



Success Story

WCI Program: WIA Adult

Date: September 15, 2015

Tacarra relocated to the La Crosse area in search of a larger city that offered more training and employment opportunities. Before coming to the area, she provided in-home healthcare and other household support.

Tacarra came to Workforce Connections wanting to complete a Certified Nursing Assistant program, but without the money to pay for the program, she didn't know how to get started on the life path she envisioned.

Workforce Connections was able to help her with tuition assistance as well as encouragement and became a place for her to ask questions.

After earning her CNA certificate, Tacarra was able to get a job and has quickly advanced in the company.



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

8/13/14

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 TACARRA CRAIN Date of Birth 3/22/87 County LACROSSE

Agencies to Receive/Exchange Information

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

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

Type of Information to be Released/Exchanged

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

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

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

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

For the following purposes:

TC Promotional items (brochures, flyers, newsletter, reports, presentations)
TC Stories published on WCI website
TC 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 3/17/17. 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 Tacarra N. Crain
Parent/ Guardian signature if participant is under 18

Date 3/17/15