SAWDC CONSENT FOR RELEASE OF UNEMPLOYMENT INSURANCE DATA

Completed by ESD Staff

Completed by WIA Staff & Prospective WIA Participant

FOR WIA TITLE I-B PROGRAM ELIGIBILITY DETERMINATION

For Adult and/or Dislocated Worker

I authorize the Washington State Employment Security Department (ESD) to provide [name] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from [organization] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with my Unemployment Insurance (UI) claimant data for the specific purpose of eligibility determination for and enrollment in Workforce Investment Act (WIA) Title I-B Adult and/or Dislocated Worker programs and services. The specific UI data elements to be shared are identified in *Appendix A* on the back of this document.

I understand that my UI claimant data is confidential and that any unauthorized disclosure or abuse of that information may subject the individual to whom I have provided that information to a civil penalty of five thousand dollars ($5,000) and other applicable sanctions under state and federal law (RCW 50.13).

I have read this consent form and authorize access to my UI information.

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

Claimant Name (print) WIA Representative Name (print)

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

Claimant Signature WIA Representative Signature

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

Date Date

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

Social Security Number

Identification verified by: \_\_\_\_\_\_ Passport \_\_\_\_\_\_ Drivers License \_\_\_\_\_ State ID Card

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

 ESD Staff (Initial)

This document must be securely retained by the Workforce Development Council and/or its contractor and made available to the Employment Security Department upon request.

\*\*Print this as a double-sided one-page document for applicants to sign.

APPENDIX A

UNEMPLOYMENT INSURANCE DATA TO BE SHARED FOR

WIA TITLE I-B PROGRAM ELIGIBILITY DETERMINATION

* Claimant name
* Last four digits of SSN
* Name of employer(s) (most recent four quarters reported)
* Wages (most recent four quarters reported)
* Hours (most recent four quarters reported)
* Separation Reason – Laid Off / Lack of Work
* Unemployment Insurance (UI) status (STATUS)
* Weekly UI benefit amount (WBA)
* Maximum UI benefit payable (MBP)
* Net UI balance available (NBA)
* UI paid to date (PAID TO DATE)
* Approved for Training Benefits (TRB)
* Approved for Commissioner Approved Training (CAT)

\*\*Print this as a double-sided one-page document for applicants to sign.