New Hampshire Employment Security
www.nhes.nh.gov
"We're working to keep New Hampshire working"

GRANITE WORKFORCE PARTNER REFERRAL AND RELEASE OF INFORMATION

Participant Name:_____ Referring Agency:_____

Address: _____ Staff Making Referral: _____

_____ Referring To:_____

Phone Number:_____ Purpose of Referral:_____

Email: _____ _____

Is participant registered in JMS? ☐ Yes ☐ No ☐ Not Sure JMS ID # _____

Documentation attached:
- ☐ Employability Plan
- ☐ Copy of Resume
- ☐ Other documentation _____

Granite Workforce Contract Provider
☐ YES ☐ NO

I _____, authorize _____to exchange information relating to prior assessment(s) for training, employment and barrier resolution, including assessment summary and work history with _____. This release of information extends to communication between both businesses designated. This Release of Information does not authorize the disclosure of any restricted third party information. I understand that this information may be used to provide Granite Workforce services needed for employment and training services, assist in the development of my individual training plan for education and employment, and referrals for barrier resolution and/or may be used for statistical purposes.

I allow the Granite Workforce Partners, including but not limited to NHES, DHHS and Granite Workforce Contract providers, to release to each other the requested information when I am referred to services. I understand the information will be used only on an as needed basis and will remain confidential, to the extent required and/or permitted by law. This information cannot be shared with any other entity without my written permission.

A copy of this Release of Information is as valid as the original. This Release is valid for both program and follow-up services for one year from date of signature.

_____ _____ _____
Participant Signature or Guardian (if applicable) *Date* *Staff Signature*

Outcome of referral:
- ☐ Participant determined job ready
- ☐ Participant determined not job ready
- ☐ Participant not responding
- ☐ Participant exempt / voluntary
- ☐ Other _____

_____ _____
Provider Signature *Date*

If barrier exists, date participant is job ready: _____

_____ _____
Provider Signature *Date*