



DISCLOSURE FORM

Name: _____ Last 4 digits of SSN: _____

To be completed by the WorkForce One Participant:

I am aware that from time to time, my counselor may need to contact other agencies to obtain information about me in order to establish my eligibility for programs and services. I am also aware that my Success Coach may contact my employer to obtain pertinent information; therefore, I give WorkForce One Employment Solutions permission to obtain pertinent employment information (start date, ending date, salary, etc.). I understand this information is required to assist in keeping accurate data regarding job services.

WF1 Participant

Date

Marisa Aquino-Rivera, Success Coach

Date



An equal opportunity employer/program. Auxiliary aids and services are available upon request
To individuals with disabilities. Florida Relay #711.