

OMB # xxxx-xxx  
Expiration date: xx/xx/20xx



# PERMISSION FOR OFFICE OF VOCATIONAL REHABILITATION TO RELEASE INFORMATION

**TITLE OF RESEARCH STUDY:** Youth Transition Exploration Demonstration

**RESEARCH STUDY NUMBER:** IRB protocol number

## WHAT AM I BEING ASKED TO DO?

I am being asked to give permission for the Pennsylvania Office of Vocational Rehabilitation (OVR) to release my information to the Social Security Administration (SSA) and Mathematica for a research study called the Youth Transition Exploration Demonstration (YTED). I understand that giving permission for OVR to release my information is completely voluntary; I do not have to give my permission if I do not want to do so. However, I cannot participate in YTED if I do not give my permission. I am free to remove my permission later if I change my mind.

The information provided in this form may contain words I do not understand. I will ask the research study staff to explain anything I do not understand.

## WHAT WILL BE DONE TO PROTECT MY INFORMATION?

Every effort will be made to maintain the privacy of my information. SSA and Mathematica will take several actions to safeguard my information in compliance with federal laws. These actions will include (but are not limited to) staff training and signed confidentiality agreements, use of appropriate technology, strict control of access to information, use of encryption (a way of preventing unauthorized viewing of information) while information is being stored or shared, and secure methods of disposing information when it is no longer needed.

## CAN I CHANGE MY MIND ABOUT GIVING PERMISSION TO RELEASE MY INFORMATION?

I can change my mind at any time and remove my permission for OVR to release my information. If this happens, I must remove my permission in writing. Beginning on the date I remove my permission, OVR will not release any new information about me. However, SSA and Mathematica may continue to use any information that was released before I removed my permission.

If after signing this form, I want to remove my permission, I can contact the person below. She will make sure the written request to remove my permission is processed correctly and will inform OVR within 1 business day of receiving my request.

Karen Katz  
Senior Managing Consultant  
Mathematica  
1100 First Street, NE, 12th Floor  
Washington, DC 20002-4221  
Tel. (312) 585-3352

## WHAT INFORMATION ABOUT ME WILL OVR RELEASE?

OVR will release the following information about me:

• Social Security number	• Date of OVR application	• Sex
• Date of birth	• Race and ethnicity	• Source of referral to OVR
• Whether I am a student with a disability	• Date of OVR eligibility determination	• Whether I am an individual with a disability
• Primary disability	• Secondary disability	• Significance of disability
• Start and end dates of trial work experience	• Date of Individualized Plan for Employment (IPE)	• Supported employment goal on IPE
• Employment at IPE	• Primary occupation at IPE	• Hourly wage at IPE
• Weekly hours worked at IPE	• Level of primary or secondary education attained at IPE	• Currently enrolled in secondary education at IPE
• Currently enrolled in postsecondary education or career or technical education at IPE	• Has attained a postsecondary degree, certificate, or credential at IPE	• Start date of pre-employment transition services
• For each service received during OVR enrollment, whether service was provided through OVR or purchased and the provider type if purchased	• Measurable skill gains: Educational functional level	• Measurable skill gains: Secondary
• Measurable skill gains: Secondary or postsecondary transcript/report card	• Measurable skill gains: Training milestone	• Measurable skill gains: Skills progression
• Date of OVR exit	• Type of exit	• Reason for exit
• Employment at exit	• Primary occupation at exit	• Hourly wage at exit
• Weekly hours worked at exit	• Employment: First quarter after exit quarter	• Employment: Second quarter after exit quarter
• Quarterly wages: Second quarter after exit quarter	• Employment: Third quarter after exit quarter	• Employment: Fourth quarter after exit quarter
• Retention with the same employer in the second quarter and the fourth quarter: Fourth quarter after exit quarter	• VR counselor name or ID	• Date of first contact with VR counselor
• Frequency of contact with VR counselor	• Intensive job training goal on IPE	• Date of meeting with Transition Employment Team
• Referral to intensive job training program	• VR counselor contact with intensive job training program staff	• Name or description of intensive job training program
• Date of application to intensive job training program	• Start date of intensive job training program	• Completion date of intensive job training program
• Referral to non-employment support or service provider	• VR counselor contact with non-employment support or service	• Name or description of non-employment support or service

	provider staff	provider
<ul style="list-style-type: none"> <li>• Date of referral or application to non-employment support or service provider</li> </ul>	<ul style="list-style-type: none"> <li>• Start date of non-employment support or service</li> </ul>	<ul style="list-style-type: none"> <li>• Completion date of non-employment support or service</li> </ul>
<ul style="list-style-type: none"> <li>• Any services provided or purchased by OVR while customer is enrolled in intensive job training program</li> </ul>	<ul style="list-style-type: none"> <li>• Amount of contact VR counselor had with customer</li> </ul>	<ul style="list-style-type: none"> <li>• Provided financial literacy services</li> </ul>
<ul style="list-style-type: none"> <li>• Type(s) of financial literacy services provided</li> </ul>	<ul style="list-style-type: none"> <li>• Referral to community partner for financial literacy services</li> </ul>	<ul style="list-style-type: none"> <li>• Name or description of financial literacy service provider</li> </ul>
<ul style="list-style-type: none"> <li>• Date of referral or application to financial literacy service provider</li> </ul>	<ul style="list-style-type: none"> <li>• Start date of financial literacy service</li> </ul>	<ul style="list-style-type: none"> <li>• Completion date of financial literacy service</li> </ul>

## OVR RELEASE FORM: YOUTH SIGNATURE PAGE

### A. SIGNATURE OF YOUTH

I have read this entire form, or it has been read to me, and I understand it completely. All of my questions regarding this form have been answered to my satisfaction.

Please check (✓) one of the following boxes and sign the form:

<div style="border: 1px solid black; padding: 5px; display: inline-block;">If you want to give OVR permission to release your information, check (✓) this</div>	<div style="border: 1px solid black; padding: 5px; display: inline-block;">If you do not want to give OVR permission to release your information, check (✓) this box</div>
<input type="checkbox"/>	<input type="checkbox"/>
YES, I agree to give OVR permission to release my information.	NO, I do not give OVR permission to release my information.

Youth name: \_\_\_\_\_

Youth signature: \_\_\_\_\_

Date of signature: |\_|\_| / |\_|\_| / |\_|\_|\_|\_|  
Month Day Year

### B. SIGNATURE OF PARENT OR LEGAL GUARDIAN (IF YOUTH IS YOUNGER THAN AGE 18 OR OTHERWISE CANNOT GIVE CONSENT)

I am the parent or legal guardian of the youth being asked to give permission for OVR to release information. I have read this entire form, or it has been read to me, and I understand it completely. All of my questions about this form have been answered to my satisfaction.

Please check (✓) one of the following boxes and sign the form:

<div style="border: 1px solid black; padding: 5px; display: inline-block;">If you want to give OVR permission to release the youth's information, check (✓)</div>	<div style="border: 1px solid black; padding: 5px; display: inline-block;">If you do not want to give OVR permission to release the youth's information, check (✓) this</div>
<input type="checkbox"/>	<input type="checkbox"/>
YES, I agree to give OVR permission to release the youth's information.	NO, I do not give OVR permission to release the youth's information.

Parent or legal guardian name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of signature: |\_|\_| / |\_|\_| / |\_|\_|\_|\_|  
Month Day Year

**C. VERBAL CONSENT IF THE YOUTH LACKS UPPER LIMB FUNCTION TO COMFORTABLY WRITE**

The youth, \_\_\_\_\_, is unable to sign the release form due to impaired arm function. I certify that I have carefully explained the purpose and nature of this form to them in appropriate language and they have had an opportunity to discuss it with me in detail. I have answered all of their questions and they have agreed to give OVR permission to release their information. I am signing this form to document that they have given their permission for OVR to release their information.

**Signature of Research Study Representative:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: |\_\_|\_| / |\_\_|\_| / |\_\_|\_|\_|\_|\_|  
Month Day Year

**Signature of Witness 1:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: |\_\_|\_| / |\_\_|\_| / |\_\_|\_|\_|\_|\_|  
Month Day Year

**Signature of Witness 2:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: |\_\_|\_| / |\_\_|\_| / |\_\_|\_|\_|\_|\_|  
Month Day Year

## OVR RELEASE FORM: TRANSLATOR SIGNATURE PAGE

### A. SIGNATURE OF READER/TRANSLATOR IF THE YOUTH OR PARENT OR GUARDIAN DOES NOT READ ENGLISH WELL

The person who has signed above, \_\_\_\_\_, does not read English well. I read English well and am fluent in *(name of the language)* \_\_\_\_\_, a language this person understands well. I have translated the entire content of this form for them. To the best of my knowledge, they understand the content of this form, have had an opportunity to ask questions regarding the form, and have had their questions answered.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: |\_\_|\_| / |\_\_|\_| / |\_\_|\_|\_|\_|\_|  
Month Day Year

## Privacy Act Statement Collection and Use of Personal Information

Sections 205 and 1110 of the Social Security Act, as amended, allow the Social Security Administration (SSA) to collect this information, which SSA will use to evaluate the Youth Transition Exploration Demonstration research study. Providing this information is voluntary; not providing all or part of the information will not affect any SSA benefit. As law permits, SSA may use and share the information you submit, including with other Federal agencies, contractors, cooperative agreement awardees, and others, as outlined in the routine uses within System of Records Notices 60-0089, 60-0218, and 60-0320 available at [www.ssa.gov/privacy](http://www.ssa.gov/privacy). The information you submit may also be used in computer matching programs for Federal benefits eligibility and to recoup debts under these programs.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB control number for this information collection is XXXX-0XXX, expiring xx-xxx-20xx. We estimate that it will take about xx minutes to read the instructions, gather the facts, and answer the questions. You may send comments about our time estimate above to: Social Security Administration, 6401 Security Blvd, Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**