

West Virginia Department of Health and Human Resources

Name: _____

Social Security Number: _____

The Department of Education Assessment Specialist or my WV WORKS caseworker has explained to me that the purpose of the screening process is to identify possible learning and mental disabilities under the Americans with Disabilities Act. The identification of a disability may lead to a more comprehensive assessment. As a result, special accommodations or additional services may be made based upon my disability. I also understand that disclosure of any disability or the participation in the screening process for the identification of a possible disability is voluntary.

Having read and understood the above paragraph, I am declining to complete the following (Please check the appropriate box/boxes below):

☐ Learning Needs Screening

☐ Emotional Health Inventory (Mental Health Screening)

I understand there will be no reduction or closure of my WV WORKS benefits for not completing either of these screening forms.

I further understand that I may reconsider my decision not to complete the above Screen(s).

_____	_____
WV WORKS Participant's Signature	Date

_____	_____
Assessment Specialist's or Worker's Signature	Date

Copy: Participant
Case Record