[Your agency letterhead]

**Date:**

**To:**           , Deputy Commissioner

Division of Child Support Service

**Subject: Annual Child Support Certification for Completion of *The Work Number (TWN) Training and User Guide* Course and Receipt of Required Signed Non-Disclosure Agreements**

The Office of Temporary and Disability Assistance (OTDA) requires that social services district (district) staff and contract staff with access to The Work Number (TWN) for employment and income verification through the Equifax contract held by OTDA receive training on the proper use of TWN prior to receiving access to TWN and annually thereafter.

Contract staff with such access must also annually read and sign the *Confidentiality/Non-Disclosure Agreement*, attesting to the understanding of the laws, regulations, policies, and rules governing use and disclosure of “Protected Information.”

All district staff and contract staff using TWN **for child support lookups** must complete the annual required training no later than March 1 of each calendar year.

I hereby certify that all district staff and contract staff with access to TWN **for child support lookups** have completed the annual *The Work Number (TWN) Training and User Guide* course and all contract staff have signed the *Confidentiality/Non-Disclosure Agreement*. I further certify that during the last calendar year, all new district staff and contract staff completed *The Work Number (TWN) Training and User Guide* course and all contract staff signed the *Confidentiality/Non-Disclosure Agreement* prior to gaining access to TWN **for child support lookups**. I will retain the original signed nondisclosure agreements and certificates of completion of the training in my files for at least five (5) years, along with a listing of the staff who meet the requirement for signature.

Signature of CSEU Coordinator or Designee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_