



# RELEASE OF INFORMATION/ATTESTATION FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number (Last 4): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_ Prior Names: \_\_\_\_\_

## RELEASE OF INFORMATION

I hereby authorize all partners in the Citrus Levy Marion Regional Workforce Development Board's, dba CareerSource Citrus Levy Marion, system to engage in verbal, written, facsimile, or computerized communication of information for the purpose of making me eligible for services or for identifying services or agencies to assist me. All pertinent records and information can be released including those regarding past, present, or future information or records that may be needed for eligibility determination, monitoring or follow-up purposes. It is my understanding that any information obtained by any partner in the CareerSource Citrus Levy Marion's system will be held in strict confidence. I am aware that any information will be used in my best interest to provide ease of access to services; that providing the information is voluntary; that the information will be kept confidential and used only in accordance with law; and that refusal to provide the information will not subject me to any adverse treatment.

## ATTESTATION

I hereby certify, to the best of my knowledge, the information provided is true. I agree and understand any willful misstatement of facts may cause forfeiture of my status in CareerSource programs and could be cause for legal action. I understand the information is subject to verification and agree to provide such documentation as required. I understand my social security number may be given to other federal, state, and local government or non-government job training agencies for performance tracking purposes.

## DISCRIMINATION PROCEDURES

If you, as a CareerSource customer, feel that your rights are being violated due to an act of discrimination based on race, color, sex, national origin, religion, age, marital status, political affiliation or belief, citizenship or disability, you may file a discrimination complaint with CareerSource Citrus Levy Marion's Equal Opportunity Officer (contact information listed below) or directly to the following agencies: Department of Economic Opportunity (DEO), Office for Civil Rights, 107 East Madison Street, MSC 150, Tallahassee, FL 32399; US Department of Labor Civil Rights Center, 200 Constitution Ave NW, Room N-4123, Washington DC 20210, within 180 days of the alleged occurrence; Equal Employment Opportunity Commission, Miami District Office, One Biscayne Tower Suite 2700, 2 South Biscayne Blvd, Miami FL 33131 within 300 days of alleged offense; FL Commission on Human Relations, 4075 Esplanade Way Room 110, Tallahassee FL 32399 within 365 days of alleged offense.

## GRIEVANCE/COMPLAINT PROCEDURES

If you feel you have been adversely affected by a decision or action made by CareerSource Citrus Levy Marion personnel and have discussed the matter with the Center Manager or Kathleen Woodring, Chief Operating Officer, CareerSource Citrus Levy Marion, at (352) 873-7939, ext 1202, you have the right to file a written grievance/complaint to CareerSource Citrus Levy Marion's Equal Opportunity Officer (contact information listed below) or directly to DEO (see contact information above). Information on filing a grievance/complaint can be obtained from the CareerSource Citrus Levy Marion's Equal Opportunity Officer. After the opportunity for a hearing with the local office (within 60 days after formal filing), if you are dissatisfied, you may appeal to the Department of Economic Opportunity, Office for Civil Rights, 107 East Madison Street, MSC 150, Tallahassee, FL 32399. Local EOO: Iris Pozo, 3003 SW College Road Ste 205, Ocala, FL 34474, 352-873-7939 ext. 1286, e-mail [ipozo@careersourceclm.com](mailto:ipozo@careersourceclm.com)

I certify that I have received a copy of this form and a copy of DEO OCR notice "Equal Opportunity is the Law"; and that I have read and understand my rights and responsibilities as enumerated in both. I also understand that both this form and the DEO notice will be made a part of my customer file maintained by CareerSource Citrus Levy Marion.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

I verify that the above signed participant read or had read to him/her, and received a copy of this form and DEO OCR notice enumerating Grievance/Complaint /Discrimination Procedures, Release of Information, and their rights and responsibilities.

Signature of Verifying Official \_\_\_\_\_ Date \_\_\_\_\_



## SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) EXEMPTION AND EXCEPTION'S CHECKLIST

Please check off any that may apply to you at this time.

- Under the age of 18 or 50 and over
- Documented medically unable to work
- Applied for or receiving disability benefits
- A parent (natural, step, adoptive) of a dependent under age 18
- Living with a household member under the age of 18
- Caring for an incapacitated person
- Receiving or have applied for reemployment assistance and complying with work requirements
- Participating in a medically supervised drug / alcohol addiction program (Not Narcotics Anonymous or Alcohol Anonymous)
- Employed or self-employed working 30 per week or more or making \$217.50 per week or more
- A student enrolled at least half-time in a school (training program or institute of higher education)
- Pregnant
- Physically or mentally unable to work

If you have checked any of the boxes above you may have been referred to us in error. Please contact DCF by logging into your MYACCESS Account to report the change or call the DCF.

Initial beside each statement below acknowledging you have read and understand the following:

\_\_\_\_\_ Only DCF can approve exemptions or exceptions; CareerSource Citrus Levy Marion cannot.

\_\_\_\_\_ Until the decision is made by DCF on your exemption or exception request, you must continue to participate in the SNAP E&T program until exemption or exception has been added to the case by DCF.

CareerSource Citrus Levy Marion is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers listed above may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711. If you need accommodations, please call 352-840-5700, ext. 7878 or e-mail [accommodations@careersourceclm.com](mailto:accommodations@careersourceclm.com) at least three business days in advance. Additionally, program information may be made available in Spanish upon request. CareerSource Florida Member.

## OPPORTUNITIES AND OBLIGATIONS

### SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EMPLOYMENT AND TRAINING

#### YOUR OPPORTUNITIES

- ◆ Based on your assigned activity, the number of hours you participate in the activity, and the availability of funding, you will receive a standard reimbursement for monthly transportation expenses. **NOTE:** You can claim the actual expenses up to the maximum amount for the activity if you provide documentation (receipt, etc.) that the expense was legitimately incurred. If your monthly transportation expenses exceed the maximum reimbursement amount for your assigned activity, contact our office for a determination of good cause.
- ◆ You have the opportunity to have decisions about your case reviewed by a program supervisor. You may request a hearing if you disagree with a decision made by the supervisor.
- ◆ You may be excused from or rescheduled for an activity if you have a good reason that can be documented.
- ◆ You have the opportunity to receive information regarding services available from certified domestic violence centers or organizations that provide counseling and supportive services to victims of domestic violence.

In order to receive a reimbursement each month, you must:

- **Participate in Work Experience or Self Initiated Work Experience based on the amount of food assistance benefits received and/or;**
- **Attend school or other approved training and/or;**
- **Participate in other activities if assigned.**

#### YOUR OBLIGATIONS

- ◆ You are required to participate in and complete all assigned program activities. You must respond to all contacts from the Department of Children and Families (Food Assistance) Office, and the Supplemental Nutrition Assistance Program Employment and Training Service Provider.
- ◆ Inform the Supplemental Nutrition Assistance Program Employment and Training Service Provider and Department of Children and Families Office of changes that affect your participation, such as employment, family problems that prevent you from completing activities, changes of address and telephone number, health, court and legal problems, transportation problems, etc. Good cause reasons for failure to participate must be reported within 10 calendar days of the failure date.
- ◆ Apply for and seek employment as required.
- ◆ Accept any reasonable offer of suitable employment.
- ◆ Remain employed without reducing your hours or quitting unless there is a good reason you can document.

#### CONSEQUENCES FOR FAILURE TO PARTICIPATE

- 1<sup>st</sup> Penalty:** Loss of food assistance for a minimum of one month or until compliance, whichever is longer.
- 2<sup>nd</sup> Penalty:** Loss of food assistance for a minimum of three months or until compliance, whichever is longer.
- 3<sup>rd</sup> Penalty:** Loss of food assistance for a minimum of six months or until compliance, whichever is longer.

*You must comply with the Supplemental Nutrition Assistance Program Employment and Training after the sanction/penalty period ends before your benefits can be restored unless you meet an exemption.*

Participant's Signature	Date
Printed Name	Case Number

**\*PRIVACY ACT STATEMENT:** Pursuant to 42 U.S.C. 1320b-7 (a) (1) (Social Security Act) and 7 C.F.R. 273.6, disclosure of your social security number is **mandatory**. Social security numbers will be used by the Agency for program administration including verification purposes, distinguishing one individual from another, and for tracking and reporting purposes.



# Equal Opportunity is the Law

**It is against the law for this recipient of Federal financial assistance to discriminate on the following bases:**

- against any individual in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and
- against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his/her participation in any WIA Title I-financially assisted program or activity.

**The recipient must not discriminate in any of the following areas:**

- deciding who will be admitted, or have access to, any WIA Title I-financially assisted program or activity;
- providing opportunities in, or treating any person with regard to, such a program or activity; or
- making employment decisions in the administration of, or in connection with, such a program or activity.

## What to Do If You Believe You Have Experienced Discrimination

**If you think that you have been subjected to discrimination under a WIA Title I-financially assisted program or activity,** you may file a complaint within 180 days from the date of the alleged violation with either:

**Veronica Owens, Equal Opportunity Officer**      or  
**Office for Civil Rights (OCR)**  
**Department of Economic Opportunity**  
 Caldwell Building - MSC 150  
 107 East Madison Street  
 Tallahassee, Florida 32399-4129

**The Director**  
**Civil Rights Center (CRC)**  
**U.S. Department of Labor**  
 200 Constitution Avenue NW  
 Room N-4123  
 Washington, DC 20210

If you file your complaint with the Office for Civil Rights (OCR), you must wait either until the OCR issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (CRC). (See the address above.)

If the OCR does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the OCR to issue that Notice before filing a complaint with the CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the OCR).

If the OCR gives you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

For more information or to file a complaint, contact

Office for Civil Rights  
 Department of Economic Opportunity  
 Caldwell Building – MSC 150  
 107 East Madison Street  
 Tallahassee, Florida 32399-4129  
 Phone: 850-921-3205

Fax: 850-921-3122

E-mail: [Civil.Rights@deo.myflorida.com](mailto:Civil.Rights@deo.myflorida.com)

TTY via the Florida Relay Service (FRS): 711

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**Auxiliary aids and services are available upon request to individuals with disabilities**