Attachment A

MOU PARTNER CONTACT INFORMATION

Partner Organization	Referral Contact Name	E-Mail Address	Address	Phone Number	Days/Hours MOU Partners Co-located at Career Centers	Days/Hours Career Center Staff Co-located at MOU Partners	Staff Name and Contact Information for Quarterly MOU Meetings
MassHire Metro North Workforce Board	Dani Smejkal Penny Hasseli	dsmejkal@masshiremetronorth.org phasseli@masshiremetronorth.org	186 Alewife Brook Pkwy, Suite 216 Cambridge, MA 02138	781-916-9337 781-384-0163			Dani Smejkal dsmejkal@masshiremetronorth.org
Youth Program (via MassHire Metro North Workforce Board)	Trey Walsh Stephanie Sakelarakis	twalsh@masshiremetronorth.org ssakelarakis@masshiremetronorth.org	186 Alewife Brook Pkwy, Suite 216 Cambridge, MA 02138	781-996-3959 781-839-9168	TBD	TBD	Trey Walsh – twalsh@masshiremetronorth.org Stephanie Sakelarakis ssakelarakis@masshiremetronorth.org
MassHire Metro North Career Center – Cambridge	Lee-Ann Johnson Kim Crawford Ware	ljohnson@mhmncc.com kware@mhmncc.com	186 Alewife Brook Pkwy, Suite 310 Cambridge, MA 02138	617-661-7867			Lee-Ann Johnson ljohnson@mhmncc.com Kim Ware kware@mhmncc.com
MassHire Metro North Career Center – Chelsea (satellite office)	Lee-Ann Johnson Natalia Ruiz	ljohnson@mhmncc.com nruiz@mhmncc.com	4 Gerrish Ave Chelsea, MA 02150	617-884-4333			Natalia Ruiz nruiz@mhmncc.com
MassHire Metro North Career Center – Woburn	Lee-Ann Johnson Kathleen Weislein	ljohnson@mhmncc.com kweislein@mhmncc.com	100 TradeCenter, Suite G100 Woburn, MA 01801	781-932-5500			Kathleen Weislein kweislein@mhmncc.com

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Just-A-Start Corp./YouthBuild	Miriam Ortiz Melissa Liwanag Jesse Lyons	miriamortiz@justastart.org melissaliwanag@justastart.org jesselyons@justastart.org	1035 Cambridge St. #12 Cambridge, MA 02141	617-494-0444			Miriam Ortiz miriamortiz@justastart.org
Job Corps	Vicki Wilkins Angela Rackley Anita Cardella	Wilkins.vicki@jobcorps.org Rackley.Angela@jobcorps.org Anita.Cardella@mtctrains.com	*1601 Blue Hill Ave. Suite 209 Mattapan, MA 02126*	*(614) 378-5786 cell*			Vicki Wilkins, Outreach and Admissions Manager Wilkins.vicki@jobcorps.org Angela Rackley, Shriver JCC Center Director Rackley.Angela@jobcorps.org Anita Cardella, MTC Anita.Cardella@mtctrains.com
Department of Transitional Assistance – Chelsea	Lucia Tramontozzi Kathy Paradis Jennifer Ragusa At Prak	lucia.tramontozzi@state.ma.us Kathy.paradis@state.ma.us jennifer.ragusa@state.ma.us at.prak@state.ma.us	80 Everett Avenue, 3rd Floor Chelsea, MA 02150	617-551-1700	TBD	TBD	Lucia Tramontozzi lucia.tramontozzi@state.ma.us At Prak at.prak@state.ma.us
Department of Transitional Assistance – Malden	Martine Cesar Noemi Lokriti Marcella Tracton	martine.cesar@mass.gov Noemi.Lokriti@mass.gov Marcella.tractonmass.gov	245 Commercial St. Malden, MA 02148	781-388-7396 Mobile: 617-304-7190	TBD	TBD	Martine Cesar Martine.cesar@mass.gov

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Massachusetts Rehabilitation Commission – Somerville/Lowell	Karen Sampson-Johnson Matthew Ellard	Karen.Sampson-Johnson@mass.gov Matthew.ellard@mass.gov	245 Commercial Street, Malden, MA. 02148	617-776-2662	TBD	TBD	Karen Sampson-Johnson Karen.Sampson-Johnson@mass.gov
Senior Community Services Employment Program at Operation ABLE (SCSEP)	Dave Bassett Keith Benton	dbassett@operationable.net cbenton@operationable.net	174 Portland Street, 5th Floor Boston, MA 02114	617-542-4180 Mobile: 857-243-0269	TBD	TBD	Dave Bassett dbassett@operationable.net Keith Benton cbenton@operationable.net
Massachusetts Commission for the Blind (MCB)	Molly OBrien Carol Cullins	molly.obrien@state.ma.us carol.cullins@state.ma.us	600 Washington St. Boston, MA 02111	857-248-2561 857-214-1632	TBD	TBD	Molly OBrien molly.obrien@state.ma.us Carol Cullins carol.cullins@state.ma.us
Department of Unemployment Assistance (DUA)	Pending		19 Staniford St. Boston, MA 02114	617-626-6800			
Bunker Hill CC Adult Education & Transition Program	Brandy Brooks Michelle Rojas Surin Kristen McKenna	bmbrooks@bhcc.edu mrojassu@bhcc.mass.edu kpmckenn@bhcc.mass.edu	70 Everett Avenue 3rd Floor, Room 336 Chelsea, MA 02150	617-228-3341			Brandy Brooks bmbrooks@bhcc.edu Michelle Rojas Surin mrojassu@bhcc.mass.edu Kristen McKenna kpmckenn@bhcc.mass.edu

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Cambridge Community Learning Center	Maria Kefallinou Yan Zheng Lori Segall	mkefallinou@CambridgeMA.Gov yzheng@cambridgema.gov lsegall@cambridgema.gov	5 Western Avenue Cambridge, MA 02139	617-349-6363	TBD	TBD	Maria Kefallinou mkefallinou@cambridgema.gov
Intergenerational Literacy Program/Chelsea Public Schools	Barbara Krol-Sinclair Falon Eke Elizabeth Ortiz	barbaras@bu.edu ekef@chelseaschools.com ortize@chelseaschools.com	Early Learning Center 99 Hawthorne Street Chelsea, MA 02150	617-466-5154			Falon Eke ekef@chelseaschools.com Elizabeth Ortiz ortize@chelseaschools.com
The Immigrant Learning Center, Inc.	Karen Oakley Jenn Grehan Phobe Chen	koakley@ilctr.org jgrehan@ilctr.org pchen@ilctr.org	442 Main Street, Malden MA 02148	781-322-9777			Karen Oakley koakley@ilctr.org Jenn Grehan jgrehan@ilctr.org Phobe Chen pchen@ilctr.org
SCALE (Somerville Center for Adult Learning Experiences)	Lisa Cook Clara Serpa (Advisor ABE) Wagner Bastos (Advisor ELL)	lcook@k12.somerville.ma.us cserpa@k12.somerville.ma.us wbastos@k12.somerville.ma.us	167 Holland Street Somerville, MA 02144	617-629-5500			Lisa Cook lcook@k12.somerville.ma.us
YMCA International Learning Center Woburn	Elaine Dougherty Jennifer Rezende	EDougherty@ymcaboston.org jrezende@ymcaboston.org	523 Main Street Woburn, MA 01801	617-466-5154	TBD	TBD	Elaine Dougherty EDougherty@ymcaboston.org

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MOU PARTNER CONTACT INFORMATION

Veterans Employment Representatives	Dennis Pellegrino Steven Fernandez Robert Doucette	dennis.pellegrino@detma.org steven.fernandez@detma.org robert.doucette@detma.org	Cambridge CC Chelsea CC Woburn CC Cambridge CC	617-661-7867 617-884-4333 781-932-5500	On-Site at Career Centers Full-Time		Dennis Pellegrino dennis.pellegrino@detma.org Steven Fernandez steven.fernandez@detma.org Robert Doucette robert.doucette@detma.org

Updated 4/22/2021

MASSHIRE
METRO NORTH
CAREER CENTER

MOU Partners Shared Customer Referral Process

From MHMNCC to a Partner*:

When it is determined through an assessment or other conversation or by customer request that a jobseeker may benefit from services provided by a partner agency then the staff person will initiate the referral process.

- MHMNCC staff person fills out the referral form entirely and has the customer sign the Shared Customer Release of Information form
- MHMNCC provides the customer a copy of the referral form and Shared Customer Release of Information form
- MHMNCC emails the referral form to the assigned staff person for that partner agency
- MHMNCC provides customer with the contact information for them to access services at the partner agency
- Partner agency staff will accept the referral from customer in person and/or contact customer based on the email referral
- MHMNCC staff will check off the Program Specific box for the Partner customer is being referred to, enter a Referral service and document details in notes in MOSES
- Partner agency staff will report back out to MHMNCC the outcome of the referral

From Partner* to MHMNCC:

When it is determined through an assessment or other conversation or by customer request that a participant may benefit from services provided by MHMNCC then the staff person will initiate the referral process.

- Partner staff person assists participant in registering in JobQuest
- Partner staff person fills out the referral form entirely and has the customer sign the Shared Customer Release of Information form
- Partner staff person provides the customer a copy of the referral form and Shared Customer Release of Information form
- Partner Staff person emails the referral form to Partner-Referrals@mhmncc.com
- MHMNCC staff person will accept referral from customer in person and/or contact customer based on the email referral
- MHMNCC staff person will check off the Program Specific box for the Partner customer is being referred from, enter appropriate services and document details in notes in MOSES
- MHMNCC staff will report back out to the Partner agency the outcome of the referral

Other details:

Updated 9/20/2019

- We will use MOSES reports to track and report out on services/outcomes for shared customers
- Both MHMNCC and partner agency are responsible for maintaining copies of the referral forms and Shared customer release forms
- MHMNCC staff will document in MOSES notes that a Shared customer release form was signed

Exception is DTA as there is a state level referral process through DTA WPP that our region will follow

Updated 9/20/2019

MASSHIRE
METRO NORTH
CAREER CENTER

Shared Customer Referral Form

MassHire Metro North Career Center to _____
(Partner Agency Name)

Date: _____

Dear _____: **(Participant Name)**

Please be advised that you have been referred to the _____
by the MassHire Metro North Career Center.

MHMNCC Organization Contact Information and Special Considerations:

Name of Participant: _____

Jobseeker ID#: _____

City of Residence: _____

MHMNCC Contact Name & Title: _____

Contact Phone#: _____ Contact Email: _____

Special Considerations: _____

_____

_____

☐ **Shared Customer Release Form attached**

☐ **If referred for ESOL what is customer's first language?** _____

Please bring this form to the Partnering Organization

as confirmation of your referral

Approved LMJ 1.11.21
Updated 1/11/2021

MASSHIRE
METRO NORTH
CAREER CENTER

Shared Customer Referral Form

_____ **to MHMNCC**
(Partner Organization)

Dear_____**(Participant Name) Date:** _____

Jobseeker ID # _____ **Jobseeker Phone #:** _____

Please be advised that you have been referred to the MassHire Metro North Career Center (MHMNCC) as a potential Program Participant. The MHMNCC provides a variety of career development and employment assistance services, and through this referral, you will have access to the many activities, programs and workshops available. *Certain programs may require additional documentation and/or paperwork.*

MassHire Metro North Career Center locations:

Cambridge: 186 Alewife Brook Parkway, Suite 310, Cambridge, MA 02138 (P: 617-661-7867)

Woburn: 100 TradeCenter, G100, Woburn, MA 01801 (P: 781-932-5500)

Chelsea: 4 Gerrish Avenue, Chelsea, MA 02150 (P: 617-884-4333)

Referring Partner Agency Contact Information and Special Considerations:

Name of Participant:_____

Partner Contact Name & Title:_____

Contact Phone#:_____Contact Email:_____

If applicable: Number of hours Participant is required per week at MHMNCC:_____

Other Considerations:_____

☐ **Shared Customer Release Form attached**

Please bring this form to the Career Center as confirmation of your referral.

Partnering Organization, please send form to: Partner-Referrals@mhmncc.com

Approved LMJ 1.11.21
Updated 1/11/2021

Attachment A

Shared Customer Release Form

AUTHORIZATION FOR RELEASE OF INFORMATION

I understand that it is necessary for _____ to share certain information about me to determine whether I am eligible for this program, to develop my service plan, and to coordinate my services with partner agencies. This information may be shared to improve and coordinate services (for example, employment, education, training services, and support services) provided to me by the agencies listed below.

Information that will be shared may include the following:

- employment history
- job skills and qualifications
- income or other eligibility factors
- education
- career goals
- training program and plan
- housing or other supportive service needs
- amount and sources of program funding
- training provider information such as employment or educational/training placement outcomes, and accommodations available to support participation of individuals with disabilities in education, training or employment.

- I authorize records and information as described above to be released from the (agency releasing the information named here) _____. Information may be shared in writing, verbally, or electronically with the approved agencies listed below.
- I may withdraw my authorization for release of information at any time by contacting _____ in writing.
- Disclosure of any information that is not listed above may not be made without my permission or as otherwise restricted.
- I understand _____ will keep any personal information provided or received through this release confidential and will use, store, and disclose such information in accordance with applicable law.

Approved Agencies

Adult Community Learning Services
MassHire Department of Career Services
Department of Transitional Assistance
Department of Unemployment Assistance
Mass Commission for the Blind
Mass Rehabilitation Commission
Senior Service Community Employment Program

I have read and understood this Authorization Form and by signing below, I give _____ my consent to share the information described above.

_____
Customer Printed Name

_____
Address

_____ _____
Customer Signature Date

_____ _____
Representative Signature Date

_____ _____
Staff Signature Date