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Field Operations Memo 2006-14 A
March 15, 2006

To: Transitional Assistance Office Staff

From:  Cescia Derderian, Assistant Commissioner for Field Operations

Re: TAFDC – Learning Disability Screening Consent Declination Form Changes

Change to Form Due to comments received after issuance, the Learning Disability Screening Consent Declination form (Attachment A of 2006-14) has been revised. TAO Staff must destroy all copies of Attachment A and use the Learning Disability Screening Consent Declination form sent with this memo.

If any applicant or recipient signed the *Assessment Section* of the previous form, the revised form must be mailed to the recipient with a request to resign the appropriate LD Assessment consent or waiver portion of the form. Note this on the Narratives tab in BEACON. If the applicant or recipient does not sign the revised form, make a note of this on the Narratives tab in BEACON.

We apologize for any inconvenience this change may have caused.

Questions If you have any questions, please have your Hotline designee call the Policy Hotline at 617-348-8478.

Attachment A

Learning Disability Screening Consent Declination form

SCREENING:

Consent for Screening

I agree to have a Learning Disability Screening done to determine any barriers I may have to learning, participating in the Employment Services Program or finding work.

If my screening indicates a possible learning disability, I will be offered an opportunity for a full assessment. The results of such an assessment will only be shared with Department staff working with me and Employment Services vendors to help provide services to me.

Signed: _____ Date: _____

Waiver for Screening

My worker told me about the Learning Disability Screening. I do not wish to be screened at this time.

I understand that I can withdraw this waiver at any time. I can also request a Screening at any time, even if I don't want one now.

Signed: _____ Date: _____

Documentation of additional offers:

Date	AU Manager Name & Phone #	Participant's Initials
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ASSESSMENT:

Consent for Assessment

I have had a Learning Disability screening done and have a score of _____

I agree to have a Learning Disability Assessment done to determine any barriers I may have to learning, participating in the Employment Services Program or finding work.

The results of the Assessment will only be shared with Department staff working with me and Employment Services vendors to help provide services to me.

Signed: _____ Date: _____

Waiver for Assessment

I do not wish to have an Assessment done at this time.

I understand that I can withdraw my waiver at any time. I can also request an assessment at any time, even if I don't want one now.

Signed: _____ Date: _____