

In accordance with the Minnesota State Statute on Data Privacy, M.S. § 268.19, Subd.(1b), I agree that the Minnesota Department of Employment and Economic Development (DEED) may release information on my wages and employment contained on the state’s Wage Detail files to Workforce Solutions.

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

I understand that Workforce Solutions will use this information ONLY for the following two purposes

1. Auditing the U LEAD Program and Workforce Solutions and/or
2. Learning how well the U LEAD Program is helping people like me.

I understand that Minnesota state law does not allow Workforce Solutions to use this information for any other purpose.

This information may not be shared by Workforce Solutions without my consent.

This consent goes into effect today. This approval expires after three years from the time I leave the U LEAD Program.

I may cancel this consent in writing at any time.

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

Participant’s Name (print or type)

Date

Participant’s Signature

Participant’s Social Security Number

Parent/Guardian Signature (if applicable)

Date

FOR AGENCY USE ONLY
Please complete the Wage Detail field on the Applicant Information form (# 88) or MFIP Short Application (# 34). Enter a “Y-YES” or “N-No” as indicated 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.

Introduction

The intent of the “Consent to Share Wage and Employment Information” form is to assure that we have the participant’s permission to match their wage records at the time of placement with the information that is in the Wage Detail database that is located 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 you customize your form to include your agency’s name, please be sure that all appropriate “agency name” and “program name” blanks have been completed.

Instructions

1. When first meeting with a client or participant and gathering information for his/her eligibility determination, have the participant complete the “Consent to Share Wage and Employment Information” form.
2. Ensure that either the “Yes” or “No” box has been checked and enter this information on the Applicant Information form, item #88 or the Special MFIP Short Application, item #34.
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 original signed document becomes part of the participant’s file and a photocopy it provided to the participant receives a photocopy of the signed document. If necessary, the document is available upon request.

NOTE: The participant may cancel his/her consent at any time with a written request.

5. If a participant changes his/her consent option as indicated in the note above, the written request cancels out the consent option and the system records need to be updated and the written request is placed in the file.