

DHS STEP Registration

SSN/Information Sharing Authorization

Name (please print)	Social Security Number
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I authorize sharing my Social Security number, employment information, earnings, wages reported by employers, training history and other similar information (i.e. my name, address, work history, training plans) among service providers within the WorkSource Oregon workforce system.

I understand that:

- Providing my Social Security number for the STEP Program is mandatory.
- This release does not authorize the sharing of medical information, disability information, and student records.
- This release does not authorize the sharing of information with family members, friends, legal authorities, or non-workforce organizations.
- I can cancel this authorization at any time but this will not affect any information that was already disclosed prior to my cancellation.
- My Social Security number will not be given to the general public.
- My Social Security number will be used for keeping records, doing research, and planning.
- My information may be included in data that does not identify me by name or SSN.
- This form will be retained by the organization of the workforce partner who verifies your signature and can be used by other partners throughout the Oregon workforce system.
- My signature indicates that I understand the purpose for sharing this information will be to assist me to reach my employment and training goals and for improvement of the workforce system.

Signature	Date
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Verification by the partner staff (I have verified the customer's signature/authorization:)

Name	Signature
Organization	Telephone number

Partner Staff:

- Fully explain the intent and use of this form and the information that may be shared;
- Verify the identity of the individual signing the form (witnessing or otherwise attesting the individual completing the form is indeed the individual identified in the form). The person verifying the signature on this Authorization must be knowledgeable and must have completed the local workforce development system's "confidentiality" training/instructions.
- Retain the form in your program files;
- Redisclosure of any information received is strictly prohibited;
- Requested under these authorities: Workforce Innovation and Opportunity Act; ORS 657.665; OAR 471-010-0080 to 0125.

WorkSource Oregon is an equal opportunity employer/program. Auxiliary aids and services, alternate formats and language services are available to individuals with disabilities and limited English proficiency free of cost upon request.

WorkSource Oregon es un programa que respeta la igualdad de oportunidades. Disponemos de servicios o ayudas auxiliares, formatos alternos y asistencia de idiomas para personas con discapacidades o conocimiento limitado del inglés, a pedido y sin costo.



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SSN/Information Sharing Authorization Supplemental Information

This information is collected for Department of Human Services reporting.

1. Do you speak English as a second language?

Yes

No

Choose not to disclose

2. Highest grade completed:

Doctorate Degree

Master's Degree

Bachelor's Degree

Associates Degree

GED or Equivalent

High School Diploma

12th grad-no diploma

11th grade

10th grade

9th grade

8th grade

7th grade

6th grade

5th grade

4th grade

3rd grade

2nd grade

1st grade

No formal education

Contractor note:

- Only enter the last 4 of the SSN on this document for protection of confidential information.
- eSignatures are allowed on this document.
- If an eSignature is not able to be obtained an iMatch tracking note but be entered in iMatchSkills to note that a verbal agreement was obtained.