Intake for WIPA Grantee Example

WIPA Initial Contact and Demographics

*First Name				
Middle Initial				
*Last Name				
Suffix				
☐ <i>I</i> ☐ <i>III</i> ☐ <i>Jr</i> .				
☐ Jr. Address 1				
Apt./Suite				
ZipCode				
E-Mail				
Home Phone				
Cell Phone				
Ext				
Work Phone				
TTY?				
□ No	☐ Yes			
TTY/Videophone number/IP address				
SSN				
DOB				
Gender				
Marital Status				
☐ Common Law☐ Domestic Partner☐ Separated☐ Widowed	☐ Divorced ☐ Married ☐ Single			
Case Number				
*Benefits received at intake				
□ Private Disability Insurance□ SSI□ Workers Compensation	☐ SSDI ☐ Veterans benefits			
*How did customer hear about the WIPA?				
☐ Community Rehabilitation Provider ☐ DOL One-Stop Center ☐ Housing Agency	☐ Developmental Disability Agency ☐ Employment Network ☐ Internet			

^{*} A demographic with an asterisk is a required field.



Intake for WIPA Grantee Example

			-		
	Maximus		Medicaid		
	Mental Health Agency	$\overline{\Box}$	Newspaper		
١Ħ	Other		Other WIPA Outreach		
			SSA Field Office		
님	Receipt of a Ticket	님			
빌	Television	닏	Veteran Service Organization		
빝	Vocational Rehabilitation	Ш	Walk-In		
Ш	WISE				
*E	mployment status at intake				
	Considering employment		Currently working		
П	Job offer pending	П	Looking for employment		
\Box	Self employed				
Self-Reported Primary Disability					
	Blind or Visual Impairment	П	Cancer/Neoplasm		
lH	Cognitive/Developmental Disability	H	Hearing, Speech, and Other Sensory		
╽╙	cognitive/ Developmental Disability	Ц	Impairment		
	Infectious Disease		Injury		
$ \Box$	Mental and Emotional Disorders	\Box	Non-Spinal Cord Orthopedic		
		_	Impairment		
	Other		Spinal Cord Injury		
	System Disease		Traumatic Brain Injury		
If (OTHER primary disability, please specify:				
Sei	lf-Reported Secondary Disability				
	Blind or Visual Impairment		Cancer/Neoplasm		
	Cognitive/Developmental Disability		Hearing, Speech, and Other Sensory Impairment		
	Infectious Disease		Injury		
	Mental and Emotional Disorders		Non-Spinal Cord Orthopedic		
			Impairment		
	Other		Spinal Cord Injury		
	System Disease		Traumatic Brain Injury		
If OTHER secondary disability, please specify:					
Is beneficiary his her own payee?					
Ιп	No	П	Yes		
<u> </u>	mo of Poprosontativo Payoo				
Name of Representative Payee					
Representative Payee Address					
Telephone number of Payee					
Sp	ecial Language Consideration				
Ιп	English as a second language	П	Other special language needs		
lΗ	Sign language interpreter		,		
Fn	glish Proficiency				
<u>-</u> ''	g.i.s., i tottototto y				
	Understand neither written nor verbal communication		Understand written English communication		
$ \neg $	Understands both verbal and written		Understands verbal English		
╵╜	English communication	П	communication		

^{*} A demographic with an asterisk is a required field.



Intake for WIPA Grantee Example

Level of Education at Intake				
☐ Associate/2 year degree ☐ Doctorate degree ☐ Less than HS diploma ☐ Other degree or certification	 □ Bachelor's degree □ HS diploma or equivalent □ Master's degree □ Some college 			
Health Status at Intake (self-identified)				
☐ Fair ☐ Poor	☐ Good ☐ Very Good			
Beneficiary services funding source				
☐ Other funds ☐ WIPA funds	☐ State funds			
AssignedStaffID				
Priority Level				
☐ Basic ☐ Low	☐ High ☐ Medium			

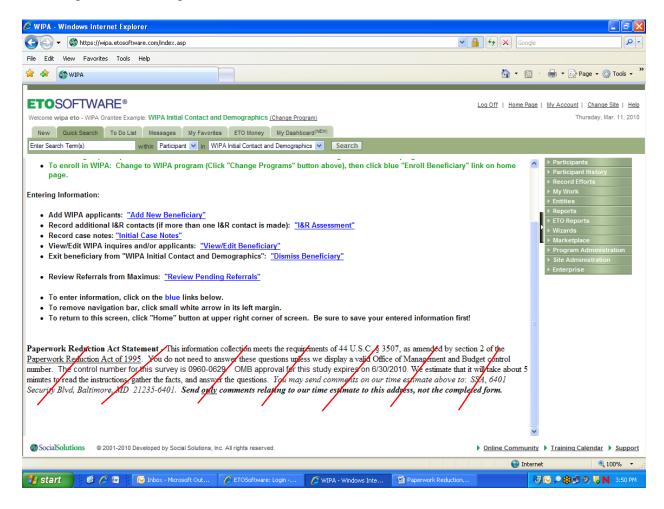
^{*} A demographic with an asterisk is a required field.



- * 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. *TIME SPENT ON CONTACT (MINUTES):**
- **6.** CASE NOTES (CALLED "NOTES IN ETO") (TEXT BOX):

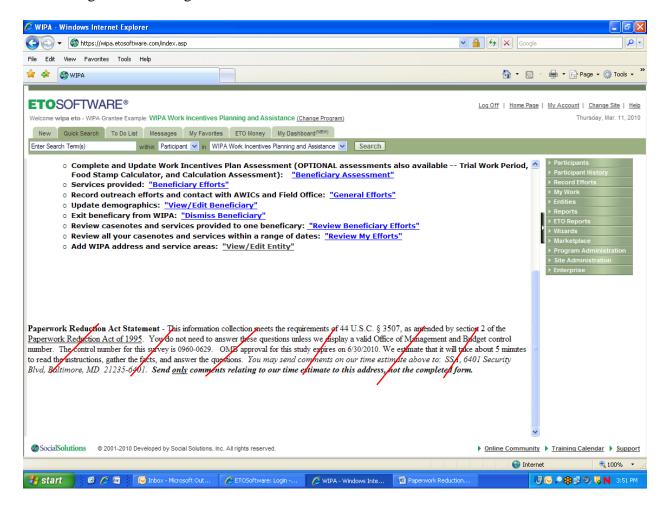
Paperwork Reduction Act References

I&R Program Home Program



See revised Privacy Act and Paperwork Reduction Act Statements below.

WIPA Program Home Page:



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. 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.



WORK INCENTIVES PLANNING AND ASSISTANCES (WIPA)

Privacy Act Notice

The Work Incentives Planning and Assistances (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 or at your local Social Security office.