

South Carolina Vocational Rehabilitation Department Acknowledgement and Consent

QR Code

<i>Applicant's Name :</i>	<i>DOB:</i>	<i>Date :</i>
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I have been informed of the South Carolina Vocational Rehabilitation Department's need to collect personal information, and of the policies governing its use. I understand that such personal information is necessary for purposes directly connected with the administration of my vocational rehabilitation program.

I have also been informed and understand that consent to obtain such information is voluntary; however, failure to provide consent to acquire such information may affect my participation in vocational rehabilitation services.

I understand that the use of such personal information is governed by state and federal law. I understand that the South Carolina Vocational Rehabilitation Department (SCVRD) must release personal information when required by law or judicial order. I understand that the SCVRD may release personal information at other times when authorized by law or by my informed written consent. I also understand that SCVRD may release any personal information or records to other state and federal governmental agencies or organizations for purposes connected with the administration of the vocational rehabilitation program, including to the Disability Determination Services of SCVRD for the purpose of applying for disability benefits with the Social Security Administration (SSA). I further understand that when applying for services or benefits from SCVRD, any information provided to it is subject to verification through its computer matching program with SSA. "Administration of the vocational rehabilitation program" also includes the release of information to an employer who has hired or is interested in hiring an individual as a result of SCVRD's direct placement efforts. SCVRD will exchange information with the South Carolina Department of Employment and Workforce (SCDEW) to determine Work Opportunity Tax Credit eligibility (WOTC), and SCDEW will provide Unemployment Insurance (UI Data) information to SCVRD.

I hereby authorize SCVRD, as is necessary, to:

- *Collect from physicians, hospitals, clinics, or any other health care providers, all medical records, psychological records, and any vocational information or records associated with my vocational rehabilitation program.*
- *Collect any records or other information necessary for my rehabilitation from public and private schools, colleges, universities, and other institutions of higher learning.*
- *Collect financial information from any appropriate source, deemed by the Department as necessary in its determination of financial need.*
- *Collect and apply to the cost of my rehabilitation services any and all comparable benefits including civil action recoveries and insurance carried by me or others (e.g. Workers' Compensation, health insurance, etc.) of which I am the beneficiary.*
- *Collect any records or other information necessary to determine my employment status from state and federal agencies, institutions or programs.*

I have read or had explained to me the information on this acknowledgment and consent form. I have also had the opportunity to ask questions concerning this form, which were answered to my satisfaction.

Witness

Applicant's Signature

Date

Parent / Guardian / Authorized Representative's Signature

Relationship