

**OMB No. 0960-0629**

**Work Incentives Planning and Assistance  
Community Work Incentives Coordinator (CWIC)  
Application (formerly Benefit Specialist Form)**

1. Site ID: \_\_\_\_\_

2. Identifying information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Title: \_\_\_\_\_

3. Date CWIC began providing services (MM/DD/YY): \_\_\_/\_\_\_/\_\_\_

4. Contact Information:

Email: \_\_\_\_\_

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

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

Street Address (it is presumed that the city and state are the same as the Site):  
\_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_

**CWIC ID:** This identifier is assigned when the benefit specialist information is entered, and is required to review or enter 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.*

