

Learning Needs Screening Tool Waiver & Consent Agreement

In order to help you comply with program requirements, it is important to gather information about any medical, emotional, or learning needs. The questions in the Learning Needs Screening Tool were designed to help gather this information.

Your answers to the Learning Needs Screening Tool will be used to help determine if you could benefit from a more detailed assessment by a professional such as a medical provider, psychologist or a vocational rehabilitation provider. If you are recommended to participate in a professional assessment, the assessment results will enable your caseworker to make informed decisions about the activities you are assigned to and any special services or work site accommodations that you may need.

It is important for you to know that:

1. If you are uncomfortable answering one of the questions, you can tell the agency representative, and they will move on to the next question.
2. The answers that you provide are confidential. If we refer you for a professional assessment, you may be asked to release your answers to the professional conducting the assessment.
3. You have the right to decline the Learning Needs Screening Tool. You will not be found ineligible for Work First Family Assistance based on your decision to decline.
4. You may request or be asked to complete the screening tool again at a later date if you or your caseworker believes your medical, emotional, or learning needs have changed.

All applicants/participants must initial and sign below indicating whether they agree or decline to complete the screening tool.

_____ I agree to complete the Learning Needs Screening Tool at this time.

_____ I decline to complete the Learning Needs Screening Tool at this time.

Work First Participant's signature _____ **Date** _____

Work First Worker's signature _____ **Date** _____