



Success Story

WCI Program: WIA Dislocated Worker

Date: September 16, 2015

Her company's downsizing nearly a year ago left Korrin without a job and not sure where to turn for help with job applications and networking. Once she heard about Workforce Connections she felt the organization would be able to help her with both of these.

Korrin's Employment Coordinator helped her perfect her resume and cover letter and also worked on job development and career counseling. Originally her resume wasn't garnering much attention, but with some changes her Employment Coordinator suggested she was able to get many more interviews. Korrin also became better at marketing her own skill.

Korrin was offered and accepted a job as a Production Control Manager and has also enrolled in school to further her education.



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 KORRIN JUTHAM Date of Birth 2/2/66 County MONROE

Agencies to Receive/Exchange Information

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

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

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

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

Yes First name Key Last name Key Photograph
Yes Words (interview regarding your experience with WCI)
Yes Videotaped image

For the following purposes:

Yes Promotional items (brochures, flyers, newsletter, reports, presentations)
Yes Stories published on WCI website
Yes 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 3/4/17. 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

Parent/ Guardian signature if participant is under 18

Date

3/4/15