the hearing at least 15 calendar days prior to the hearing. The hearing shall be conducted in compliance with uniform rules of procedure contained in Chapter 28-106 of the Florida Administrative Code. If you are not satisfied with the decision of the CareerSource Executive Leadership or do not receive a hearing within 60 days, you may appeal to the Department of Economic Opportunity (within 30 days). Unresolved complaints may be sent by certified mail (return receipt), to the Florida Department of Economic Opportunity (DEO), Office of General Counsel, 107 East Madison Street, MSC 110, Tallahassee, Florida 32399- 4128.

INTIMIDATION AND RETALIATION PROHIBITED:

CareerSource Palm Beach County shall not discharge, intimidate, retaliate, threaten, coerce or discriminate against any person because such person has filed a complaint or grievance. The same prohibition applies to people who have furnished information, assisted or participated in any manner in an investigation, review, hearing or any other activity related to administration of, or exercise of authority under, or privilege secured by 29 CFR Part 34.

I certify that I have read the above statement and understand my rights and responsibilities as outlined. I acknowledge by my signature that I have received a signed copy of this document.

Participant Signature

Date

Parent or Guardian Signature (if participant is a minor)

Date

As a representative of the CareerSource System, I verify that the above-signed participant read the above statement of Complaint/Grievance and Hearing/Appeal procedures and indicated an understanding of the procedures.

Career Consultant Signature

Date