

## EXHIBIT H

### CONSENT TO PARTICIPATE IN NYS DOL / OMH Employment Support System

In this Consent Form, you can choose to participate in NYS DOL / OMH Employment Support System. Please review the NYS DOL / OMH Employment Support System Fact Sheet, "What You Should Know About the "NYS DOL / OMH Employment Support System" before you sign this consent form.

If you decide to participate in the NYS DOL / OMH Employment Support System, you will receive assistance in identifying available employment opportunities that match your individual skills and preferences.

In addition, the NYS DOL / OMH Employment Support System will assist providers of employment-related services in coordinating employment services from multiple providers through the establishment of a single information system. "NYS DOL / OMH Employment Support System" will serve as the central repository for all employment information (but will not contain any clinical or treatment information).

In order to assist you in finding job matches and to coordinate employment supports, employment service providers will need to have access to your employment history and be able to connect with other employment service providers with whom you are working. Only individual employment support professionals working directly with you, and who have legal authority to view individual employment-related support service information will have access to such information; all others will have access only to demographic information.

Making information related to your employment history and the employment service providers with whom you are working could inadvertently disclose your status as a person with a disability. If, for example, your employment history includes experience in a sheltered work program, or if you are working with a provider recognized for serving people with disabilities, people using the NYS DOL / OMH Employment Support System may think that you are a person with a disability.

The NYS DOL / OMH Employment Support System may contain information regarding your status as an unemployment insurance claimant or applicant, if you receive, have received or have applied for unemployment insurance benefits from the New York State Department of Labor. Participation in the NYS DOL / OMH Employment Support System may therefore disclose your status as an unemployment insurance claimant or applicant to employment service providers using the NYS DOL / OMH Employment Support System.

If you check the "I GIVE CONSENT" box below, you are saying "I consent to have information concerning all providers of employment services with whom I am working, as well as my employment history, included in the NYS DOL / OMH Employment Support System. I understand that there is some risk that such information may inadvertently disclose my status as a person with a disability and consent nonetheless. In addition, I ALSO GIVE CONSENT to the New York State Department of Labor disclosing to employment service provider users of the NYS DOL / OMH Employment Support System any information regarding my status as an

unemployment insurance claimant or applicant contained in NYS DOL / OMH Employment Support System so that I may participate in NYS DOL / OMH Employment Support System.”

If you check the “I DENY CONSENT” box below, you are saying “I do not consent to have information related to the providers of employment services with whom I am working, as well as my employment history, included in the NYS DOL / OMH Employment Support System.

1. I have been given a copy of the Fact Sheet, “*What You Should Know About NYS’ NYS DOL / OMH Employment Support System*” and I have been provided an opportunity to discuss any issues or concerns regarding the NYS DOL / OMH Employment Support System.

- Yes
- No

2. Consent:

- I GIVE CONSENT to have information concerning all providers of employment services with whom I am working, as well as my employment history, included in the NYS DOL / OMH Employment Support System. Only employment service providers who are directly involved in my care and who are legally authorized to view individual employment-related support service information will have access to such information. I ALSO GIVE CONSENT to the New York State Department of Labor to disclose to users of the NYS DOL / OMH Employment Support System any information regarding my status as an unemployment insurance claimant or applicant contained in NYS DOL / OMH Employment Support System so that I may participate in NYS DOL / OMH Employment Support System.
- I DENY CONSENT to have information related to the providers of employment services with whom I am working, as well as my employment history, included in the NYS DOL / OMH Employment Support System.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Job Seeker or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Personal Representative (if applicable)

\_\_\_\_\_  
Relationship of Personal Representative to Job Seeker (if applicable)

\_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Witness

### Identity Validation

I, \_\_\_\_\_, employed  
by \_\_\_\_\_, in the following capacity,  
\_\_\_\_\_, attest under  
penalty of perjury, that I have followed the following procedures in verifying the identity of the  
individual who signed the CONSENT FORM and that I can say with certainty that the signer is  
the individual identified in the CONSENT FORM. I verified the identity of the individual in  
accordance with the following protocol:

I verified the identity of the job seeker via NYS-issued Driver's License or Non-Driver ID  
by: (i) verifying the likeness of the job seeker to the picture on the ID; (ii) watching the job  
seeker sign the informed consent form; (iii) verifying the job seeker's signature by comparing it  
with the one on the ID; and (iv) determining that both the picture and the signature on the ID  
match those of the job seeker.

I verified the identity of the job seeker by reviewing the information provided upon the job  
seeker's admission from the various different sources available and determining that there is  
enough validated information to positively identify the potential job seeker as the individual  
he/she represents him/herself to be.

I verified the identity of the legal representative via NYS-issued Driver's License or Non-Driver  
ID by: (i) verifying the likeness of the legal representative to the picture on the ID; (ii) watching  
the legal representative sign the informed consent form; (iii) verifying the legal representative's  
signature by comparing it with the one on the ID; and (iv) determining that both the picture and  
the signature on the ID match those of the legal representative. I further verified the right of the  
legal representative to sign the CONSENT FORM

If I am found guilty of perjury (NYS PEN Law §210.05), I understand that it is punishable as a  
class A misdemeanor and carries a sentence of imprisonment for up to one year (NYS PEN  
Law §70.15), and a fine up to \$1,000 (NYS PEN Law §80.05).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name