



Success Story

WCI Program: WIA Dislocated Worker

Date: September 16, 2015

Tammy came to Workforce Connections stressed and lacking confidence after losing her job of 20 years at Fort McCoy working with Army lodging. Through hard work and the assistance of her Employment Coordinator she was able to gain self-confidence and a new career.

Tammy was interested in a healthcare career, but thought her age and the toughness of courses would prevent her from reaching this dream. However, with tuition and fuel assistance from Workforce Connections, she was able to work her way through school and earned a Certified Nursing Assistant certificate, phlebotomy certificate and a Medical Assistant degree. She is now employed at an area hospital and loving her job.

Tammy says she doesn't know where she would be without the help of her Employment Coordinator and she is very thankful for all the assistance she received.



Western Wisconsin Job Center Authorization for Release/Exchange of Confidential Information

1/14/2013

This form is to be used by Job Center Partner Agencies involved in providing services to customers named below in order to facilitate sharing of information and protection of confidentiality. When completed and added to the customer's file, the form allows agencies (as initialed below) to share information on an as needed basis to assist the customer to reach his/her employment and training goals. The Customer should initial – Case Manager highlights those items that need initialing.

CUSTOMER INFORMATION

Name TAMARA JACSON Date of Birth 2 JULY 1969 County USA-MonroeGly ^{WI}

Agencies to Receive/Exchange Information

(Initial each agency this release/exchange of information applies to. Annotate specific agencies as needed.)

- ☐ Catholic Charities
- ☐ Child Support Agency
- ☐ Couleecap
- ☐ Department of Corrections – agent: _____
- ☐ Counseling Services
- ☐ Department of Health & Human Services
- ☐ Domestic Abuse Agency
- ☐ Division of Vocational Rehabilitation (DVR)
- ☒ TS Employer
- ☐ GED/HSED
- ☐ Housing
- ☐ Secondary Education – School: _____
- ☐ Post Secondary Education College: _____
- ☐ Families First
- ☐ Family and Children's Center
- ☐ Family Preservation and Support
- ☒ TS Job Service
- ☐ Literacy – Agency Name _____
- ☐ Medicaid / Medicare
- ☐ Salvation Army
- ☐ Social Security Administration
- ☐ State SSI
- ☐ South West Technical College
- ☒ TS Unemployment Compensation
- ☐ United Way
- ☐ UW-Extension
- ☐ Veteran Services
- ☐ Western Dairyland, E.O.C. Inc.
- ☐ Western Wisconsin Cares
- ☒ TS Workforce Connections, Inc.
- ☒ TS WTC – Western Technical College
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____

Type of Information to be Released/Exchanged

(Initial each type of information this release/exchange of information applies to.)

- ☒ TS Financial Verification
- ☒ TS Academic Schedules/Attendance/Grades
- ☒ TS Services Received
- ☒ TS Wage Information
- ☒ TS Unemployment/Workman's Compensation
- ☒ TS Employment Information
- ☒ TS Academic Assessment
- ☒ TS Interest Assessment Results
- ☐ Psychological Assessment
- ☐ Legal Records
- ☐ Medical Records
- ☐ Physical Restrictions
- ☐ Child Support Obligations
- ☒ TS Program Eligibility
- ☐ W-2/Food Stamp Services
- ☒ TS Benefits Received
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____

I authorize Workforce Connections, Inc. (WCI) to use the following information:

- ☐ First name _____ Last name _____ Photograph _____
- ☐ Words (interview regarding your experience with WCI)
- ☐ Videotaped image

For the following purposes:

- ☐ Promotional items (brochures, flyers, newsletter, reports, presentations)
- ☐ Stories published on WCI website
- ☐ Media releases, letters to legislators

Please identify specific information you do not want WCI to use if not listed above:

This consent of release of information expires 4/30/2015 TS. I understand that I have the right to inspect and receive a copy of the material(s) disclosed, and a copy of this consent form. I understand this consent may be revoked upon written requests; however information may have been release before receipt of notice of revocation.

Signature of Customer Tamara Jacson
Parent/ Guardian signature if participant is under 18

Date 4-17-13