

**OMB No. 0960-0629**  
**Work Incentives Planning and Assistance formerly**  
**BPAO**  
**Project Site Application**

1. Project Name (SSA grantee name): \_\_\_\_\_
2. Project Site (provider agency name): \_\_\_\_\_
3. Primary contact person for data:  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Email: \_\_\_\_\_

4. Date Site began operation (MM/DD/YY): \_\_\_ / \_\_\_ / \_\_\_

**5. Site Contact Information:**

**Full Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Fax:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Site ID: This identifier is assigned when the site Information is entered, and is required to review or enter either benefit specialist information or beneficiary/recipient information.

**Write it down here when the computer gives it to you:** \_\_\_\_\_

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 2 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*