In this Consent Form, you can choose to participate in NYS DOL / OMH Employment Support System. Please review the NYS DOL / OMH Employment Support System Fact Sheet, “What You Should Know About the “NYS DOL / OMH Employment Support System” before you sign this consent form.

If you decide to participate in the NYS DOL / OMH Employment Support System, you will receive assistance in identifying available employment opportunities that match your individual skills and preferences.

In addition, the NYS DOL / OMH Employment Support System will assist providers of employment-related services in coordinating employment services from multiple providers through the establishment of a single information system. “NYS DOL / OMH Employment Support System” will serve as the central repository for all employment information (but will not contain any clinical or treatment information).

In order to assist you in finding job matches and to coordinate employment supports, employment service providers will need to have access to your employment history and be able to connect with other employment service providers with whom you are working. Only individual employment support professionals working directly with you, and who have legal authority to view individual employment-related support service information will have access to such information; all others will have access only to demographic information.

Making information related to your employment history and the employment service providers with whom you are working could inadvertently disclose your status as a person with a disability. If, for example, your employment history includes experience in a sheltered work program, or if you are working with a provider recognized for serving people with disabilities, people using the NYS DOL / OMH Employment Support System may think that you are a person with a disability.

The NYS DOL / OMH Employment Support System may contain information regarding your status as an unemployment insurance claimant or applicant, if you receive, have received or have applied for unemployment insurance benefits from the New York State Department of Labor. Participation in the NYS DOL / OMH Employment Support System may therefore disclose your status as an unemployment insurance claimant or applicant to employment service providers using the NYS DOL / OMH Employment Support System.

If you check the “I GIVE CONSENT” box below, you are saying “I consent to have information concerning all providers of employment services with whom I am working, as well as my employment history, included in the NYS DOL / OMH Employment Support System. I understand that there is some risk that such information may inadvertently disclose my status as a person with a disability and consent nonetheless. In addition, I ALSO GIVE CONSENT to the New York State Department of Labor disclosing to employment service provider users of the NYS DOL / OMH Employment Support System any information regarding my status as an
unemployment insurance claimant or applicant contained in NYS DOL / OMH Employment Support System so that I may participate in NYS DOL / OMH Employment Support System.”

If you check the “I DENY CONSENT” box below, you are saying “I do not consent to have information related to the providers of employment services with whom I am working, as well as my employment history, included in the NYS DOL / OMH Employment Support System.

1. I have been given a copy of the Fact Sheet, “What You Should Know About NYS’ NYS DOL / OMH Employment Support System” and I have been provided an opportunity to discuss any issues or concerns regarding the NYS DOL / OMH Employment Support System.

□ Yes
□ No

2. Consent:

□ I GIVE CONSENT to have information concerning all providers of employment services with whom I am working, as well as my employment history, included in the NYS DOL / OMH Employment Support System. Only employment service providers who are directly involved in my care and who are legally authorized to view individual employment-related support service information will have access to such information. I ALSO GIVE CONSENT to the New York State Department of Labor to disclose to users of the NYS DOL / OMH Employment Support System any information regarding my status as an unemployment insurance claimant or applicant contained in NYS DOL / OMH Employment Support System so that I may participate in NYS DOL / OMH Employment Support System.

□ I DENY CONSENT to have information related to the providers of employment services with whom I am working, as well as my employment history, included in the NYS DOL / OMH Employment Support System.

Name ___________________________ Date ___________________________
Signature of Job Seeker or Personal Representative ___________________________ Date ___________________________
Print Name of Personal Representative (if applicable) ___________________________
Relationship of Personal Representative to Job Seeker (if applicable) ___________________________
Identity Validation

I, _________________________________, employed by______________________________, in the following capacity, ____________________________________________________________________, attest under penalty of perjury, that I have followed the following procedures in verifying the identity of the individual who signed the CONSENT FORM and that I can say with certainty that the signer is the individual identified in the CONSENT FORM. I verified the identity of the individual in accordance with the following protocol:

☐ I verified the identity of the job seeker via NYS-issued Driver’s License or Non-Driver ID by: (i) verifying the likeness of the job seeker to the picture on the ID; (ii) watching the job seeker sign the informed consent form; (iii) verifying the job seeker’s signature by comparing it with the one on the ID; and (iv) determining that both the picture and the signature on the ID match those of the job seeker.

☐ I verified the identity of the job seeker by reviewing the information provided upon the job seeker’s admission from the various different sources available and determining that there is enough validated information to positively identify the potential job seeker as the individual he/she represents him/herself to be.

I verified the identity of the legal representative via NYS-issued Driver’s License or Non-Driver ID by: (i) verifying the likeness of the legal representative to the picture on the ID; (ii) watching the legal representative sign the informed consent form; (iii) verifying the legal representative’s signature by comparing it with the one on the ID; and (iv) determining that both the picture and the signature on the ID match those of the legal representative. I further verified the right of the legal representative to sign the CONSENT FORM.

If I am found guilty of perjury (NYS PEN Law §210.05), I understand that it is punishable as a class A misdemeanor and carries a sentence of imprisonment for up to one year (NYS PEN Law §70.15), and a fine up to $1,000 (NYS PEN Law §80.05).