

## **Attachment B:**

### **Instructions for Completing the Workforce Innovation and Opportunity Act Interagency Release of Information Form**

The WIOA Interagency Release of Information Form was developed and approved by the:

- New York State Department of Labor
- New York State Education Department- Vocational Rehabilitation ACCES-VR and Adult Education Services
- New York State Office of Children and Family Services – New York State Commission for the Blind
- New York State Office for the Aging
- New York State Office of Temporary and Disability Assistance

Its purpose is to provide one universal release form to be used by the New York State Workforce Innovation and Opportunity Act (WIOA) system to more easily refer participants from one WIOA partner program to another.

Each agency and Local Workforce Development Board may customize the form with their specific logo. However, modifying language and the disclaimer paragraph is not allowed. Doing so may result in denial of the release of information by a state agency WIOA partner.

**Before completing the form, you need to explain all the information on the form, the purpose of the form, and use of the form to the participant. You must verify that the participant understands this information.**

#### **Information to Share with Participants**

When you determine that it is beneficial to the participant to refer them to a WIOA partner agency, explain the reason for the referral and how it will benefit him/her.

- Explain that a Release of Information form needs to be completed and signed by the participant to allow those agencies to share and discuss certain information about the participant to help them achieve their employment goals.
- Discuss the information you believe is necessary to share and/or discuss with other WIOA partner agencies, along with the reasons for sharing, and let the participant know they can choose which items to include in the release.
- Let the participant know that signing the form is voluntary. If they choose not to sign the form, your agency cannot initiate a direct referral to other WIOA partner agencies and share their information.
- Explain that the participant has the right to cancel the release at any time by notifying your agency in writing asking you to stop sharing information. Your agency will then notify the other agencies listed on the form that permission has been revoked and that further information may not be shared.

- Explain that no medical and/or disability information will be provided but that if a partner agency decides such information is necessary additional releases may be requested by that agency later.

## **Instructions for Completing the WIOA Release Form**

1. Enter the participant's name and address.
2. Enter the date on which the release will no longer be valid (must be within one year of the date the release was signed). A termination date must be entered; the release form will not be compliant if left blank.
3. Select the information that needs to be obtained, released, and/or discussed with other WIOA agencies you are referring the participant to. Make sure you discuss these with the participant and only check those items that the participant agrees to share.
4. Enter the name and contact information of your agency as the Initiating Agency.
5. Enter the name and contact information of the agency(ies) that you are referring the participant to and will need to share information with. Information can only be shared with agencies that need the information for their program purposes and the information shared should be necessary for those programs purposes. Only agencies that have a reason to share information can be listed. As such, listing all WIOA partner agencies is generally not appropriate.
6. Request that the participant sign and date the form. The release is not valid unless the participant signs and dates the form. If the participant cannot write, they need to do the best they can, or mark an X. You will then need to initial the form to signal that you witnessed the person signing the form.
7. Keep the original form on file, send a copy to each agency listed on the Release of Information form along with a completed referral form to each agency, and provide the participant with a copy of the Release form in their preferred format.

**Note: You must follow all security protocols relating to Personally Identifiable Information (PII) and Personal, Private and Sensitive Information (PPSI) when sending information to another agency.**

## **Example of an Appropriate Referral and Use of the Release of Information Form**

A New York State Department of Labor (NYSDOL) Workforce Advisor is working with an unemployment insurance claimant. The claimant recently became visually impaired, is 58 years old and has a low income. The Advisor recommends supportive services offered by other WIOA agencies that might be helpful to the claimant. The claimant agrees to be referred to the New York State Commission for the Blind, and a Senior Community Service Employment Program (SCSEP).

The Advisor helps the claimant complete the WIOA Release of Information form. NYSDOL would be listed first as the initiating agency followed by the other two agencies.

In this example, it would be inappropriate and unnecessary to include an agency that cannot provide services to the individual, such as a YouthBuild agency. Only those agencies that can assist the participant in obtaining needed services should be included on the Release of Information form.