

**OMB No. 0960-0629**  
**Work Incentives Planning and Assistance 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.*

See Revised  
Paperwork  
Reduction Act and  
Privacy Act below.

\* Indicates a required field.

**1. \*PARTICIPANT NAME:**

**2. \*CONTACT LOCATION/METHOD (SELECT ONE)**

- Follow-up contact
- Initial Contact

**3. \*DATE OF CONTACT (MM/DD/YYYY)**

**4. DATE OF NEXT CONTACT (MM/DD/YYYY)**

**5. WORK INCENTIVES DISCUSSED (SELECT AS MANY THAT APPLY)**

- Trial Work Period (TWP)
- Extended Period of Eligibility (EPE)
- Impairment-Related Work Expenses (IRWE)
- Plan for Achieving Self Support (PASS)
- 1619 (a)
- 1619 (b)
- Medicaid Buy-in
- Blind Work Expense (BWE)
- Student Earned Income Exclusion
- Subsidy Development
- Extended Medicare
- Property Essential to Self Support
- Expedited Reinstatement (EXR)
- Ticket to Work Program
- Continuing Disability Review Protections
- Section 301
- Unsuccessful Work Attempt
- Medicare Modernization Act (MMA)

**6. EMPLOYMENT RECOMMENDATIONS (SELECT ONE):**

- Beneficiary Unemployed – Recommended looking for job
- Beneficiary Unemployed – Did not recommend looking for a job

- Beneficiary Unemployed – Recommended if offered Job to accept
- Beneficiary Unemployed – Recommended if offered Job to decline
- Beneficiary Employed – Recommended quitting job
- Beneficiary Employed – Recommended increasing hours
- Beneficiary Employed – Recommended maintaining hours
- Beneficiary Employed – Recommended decreasing hours
- Beneficiary Employed – Recommended seeking promotion

**7. BENEFITS RECOMMENDATIONS (SELECT ONE):**

- Recommended earning enough to exit program
- Recommended staying on the program
- Recommended staying on the program with lower benefit (if SSI)
- No recommendation

**8. SERVICE REFERRALS (SELECT AS MANY THAT APPLY):**

- Vocational Rehabilitation
- Para-Transit
- Protection and Advocacy
- Work-Related Training/Counseling
- DOL One-Stop Career Center
- Employment Network
- Transitional Youth Services
- Employer Assistance and Referral Network (EARN)

**9. NAME OF SERVICE REFERRAL ORGANIZATION(S): (TEXT BOX)**

**10. FOLLOW UP CONTACT RECOMMENDED?**

- Yes
- No

**11. BS&A STATUS**

- Completed BS&A
- Updated BS&A

**12. WIP STATUS**

- Completed WIP
- Updated WIP

**13. \*TIME SPENT ON CONTACT (MINUTES):**

**14. TYPE OF SERVICES PROVIDED (CALLED “NEW VALUE” IN ETO. SEE INFORMATION AT END OF DOCUMENT.) (SELECT ONE);**

- Provided Problem Solving and Advocacy Services
- Provided Work Incentives Analysis Services
- Provided Long term Support Services

**15. CASE NOTES (CALLED “NOTES IN ETO”) (TEXT BOX):**

**Point of Service Element: Provide WIPA Services**

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This tracks the point of service work of CWICs in three core service types.

1. Problem Solving and Advocacy Services

- Referrals to employment related support services including VR, One-Stop Centers, ENs
- Referrals to other types of service providers
- Assisting beneficiaries in resolving problems related to return-to-work or higher education efforts

2. Work Incentives Analysis Services

- Obtaining and recording comprehensive benefits information
- Assessing potential impacts of employment and other changes on state, local, and federal benefits eligibility and overall economic well-being
- Producing written benefits analysis plans

3. Long Term Support Services

- Long term work incentives monitoring, management, and assistance
- Updating work incentives and related information
- Periodic reassessment

There are additional fields in the ETO point of service page that allow the CWICs to capture the details of each type of service interaction.

**IF BENEFITS, WORK INCENTIVES, SERVICES, OR  
EMPLOYMENT CHANGE, RECORD CHANGE(S) IN A NEW  
WORK INCENTIVES PLAN FOLLOW UP ASSESSEMENT.**

## Paperwork Reduction Act References

### I&R Program Home Program

WIPA - Windows Internet Explorer  
https://wipa.etosoftware.com/index.asp

ETO SOFTWARE®  
Welcome wipa eto - WIPA Grantee Example: [WIPA Initial Contact and Demographics \(Change Program\)](#)  
Thursday, Mar. 11, 2010

Log Off | Home Page | My Account | Change Site | Help

New Quick Search To Do List Messages My Favorites ETO Money My Dashboard(NEW)

Enter Search Term(s) within Participant in WIPA Initial Contact and Demographics Search

- To enroll in WIPA: Change to WIPA program (Click "Change Programs" button above), then click blue "Enroll Beneficiary" link on home page.

Entering Information:

- Add WIPA applicants: ["Add New Beneficiary"](#)
- Record additional I&R contacts (if more than one I&R contact is made): ["I&R Assessment"](#)
- Record case notes: ["Initial Case Notes"](#)
- View/Edit WIPA inquires and/or applicants: ["View/Edit Beneficiary"](#)
- Exit beneficiary from "WIPA Initial Contact and Demographics": ["Dismiss Beneficiary"](#)
- Review Referrals from Maximus: ["Review Pending Referrals"](#)

- To enter information, click on the blue links below.
- To remove navigation bar, click small white arrow in its left margin.
- To return to this screen, click "Home" button at upper right corner of screen. Be sure to save your entered information first!

~~**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. The control number for this survey is 0960-0629. OMB approval for this study expires on 6/30/2010. We estimate that it will take about 5 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.~~

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start | Internet | 100% | 3:50 PM

See revised Privacy Act and Paperwork Reduction Act Statements below.

## WIPA Program Home Page:

WIPA - Windows Internet Explorer

https://wipa.etosoftware.com/index.asp

ETO SOFTWARE®

Welcome wipa eto - WIPA Grantee Example: [WIPA Work Incentives Planning and Assistance](#) ([Change Program](#))

Log Off | Home Page | My Account | Change Site | Help

Thursday, Mar. 11, 2010

New Quick Search To Do List Messages My Favorites ETO Money My Dashboard (NEW)

Enter Search Term(s) within Participant in WIPA Work Incentives Planning and Assistance Search

- Complete and Update Work Incentives Plan Assessment (OPTIONAL assessments also available -- Trial Work Period, Food Stamp Calculator, and Calculation Assessment): ["Beneficiary Assessment"](#)
- Services provided: ["Beneficiary Efforts"](#)
- Record outreach efforts and contact with AWICs and Field Office: ["General Efforts"](#)
- Update demographics: ["View/Edit Beneficiary"](#)
- Exit beneficiary from WIPA: ["Dismiss Beneficiary"](#)
- Review casenotes and services provided to one beneficiary: ["Review Beneficiary Efforts"](#)
- Review all your casenotes and services within a range of dates: ["Review My Efforts"](#)
- Add WIPA address and service areas: ["View/Edit Entity"](#)

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See revised Privacy Act and Paperwork Reduction Act Statements below.

*SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:*

**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 (OMB) control number. The OMB control number is 0960-0629. OMB approval expires on \_\_\_\_\_. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). *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.*





## SOCIAL SECURITY

### WORK INCENTIVES PLANNING AND ASSISTANCES (WIPA)

#### Privacy Act Notice

The Work Incentives Planning and Assurances (WIPA) program is established by the Social Security Administration (SSA) under a law called the Ticket to Work and Work Incentives Improvement Act of 1999. Under the WIPA program, SSA gives money to organizations so they can provide SSA beneficiaries with accurate information about work incentives and benefits planning. SSA will be collecting information from these organizations, including the names and Social Security numbers of the SSA beneficiaries that the organizations serve, so SSA can evaluate how the WIPA program is working.

The information you provide is voluntary. However, failure to provide the requested information may limit your ability to participate in the WIPA program.

Any information reported as part of the WIPA program will not become part of your Social Security record. The information will **not** be reported to the SSA office that makes eligibility determinations. You are responsible for reporting income or changes in status to the SSA office.

Explanations about these and other reasons why information you provide us may be used or given out are available in Systems of Records Notice 60-0218 (Disability Insurance and Supplemental Security Income Demonstration Projects and Experiments System). The Notice, additional information about this form, and any other information regarding our systems and programs, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.