Consent for Release of Safe Data

I have been informed that as a client of the Iowa Vocational Rehabilitation Services, certain information about me may be shared with specific agency partners who have entered into an Interagency Memorandum of Agreement when the sharing of this information would facilitate the provision of career and employment services to me by the partner agencies. Those partners are listed below:

Iowa Vocational Rehabilitation Services, Iowa Workforce Development
Iowa Workforce Development
Iowa Department of Health and Human Services
Iowa Governor's Developmental Disabilities Council

Examples of Safe Data elements are listed below:

Identifying Information:
- Customer name
- Customer date of birth
- Gender
- Social Security Number
- Citizenship
- Ethnic Group
- Marital status
- Number living in household

Functional Employment Data:
- Education level
- Limited English proficiencies because the native language is not English
- Functional limitations
- Reasonable accommodations required on a job or in school
- Employment history
- Transferable skills

Contact Information:
- Address (City, County, State, Zip)
- Telephone number
- Cell phone number
- Email address

Financial Assistance:
- General Assistance
- Refugee Cash Assistance
- Supplemental Security Income (SSI)
- Social Security Disability Insurance (SSDI)
- Family Investment Program
- Veteran's benefits
- Worker's compensation
- Food Assistance Program
- Health insurance coverage (type)

It is understood that this information will remain confidential, and access to the information is appropriate only for the purpose of collaboration, and coordination of career and employment services among those agencies named in the Interagency Memorandum of Agreement.

I give my permission that such information can be shared with the appropriate agencies under the circumstances listed above, and I understand that I can withdraw my permission in writing at any time.

(Signed) _____   _____
                          (Client)   (Date)

_____   _____
          (Parent/Guardian/Representative)   (Date)

(IVRS) _____   _____
                                                          (Date)