





Point of Service Information

* Participant:	Fake, Test
* Point of Service / Activity:	Provide WIPA Services
* Contact Location / Method:	--Select Location / Method--
* Date of Last Contact:	None
* Date of Contact:	1/29/2013  <input type="button" value="Submit"/>
* Date of Next Contact:	<input type="text"/>  <input type="button" value="Submit"/> <input type="button" value="Submit"/>

Provide WIPA Services

* Time Spent:	<input type="text"/>																		
* Value:	--Select--																		
 * Work Incentives Discussed: 	<table border="0"> <tr> <td><input type="checkbox"/> Trial Work Period (TWP)</td> <td><input type="checkbox"/> Extended Period of Eligibility (EPE)</td> </tr> <tr> <td><input type="checkbox"/> Impairment-Related Work Expenses (IRWE)</td> <td><input type="checkbox"/> Plan for Achieving Self Support (PASS)</td> </tr> <tr> <td><input type="checkbox"/> 1619 (a)</td> <td><input type="checkbox"/> 1619 (b)</td> </tr> <tr> <td><input type="checkbox"/> Medicaid Buy-in</td> <td><input type="checkbox"/> Blind Work Expense (BWE)</td> </tr> <tr> <td><input type="checkbox"/> Student Earned Income Exclusion</td> <td><input type="checkbox"/> Subsidy Development</td> </tr> <tr> <td><input type="checkbox"/> Extended Medicare</td> <td><input type="checkbox"/> Property Essential to Self Support</td> </tr> <tr> <td><input type="checkbox"/> Expedited Reinstatement (EXR)</td> <td><input type="checkbox"/> Ticket to Work Program</td> </tr> <tr> <td><input type="checkbox"/> Continuing Disability Review Protections</td> <td><input type="checkbox"/> Section 301</td> </tr> <tr> <td><input type="checkbox"/> Unsuccessful Work Attempt</td> <td><input type="checkbox"/> Medicare Modernization</td> </tr> </table>	<input type="checkbox"/> Trial Work Period (TWP)	<input type="checkbox"/> Extended Period of Eligibility (EPE)	<input type="checkbox"/> Impairment-Related Work Expenses (IRWE)	<input type="checkbox"/> Plan for Achieving Self Support (PASS)	<input type="checkbox"/> 1619 (a)	<input type="checkbox"/> 1619 (b)	<input type="checkbox"/> Medicaid Buy-in	<input type="checkbox"/> Blind Work Expense (BWE)	<input type="checkbox"/> Student Earned Income Exclusion	<input type="checkbox"/> Subsidy Development	<input type="checkbox"/> Extended Medicare	<input type="checkbox"/> Property Essential to Self Support	<input type="checkbox"/> Expedited Reinstatement (EXR)	<input type="checkbox"/> Ticket to Work Program	<input type="checkbox"/> Continuing Disability Review Protections	<input type="checkbox"/> Section 301	<input type="checkbox"/> Unsuccessful Work Attempt	<input type="checkbox"/> Medicare Modernization
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<input type="checkbox"/> Continuing Disability Review Protections	<input type="checkbox"/> Section 301																		
<input type="checkbox"/> Unsuccessful Work Attempt	<input type="checkbox"/> Medicare Modernization																		

	Act (MMA)
* 2-Employment Suggestions:	--Select--
* 3-Benefits Suggestions:	--Select--
* 4A-Service Referrals:	<input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Para-Transit <input type="checkbox"/> Protection and Advocacy <input type="checkbox"/> Work-Related Training/Counseling <input type="checkbox"/> DOL One-Stop Career Center <input type="checkbox"/> Employment Network <input type="checkbox"/> Transitional Youth Services <input type="checkbox"/> Employer Assistance and Referral Network (EARN) <input type="checkbox"/> SSA <input type="checkbox"/> Maximus
* 4B-Name of Service Referral organization(s):	<input type="text"/>
* 5-Follow Up Contact Suggested?:	--Select--
* BS&A Status:	--Select--
* WIP Status:	--Select--

Provide WIPA Services Notes

* Notes:	
----------	--

[Save Effort & Close](#)
[Save Effort & Record Similar Effort](#)
[Save Effort & View/Edit Participant](#)

I & R Assessment

WIPA Team Example

Section A. Inquiry Information

A-1. Topic of Inquiry

- | | | |
|--|--|--|
| <input type="checkbox"/> Benefits | <input type="checkbox"/> Work Incentives | <input type="checkbox"/> WIPA Services |
| <input type="checkbox"/> Non-WIPA Services | <input type="checkbox"/> Employment | <input type="checkbox"/> Education |

A-2. Specific Benefit(s) Inquiry

- | | | |
|--|---|--|
| <input type="checkbox"/> Public Health Insurance | <input type="checkbox"/> Subsidized Housing or Other Rental Subsidies | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> TANF | <input type="checkbox"/> Veterans Benefits |
| <input type="checkbox"/> Unemployment Insurance Benefits | <input type="checkbox"/> Enrollment in State Vocational Rehabilitation Agency | <input type="checkbox"/> Ticket to Work |

- Other Benefits

If Other Benefits, please provide details:

A-3. Specific Work Incentives Query

- | | | |
|---|---|--|
| <input type="checkbox"/> Trial Work Period (TWP) | <input type="checkbox"/> Extended Period of Eligibility (EPE) | <input type="checkbox"/> Impairment Related Work Expenses (IRWE) |
| <input type="checkbox"/> Plan for Achieving Self Support (PASS) | <input type="checkbox"/> 1619 (a) | <input type="checkbox"/> 1619 (b) |
| <input type="checkbox"/> Medicaid Buy In | <input type="checkbox"/> Blind Work Expense (BWE) | <input type="checkbox"/> Student Earned Income Exclusion |
| <input type="checkbox"/> Subsidy Development | <input type="checkbox"/> Extended Medicare | <input type="checkbox"/> Property Essential to Self Support |
| <input type="checkbox"/> Substantial Gainful Employment (SGA) | <input type="checkbox"/> Section 301 | <input type="checkbox"/> Expedited Reinstatement (EXR) |
| <input type="checkbox"/> Earned Income Tax Credit (EITC) | <input type="checkbox"/> Other Non-WIPA Service | |

If Other Non-WIPA Service, please provide details:

I & R Assessment

WIPA Team Example

A-4. Specific Non-WIPA Services Inquiry

- | | | |
|---|--|--|
| <input type="checkbox"/> Vocational Rehabilitation Services | <input type="checkbox"/> Para Transit | <input type="checkbox"/> Protection and Advocacy |
| <input type="checkbox"/> Work Related Training/Counseling | <input type="checkbox"/> DOL One Stop Career Center | <input type="checkbox"/> Employment Network (EN) |
| <input type="checkbox"/> Transitional Youth Services | <input type="checkbox"/> Employer Assistance and Referral Network (EARN) | <input type="checkbox"/> Other Non-WIPA Services |

If Other Non-WIPA Services, please provide details:

A-5. Resolution of I & R Contact

- | | | |
|--|---|--|
| <input type="checkbox"/> Basic Info Needed | <input type="checkbox"/> Analysis and Advisement Needed | <input type="checkbox"/> Work Incentives Assistance Needed |
| <input type="checkbox"/> Referred to Other Services Agency | | |

A-6. Service Referrals

- | | | |
|---|--|--|
| <input type="checkbox"/> Vocational Rehabilitation | <input type="checkbox"/> Para-Transit | <input type="checkbox"/> Protection and Advocacy |
| <input type="checkbox"/> Work-Related Training/Counseling | <input type="checkbox"/> DOL One-Stop Career Center | <input type="checkbox"/> Employment Network |
| <input type="checkbox"/> Transitional Youth Services | <input type="checkbox"/> Employer Assistance and Referrals | <input type="checkbox"/> SSA |
| <input type="checkbox"/> Maximus | | |

Please provide the referral organization name(s):

A-7. Time Spent (minutes):

**OMB No. 0960-0629
WIPA 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 (OMB) control number. The OMB control number is 0960-0629. OMB approval expires on _____. We estimate that it will take about 15 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.

* 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

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 WIPA 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 Page

The screenshot shows the ETOSoftware website interface. At the top, there is a navigation bar with links for 'Log Off', 'Home Page', 'My Account', 'Help', and 'Chat'. Below this, a welcome message for Taylor Henderson is displayed. A search bar is present with a dropdown menu set to 'Participant' and a search button. The main content area is titled 'Entering Information:' and contains a list of links for various actions such as 'Enroll Beneficiary', 'Beneficiary Assessment', and 'Review My Efforts'. A 'Paperwork Reduction Act Statement' is also present, detailing the requirements of 44 U.S.C. § 3507. A red arrow points from a red-bordered box containing the text 'changing time to 20 minutes.' to the word '5' in the statement, which is crossed out with a red line.

ETOSoftware®
Welcome Taylor Henderson - BASS-ESA Team Example: [BASS-ESA Services](#) (Change Program) Friday, Jan. 18, 2013

Log Off | Home Page | My Account | Help | Chat

New Quick Search To Do List Messages My Favorites My Dashboard Reporting Dashboard Manage Apps^(NEW)

Enter Search Term(s) within Participant in BASS-ESA Services Search

Entering Information:

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

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.**

changing time to 20 minutes.

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WIPA Program Home Page:

ETOSoftware®

Welcome Taylor Henderson - BASS-ESA Team Example: [BASS-ESA Services](#) (Change Program)

Friday, Jan. 18, 2013

Log Off | Home Page | My Account | Help | Chat

New Quick Search To Do List Messages My Favorites My Dashboard Reporting Dashboard Manage Apps^(NEW)

Enter Search Term(s) within Participant in BASS-ESA Services Search

Entering Information:

- Enroll beneficiary from "Initial Contact" program: [Enroll Beneficiary](#)
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change time to 20 minutes

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change time to 20 minutes



WIPA Work Incentives Plan (Baseline)

WIPA Team Example

Section A.

Beneficiary Goals

Section B. EMPLOYMENT PLAN

B-1. Did the beneficiary identify employment goals?

- Yes No

B-2. If beneficiary identified work goals, did they identify strategies to meet these goals?

- Yes No

If Yes, please provide details:

B-3. In what type of work is beneficiary interested? What suggestions did WIPA staff make regarding type of work?

B-4. Did the beneficiary use employment services in the past year for the purpose of getting a job or increasing earnings?

- Yes No

If Yes, please provide details:

B-5. Did the beneficiary look for work in the past four weeks?

- Yes No

Section C. EDUCATION PLAN

C-1. Did the beneficiary identify education goals?

- Yes No

WIPA Work Incentives Plan (Baseline)

WIPA Team Example

C-2. Is the beneficiary pursuing education?

- Beneficiary pursuing education at intake Beneficiary not pursuing education at intake Beneficiary not pursuing education at intake; WIPA staff suggested beneficiary pursue education
- Beneficiary pursued education

C-3. If beneficiary is pursuing education (Post secondary, continuing adult education, special education, GED, vocational, etc.), are they taking classes or have they applied for classes?

- Not applying for or taking classes Applied for classes Taking classes

Section D. BENEFITS/WORK INCENTIVES/SERVICES PLAN

D-1. Does the beneficiary want to earn enough to reduce benefits?

- No, beneficiary made no decision No, this is not their initial plan Yes, this is their initial plan
- No, they decided against this after receiving WIPA services Yes, this became their plan after receiving WIPA services

D-2. Does the beneficiary want to earn enough to stop receiving benefits? (SSI or SSDI)?

- No, beneficiary made no decision No, this is not their initial plan Yes, this is their initial plan
- No, they decided against this after receiving WIPA services Yes, this became their plan after receiving WIPA services

D-3. Benefits - Private Health Insurance?

- Yes No

D-4. Benefits - Public Health Insurance

- Not utilizing at intake not suggested Utilizing at intake Not utilizing at intake but suggested
- Utilizing after receiving WIPA services

D-5. If Yes to Public Health Insurance, what type?

- Medicaid Medicare Medicare and Medicaid

D-6. If receiving Medicaid, has beneficiary participated in Medicaid Buy-In?

- Yes No

D-7. Benefits - Subsidized Housing or Other Rental Subsidies

- Not utilizing at intake not suggested Utilizing at intake Not utilizing at intake but suggested
- Utilizing after receiving WIPA services

D-8. Benefits - Food Stamps

- Not utilizing at intake not suggested Utilizing at intake Not utilizing at intake but suggested
- Utilizing after receiving WIPA services

WIPA Work Incentives Plan (Baseline)

WIPA Team Example

D-9. Benefits - Workers Compensation

- Not utilizing at intake not suggested
- Utilizing after receiving WIPA services
- Utilizing at intake
- Not utilizing at intake but suggested

D-10. Benefits - TANF

- Not utilizing at intake not suggested
- Utilizing after receiving WIPA services
- Utilizing at intake
- Not utilizing at intake but suggested

D-11. Benefits - Veterans Benefits

- Not utilizing at intake not suggested
- Utilizing after receiving WIPA services
- Utilizing at intake
- Not utilizing at intake but suggested

D-12. Benefits - Unemployment Insurance Benefits

- Not utilizing at intake not suggested
- Utilizing after receiving WIPA services
- Utilizing at intake
- Not utilizing at intake but suggested

D-13. Benefits - Enrolled in State Vocational Rehabilitation Agency (SVRA)

- Not utilizing at intake not suggested
- Utilizing after receiving WIPA services
- Utilizing at intake
- Not utilizing at intake but suggested

D-14. Benefits - Tickets

- Not utilizing at intake not suggested
- Utilizing after receiving WIPA services
- Utilizing at intake
- Not utilizing at intake but suggested

D-15. To whom has the beneficiary assigned his/her ticket?

- SVRA
- Employment Network

D-16. If the beneficiary assigned his/her ticket to an EN, what is the name of the EN?

WIPA Work Incentives Plan (Baseline)

WIPA Team Example

D-17. Benefits - Other Benefit(s)

- Not utilizing at intake not suggested Utilizing at intake Not utilizing at intake but suggested
- Utilizing after receiving WIPA services

Please provide details on the Other Benefit(s):

D-18. Work Incentives - Trial Work Period (TWP)

- Knowledge of incentive at intake Not utilizing at intake not suggested Utilizing at intake
- Not utilizing at intake but suggested Utilizing after receiving WIPA services

D-19. Work Incentives - Extended Period of Eligibility (EPE)

- Knowledge of incentive at intake Not utilizing at intake not suggested Utilizing at intake
- Not utilizing at intake but suggested Utilizing after receiving WIPA services

D-20. Work Incentives - Impairment Related Work Expenses (IRWE)

- Knowledge of incentive at intake Not utilizing at intake not suggested Utilizing at intake
- Not utilizing at intake but suggested Utilizing after receiving WIPA services

D-21. Work Incentives - Plan for Achieving Self Support (PASS)

- Knowledge of incentive at intake Not utilizing at intake not suggested Utilizing at intake
- Not utilizing at intake but suggested Utilizing after receiving WIPA services

D-22. Work Incentives - 1619 (a)

- Knowledge of incentive at intake Not utilizing at intake not suggested Utilizing at intake
- Not utilizing at intake but suggested Utilizing after receiving WIPA services

D-23. Work Incentives - 1619 (b)

- Knowledge of incentive at intake Not utilizing at intake not suggested Utilizing at intake
- Not utilizing at intake but suggested Utilizing after receiving WIPA services

WIPA Work Incentives Plan (Baseline)

WIPA Team Example

D-24. Work Incentives - Medicaid Buy In

- | | | |
|---|---|---|
| <input type="radio"/> Knowledge of incentive at intake | <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake |
| <input type="radio"/> Not utilizing at intake but suggested | <input type="radio"/> Utilizing after receiving WIPA services | |

D-25. Work Incentives - Blind Work Expense (BWE)

- | | | |
|---|---|---|
| <input type="radio"/> Knowledge of incentive at intake | <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake |
| <input type="radio"/> Not utilizing at intake but suggested | <input type="radio"/> Utilizing after receiving WIPA services | |

D-26. Work Incentives - Student Earned Income Exclusion

- | | | |
|---|---|---|
| <input type="radio"/> Knowledge of incentive at intake | <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake |
| <input type="radio"/> Not utilizing at intake but suggested | <input type="radio"/> Utilizing after receiving WIPA services | |

D-27. Work Incentives - Subsidy Development

- | | | |
|---|---|---|
| <input type="radio"/> Knowledge of incentive at intake | <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake |
| <input type="radio"/> Not utilizing at intake but suggested | <input type="radio"/> Utilizing after receiving WIPA services | |

D-28. Work Incentives - Extended Medicare

- | | | |
|---|---|---|
| <input type="radio"/> Knowledge of incentive at intake | <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake |
| <input type="radio"/> Not utilizing at intake but suggested | <input type="radio"/> Utilizing after receiving WIPA services | |

D-29. Work Incentives - Property Essential to Self Support

- | | | |
|---|---|---|
| <input type="radio"/> Knowledge of incentive at intake | <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake |
| <input type="radio"/> Not utilizing at intake but suggested | <input type="radio"/> Utilizing after receiving WIPA services | |

D-30. Work Incentives - Substantial Gainful Employment (SGA)

- | | | |
|---|---|---|
| <input type="radio"/> Knowledge of incentive at intake | <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake |
| <input type="radio"/> Not utilizing at intake but suggested | <input type="radio"/> Utilizing after receiving WIPA services | |

D-31. Work Incentives - Section 301

- | | | |
|---|---|---|
| <input type="radio"/> Knowledge of incentive at intake | <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake |
| <input type="radio"/> Not utilizing at intake but suggested | <input type="radio"/> Utilizing after receiving WIPA services | |

D-32. Work Incentives - Expedited Reinstatement (EXR)

- | | | |
|---|---|---|
| <input type="radio"/> Knowledge of incentive at intake | <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake |
| <input type="radio"/> Not utilizing at intake but suggested | <input type="radio"/> Utilizing after receiving WIPA services | |

WIPA Work Incentives Plan (Baseline)

WIPA Team Example

D-33. Work Incentives - Earned Income Tax Credit (EITC)

- | | | |
|---|---|---|
| <input type="radio"/> Knowledge of incentive at intake | <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake |
| <input type="radio"/> Not utilizing at intake but suggested | <input type="radio"/> Utilizing after receiving WIPA services | |

D-34. Services - Vocational Rehabilitation Services

- | | | |
|---|---|---|
| <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake | <input type="radio"/> Not utilizing at intake but suggested |
| <input type="radio"/> Utilizing after receiving WIPA services | | |

D-35. Services - Para Transit

- | | | |
|---|---|---|
| <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake | <input type="radio"/> Not utilizing at intake but suggested |
| <input type="radio"/> Utilizing after receiving WIPA services | | |

D-36. Services - Protection and Advocacy

- | | | |
|---|---|---|
| <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake | <input type="radio"/> Not utilizing at intake but suggested |
| <input type="radio"/> Utilizing after receiving WIPA services | | |

D-37. Services - Work Related Training/Counseling

- | | | |
|---|---|---|
| <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake | <input type="radio"/> Not utilizing at intake but suggested |
| <input type="radio"/> Utilizing after receiving WIPA services | | |

D-38. Services - DOL One Stop Career Center

- | | | |
|---|---|---|
| <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake | <input type="radio"/> Not utilizing at intake but suggested |
| <input type="radio"/> Utilizing after receiving WIPA services | | |

D-39. Services - Employment Network (EN)

- | | | |
|---|---|---|
| <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake | <input type="radio"/> Not utilizing at intake but suggested |
| <input type="radio"/> Utilizing after receiving WIPA services | | |

D-40. Services - Transitional Youth Services

- | | | |
|---|---|---|
| <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake | <input type="radio"/> Not utilizing at intake but suggested |
| <input type="radio"/> Utilizing after receiving WIPA services | | |

D-41. Services - Employer Assistance and Referral Network (EARN)

- | | | |
|---|---|---|
| <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake | <input type="radio"/> Not utilizing at intake but suggested |
| <input type="radio"/> Utilizing after receiving WIPA services | | |

WIPA Work Incentives Plan (Baseline)

WIPA Team Example

Beneficiary

Section E. EMPLOYMENT INFORMATION (UPDATE FOR EACH NEW EMPLOYMENT)

E-1. Is beneficiary currently employed?

Yes No

E-2. Is beneficiary employed full time or part time?

Full time Part time

E-3. Name and address of employer or potential employer.

E-4. What is the type of work?

E-5. Number of hours per week

E-6. Hourly wage.

\$

E-7. Does beneficiary receive benefits through your employment?

Yes No

E-8. Date of hire

__/__/__

E-9. Is beneficiary self employed?

Yes No

OPTIONAL-Benefit

Section F. INTAKE INFORMATION

F-1. Do we have a signed release of information?

Yes No

F-2. Permission granted to CC report to the following person.

F-3. Did beneficiary attend a WISE presentation?

Yes No

Section G. BENEFIT PLANNING QUERY (BPQY)

G-1. What is beneficiary's Supplemental Security Income (SSI) amount on the BPQY?

\$

WIPA Work Incentives Plan (Baseline)

WIPA Team Example

G-2. What is the beneficiary's date of entitlement for SSI?

__/__/__

G-3. What is beneficiary's SSDI Amount on BPQY?

\$

G-4. What is the beneficiary's date of entitlement for SSDI?

__/__/__

G-5. Has beneficiary started beneficiary's TWP?

Yes No

G-6. What date did beneficiary start beneficiary's TWP?

__/__/__

G-7. How many TWP months are remaining?

G-8. What is the date beneficiary's TWP ended?

__/__/__

G-9. Are there any earnings reflected in the BPQY that should have triggered TWP months?

Yes No

Section H. SOCIAL SECURITY CASH BENEFITS - SSDI

H-1. Did beneficiary receive Social Security Disability Insurance (SSDI)?

Yes No

H-2. What type of SSDI benefits is beneficiary receiving?

Against your own record

Childhood disability beneficiary (formerly DAC)

Widow/Widower

Other

H-3. Are there minor children receiving cash benefits on beneficiary's record under this Social Security number?

Yes No

H-4. What is the date the EPE began?

__/__/__

H-5. What is the date the 36 month EPE ended?

__/__/__

Section I. SOCIAL SECURITY CASH BENEFITS - SSI

I-1. What is the amount of beneficiary's gross monthly unearned income?

\$

WIPA Work Incentives Plan (Baseline)

WIPA Team Example

I-2. What is the amount of beneficiary's gross monthly earned income?

\$

I-3. If beneficiary is married, does beneficiary's spouse have any income?

Yes No

I-4. If so, how much?

\$

Section J. RESOURCES

J-1. Does beneficiary own beneficiary's own home?

Yes No

J-2. How much money does beneficiary have in a savings account?

\$

J-3. How much money does beneficiary have in a checking account?

\$

J-4. List any other assets

J-5. Does beneficiary have an Individual Retirement Account (IRA)?

Yes No

J-6. If so, how much does beneficiary have saved in a retirement account?

\$

J-7. Does beneficiary own more than one vehicle?

Yes No

J-8. If yes, what is the value?

\$

Section K. OTHER MONTHLY INCOME AMOUNTS

K-1. How much does beneficiary receive in: Unemployment Cash Benefits

\$

K-2. How much does beneficiary receive in: Workers Compensation

\$

K-3. How much does beneficiary receive in: Railroad Retirement Pension

\$

WIPA Work Incentives Plan (Baseline)

WIPA Team Example

K-4. How much does beneficiary receive in: Veterans Cash Benefits

\$

K-5. How much does beneficiary receive in: Child support

\$

K-6. How much does beneficiary receive in: Alimony/Palimony

\$

K-7. How much does beneficiary receive in: Private Disability Insurance

\$

K-8. How much does beneficiary receive in: Other Incomes

\$

Section L. FINANCIAL NEEDS BASED ASSISTANCE

L-1. How much does beneficiary receive in TANF?

\$

L-2. How much does beneficiary receive in a PELL grant?

\$

L-3. How much does beneficiary receive in Food Stamps?

\$

L-4. Does beneficiary receive Subsidized housing?

Yes No

L-5. If beneficiary receives Subsidized housing- what type does beneficiary receive?

Section 8 Voucher rent is based on 30% of beneficiary income (property based) Does not apply

Section M. LIVING ARRANGEMENTS

M-1. Does beneficiary live alone?

Yes No

M-2. If no, how many people live in beneficiary's household?

M-3. How much does beneficiary pay for rent each month?

\$

Section N. HEALTH COVERAGE (PUBLIC INSURANCE)

WIPA Work Incentives Plan (Baseline)

WIPA Team Example

N-1. Does beneficiary receive public health insurance?

- Yes No

N-2. If beneficiary receives public health insurance, what type?

- Medicare Medicare and Medicaid Medicaid
 Champus/VA/TRICARE SCHIP Other

If Other public insurance, please provide details:

Section O. HEALTH BENEFITS (MEDICAID)

O-1. Does beneficiary receive Medicaid

- Yes No

O-2. If so, does beneficiary have a spenddown?

- Yes No

O-3. Does beneficiary meet beneficiary's spenddown each month?

- Yes No

Section P. Section 1619

P-1. If beneficiary is not receiving SSI now, did beneficiary receive it in the past?

- Yes No

P-2. Did beneficiary lose SSI due to wages?

- Yes No

P-3. Did beneficiary lose beneficiary's SSI due to the receipt of some form of Social Security cash benefit (Pickle Amendment)?

- Yes No

Section Q. HEALTH BENEFITS (HEALTH BENEFITS FOR WORKERS WITH DISABILITIES)

Q-1. Is beneficiary currently working?

- Yes No

Q-2. Is beneficiary currently receiving Health Benefits for Workers with Disabilities?

- Yes No

Q-3. Is beneficiary's current net income (not counting SSI) less than \$1702 (single) or \$2282 (couple)?

- Yes No

Section R. HEALTH BENEFITS (MEDICARE)

WIPA Work Incentives Plan (Baseline)

WIPa Team Example

R-1. Did beneficiary receive Medicare coverage?

Yes No

R-2. If so, what parts of Medicare coverage did beneficiary receive?

Medicare Part A
(Hospitalization)

Medicare Part B (Outpatient)

Medicare Part D (Prescription
coverage)

R-3. Who pays beneficiary's Medicare Part B premium?

I pay it myself.

The state pays my premium
(QMB/SLMB).

R-4. Does beneficiary receive a Subsidy or Extra Help through Social Security for beneficiary's Medicare Part D prescription coverage?

Yes No

Section S. HEALTH COVERAGE (PRIVATE INSURANCE)

S-1. Does beneficiary have private health insurance coverage?

Yes No

S-2. If beneficiary has private health insurance, what type does beneficiary have?

Employer

Employer of family member

Workers Compensation

Private disability insurance

Other

If Other private health insurance, please provide details:

S-3. If so, how much does beneficiary pay in a monthly premium for beneficiary's private health insurance coverage?

\$

Section T. ANALYSIS OF IRWE

T-1. Does beneficiary have out of pocket expenses each month for items or services that allow beneficiary to work?

Yes No

T-2. If there are potential IRWES list items/services and their monthly costs.

Section U. ANALYSIS OF SUBSIDIES

WIPA Work Incentives Plan (Baseline)

WIPA Team Example

U-1. Is government agency paying part of wage?

Yes No

U-2. Does beneficiary get special assistance on the job?

Yes No

U-3. Does beneficiary perform fewer duties than others?

Yes No

U-4. Does employer accept less productivity than from others?

Yes No

U-5. Does beneficiary receive extra rest periods/breaks?

Yes No

U-6. Is beneficiary frequently absent or working irregular hours because of disability?

Yes No

U-7. Does beneficiary receive job coach assistance?

Yes No

U-8. If receiving job coach assistance, how many hours per week does beneficiary receive *(on site)* assistance?

Section V. BLIND WORK EXPENSES ANALYSIS

V-1. Is beneficiary legally blind?

Yes No

V-2. Is beneficiary receiving SSI benefits?

Yes No

V-3. List potential BWE items/services and their montly costs

Section W. PASS ANALYSIS

W-1. Does beneficiary have an approved PASS?

Yes No

W-2. Does beneficiary have goods or services that would help him or her reach a vocational goal, that he or she would purchase if extra money were available?

Yes No

WIPA Work Incentives Plan (Baseline)

WIPA Team Example

W-3. If yes list goods or services, there expected purpose, and approximate cost.

W-4. *NOTES*

Section X. VOCATIONAL

X-1. Is beneficiary enrolled in State Vocational Rehabilitation Agency?

Yes No

X-2. Has beneficiary assigned beneficiary's Ticket to Work?

Yes No

X-3. Who did beneficiary assign beneficiary's Ticket to?

X-4. Name and agency of referral source.

WIPA Work Incentives Plan (Follow-Up)

WIPA Team Example

Section A.

Beneficiary Goals

Section B. EMPLOYMENT PLAN

B-1. Did the beneficiary identify employment goals?

- Yes No

B-2. If beneficiary identified work goals, did they identify strategies to meet these goals?

- Yes No

If Yes, please provide details:

B-3. In what type of work is beneficiary interested? What suggestions did WIPA staff make regarding type of work?

B-4. Did the beneficiary use employment services in the past year for the purpose of getting a job or increasing earnings?

- Yes No

If Yes, please provide details:

B-5. Did the beneficiary look for work in the past four weeks?

- Yes No

Section C. EDUCATION PLAN

C-1. Did the beneficiary identify education goals?

- Yes No

WIPA Work Incentives Plan (Follow-Up)

WIPA Team Example

C-2. Is the beneficiary pursuing education?

- Beneficiary pursuing education at intake Beneficiary not pursuing education at intake Beneficiary not pursuing education at intake; WIPA staff suggested beneficiary pursue education
- Beneficiary pursued education

C-3. If beneficiary is pursuing education (Post secondary, continuing adult education, special education, GED, vocational, etc.), are they taking classes or have they applied for classes?

- Not applying for or taking classes Applied for classes Taking classes

Section D. BENEFITS/WORK INCENTIVES/SERVICES PLAN

D-1. Does the beneficiary want to earn enough to reduce benefits?

- No, beneficiary made no decision No, this is not their initial plan Yes, this is their initial plan
- No, they decided against this after receiving WIPA services Yes, this became their plan after receiving WIPA services

D-2. Does the beneficiary want to earn enough to stop receiving benefits? (SSI or SSDI)?

- No, beneficiary made no decision

D-3. Did the beneficiary eventually earn enough to reduce benefits?

- Yes

D-4. Does the beneficiary want to earn enough to stop receiving benefits? (SSI or SSDI)?

- No, this is not their initial plan

D-5. Did the beneficiary eventually earn enough to reduce benefits?

- No

D-6. Does the beneficiary want to earn enough to stop receiving benefits? (SSI or SSDI)?

- Yes, this is their initial plan No, they decided against this after receiving WIPA services Yes, this became their plan after receiving WIPA services

D-7. Benefits - Private Health Insurance?

- Yes No

D-8. Benefits - Public Health Insurance

- Not utilizing at intake not suggested Utilizing at intake Not utilizing at intake but suggested

D-9. Did the beneficiary eventually earn enough to stop receiving benefits? (SSI or SSDI)

- Yes

WIPA Work Incentives Plan (Follow-Up)

WIPA Team Example

D-10. Benefits - Public Health Insurance

- Utilizing after receiving WIPA services

D-11. Did the beneficiary eventually earn enough to stop receiving benefits? (SSI or SSDI)

- No

D-12. If Yes to Public Health Insurance, what type?

- Medicaid Medicare Medicare and Medicaid

D-13. If receiving Medicaid, has beneficiary participated in Medicaid Buy-In?

- Yes No

D-14. Benefits - Subsidized Housing or Other Rental Subsidies

- Not utilizing at intake not suggested Utilizing at intake Not utilizing at intake but suggested
- Utilizing after receiving WIPA services

D-15. Benefits - Food Stamps

- Not utilizing at intake not suggested Utilizing at intake Not utilizing at intake but suggested
- Utilizing after receiving WIPA services

D-16. Benefits - Workers Compensation

- Not utilizing at intake not suggested Utilizing at intake Not utilizing at intake but suggested
- Utilizing after receiving WIPA services

D-17. Benefits - TANF

- Not utilizing at intake not suggested Utilizing at intake Not utilizing at intake but suggested
- Utilizing after receiving WIPA services

D-18. Benefits - Veterans Benefits

- Not utilizing at intake not suggested Utilizing at intake Not utilizing at intake but suggested
- Utilizing after receiving WIPA services

D-19. Benefits - Unemployment Insurance Benefits

- Not utilizing at intake not suggested Utilizing at intake Not utilizing at intake but suggested
- Utilizing after receiving WIPA services

WIPA Work Incentives Plan (Follow-Up)

WIPA Team Example

D-20. Benefits - Enrolled in State Vocational Rehabilitation Agency (SVRA)

- Not utilizing at intake not suggested Utilizing at intake Not utilizing at intake but suggested
- Utilizing after receiving WIPA services

D-21. Benefits - Tickets

- Not utilizing at intake not suggested Utilizing at intake Not utilizing at intake but suggested
- Utilizing after receiving WIPA services

D-22. To whom has the beneficiary assigned his/her ticket?

- SVRA Employment Network

D-23. If the beneficiary assigned his/her ticket to an EN, what is the name of the EN?

D-24. Benefits - Other Benefit(s)

- Not utilizing at intake not suggested Utilizing at intake Not utilizing at intake but suggested
- Utilizing after receiving WIPA services

Please provide details on the Other Benefit(s):

D-25. Work Incentives - Trial Work Period (TWP)

- Knowledge of incentive at intake Not utilizing at intake not suggested Utilizing at intake
- Not utilizing at intake but suggested Utilizing after receiving WIPA services

D-26. Work Incentives - Extended Period of Eligibility (EPE)

- Knowledge of incentive at intake Not utilizing at intake not suggested Utilizing at intake
- Not utilizing at intake but suggested Utilizing after receiving WIPA services

D-27. Work Incentives - Impairment Related Work Expenses (IRWE)

- Knowledge of incentive at intake Not utilizing at intake not suggested Utilizing at intake
- Not utilizing at intake but suggested Utilizing after receiving WIPA services

WIPA Work Incentives Plan (Follow-Up)

WIPA Team Example

D-28. Work Incentives - Plan for Achieving Self Support (PASS)

- | | | |
|---|---|---|
| <input type="radio"/> Knowledge of incentive at intake | <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake |
| <input type="radio"/> Not utilizing at intake but suggested | <input type="radio"/> Utilizing after receiving WIPA services | |

D-29. Work Incentives - 1619 (a)

- | | | |
|---|---|---|
| <input type="radio"/> Knowledge of incentive at intake | <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake |
| <input type="radio"/> Not utilizing at intake but suggested | <input type="radio"/> Utilizing after receiving WIPA services | |

D-30. Work Incentives - 1619 (b)

- | | | |
|---|---|---|
| <input type="radio"/> Knowledge of incentive at intake | <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake |
| <input type="radio"/> Not utilizing at intake but suggested | <input type="radio"/> Utilizing after receiving WIPA services | |

D-31. Work Incentives - Medicaid Buy In

- | | | |
|---|---|---|
| <input type="radio"/> Knowledge of incentive at intake | <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake |
| <input type="radio"/> Not utilizing at intake but suggested | <input type="radio"/> Utilizing after receiving WIPA services | |

D-32. Work Incentives - Blind Work Expense (BWE)

- | | | |
|---|---|---|
| <input type="radio"/> Knowledge of incentive at intake | <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake |
| <input type="radio"/> Not utilizing at intake but suggested | <input type="radio"/> Utilizing after receiving WIPA services | |

D-33. Work Incentives - Student Earned Income Exclusion

- | | | |
|---|---|---|
| <input type="radio"/> Knowledge of incentive at intake | <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake |
| <input type="radio"/> Not utilizing at intake but suggested | <input type="radio"/> Utilizing after receiving WIPA services | |

D-34. Work Incentives - Subsidy Development

- | | | |
|---|---|---|
| <input type="radio"/> Knowledge of incentive at intake | <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake |
| <input type="radio"/> Not utilizing at intake but suggested | <input type="radio"/> Utilizing after receiving WIPA services | |

D-35. Work Incentives - Extended Medicare

- | | | |
|---|---|---|
| <input type="radio"/> Knowledge of incentive at intake | <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake |
| <input type="radio"/> Not utilizing at intake but suggested | <input type="radio"/> Utilizing after receiving WIPA services | |

D-36. Work Incentives - Property Essential to Self Support

- | | | |
|---|---|---|
| <input type="radio"/> Knowledge of incentive at intake | <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake |
| <input type="radio"/> Not utilizing at intake but suggested | <input type="radio"/> Utilizing after receiving WIPA services | |

WIPA Work Incentives Plan (Follow-Up)

WIPA Team Example

D-37. Work Incentives - Substantial Gainful Employment (SGA)

- | | | |
|---|---|---|
| <input type="radio"/> Knowledge of incentive at intake | <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake |
| <input type="radio"/> Not utilizing at intake but suggested | <input type="radio"/> Utilizing after receiving WIPA services | |

D-38. Work Incentives - Section 301

- | | | |
|---|---|---|
| <input type="radio"/> Knowledge of incentive at intake | <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake |
| <input type="radio"/> Not utilizing at intake but suggested | <input type="radio"/> Utilizing after receiving WIPA services | |

D-39. Work Incentives - Expedited Reinstatement (EXR)

- | | | |
|---|---|---|
| <input type="radio"/> Knowledge of incentive at intake | <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake |
| <input type="radio"/> Not utilizing at intake but suggested | <input type="radio"/> Utilizing after receiving WIPA services | |

D-40. Work Incentives - Earned Income Tax Credit (EITC)

- | | | |
|---|---|---|
| <input type="radio"/> Knowledge of incentive at intake | <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake |
| <input type="radio"/> Not utilizing at intake but suggested | <input type="radio"/> Utilizing after receiving WIPA services | |

D-41. Services - Vocational Rehabilitation Services

- | | | |
|---|---|---|
| <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake | <input type="radio"/> Not utilizing at intake but suggested |
| <input type="radio"/> Utilizing after receiving WIPA services | | |

D-42. Services - Para Transit

- | | | |
|---|---|---|
| <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake | <input type="radio"/> Not utilizing at intake but suggested |
| <input type="radio"/> Utilizing after receiving WIPA services | | |

D-43. Services - Protection and Advocacy

- | | | |
|---|---|---|
| <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake | <input type="radio"/> Not utilizing at intake but suggested |
| <input type="radio"/> Utilizing after receiving WIPA services | | |

D-44. Services - Work Related Training/Counseling

- | | | |
|---|---|---|
| <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake | <input type="radio"/> Not utilizing at intake but suggested |
| <input type="radio"/> Utilizing after receiving WIPA services | | |

D-45. Services - DOL One Stop Career Center

- | | | |
|---|---|---|
| <input type="radio"/> Not utilizing at intake not suggested | <input type="radio"/> Utilizing at intake | <input type="radio"/> Not utilizing at intake but suggested |
| <input type="radio"/> Utilizing after receiving WIPA services | | |

WIPA Work Incentives Plan (Follow-Up)

WIPA Team Example

D-46. Services - Employment Network (EN)

- Not utilizing at intake not suggested Utilizing at intake Not utilizing at intake but suggested
- Utilizing after receiving WIPA services

D-47. Services - Transitional Youth Services

- Not utilizing at intake not suggested Utilizing at intake Not utilizing at intake but suggested
- Utilizing after receiving WIPA services

D-48. Services - Employer Assistance and Referral Network (EARN)

- Not utilizing at intake not suggested Utilizing at intake Not utilizing at intake but suggested
- Utilizing after receiving WIPA services

Beneficiary

Section E. EMPLOYMENT INFORMATION (UPDATE FOR EACH NEW EMPLOYMENT)

E-1. Is beneficiary currently employed?

- Yes No

E-2. Is beneficiary employed full time or part time?

- Full time Part time

E-3. Name and address of employer or potential employer.

E-4. What is the type of work?

E-5. Number of hours per week

E-6. Hourly wage.

\$

E-7. Does beneficiary receive benefits through your employment?

- Yes No

E-8. Date of hire

__/__/__

E-9. Is beneficiary self employed?

- Yes No

OPTIONAL-Benefit

WIPA Work Incentives Plan (Follow-Up)

WIPA Team Example

Section F. INTAKE INFORMATION

F-1. Do we have a signed release of information?

Yes No

F-2. Permission granted to CC report to the following person.

F-3. Did beneficiary attend a WISE presentation?

Yes No

Section G. BENEFIT PLANNING QUERY (BPQY)

G-1. What is beneficiary's Supplemental Security Income (SSI) amount on the BPQY?

\$

G-2. What is the beneficiary's date of entitlement for SSI?

__/__/__

G-3. What is beneficiary's SSDI Amount on BPQY?

\$

G-4. What is the beneficiary's date of entitlement for SSDI?

__/__/__

G-5. Has beneficiary started beneficiary's TWP?

Yes No

G-6. What date did beneficiary start beneficiary's TWP?

__/__/__

G-7. How many TWP months are remaining?

G-8. What is the date beneficiary's TWP ended?

__/__/__

G-9. Are there any earnings reflected in the BPQY that should have triggered TWP months?

Yes No

Section H. SOCIAL SECURITY CASH BENEFITS - SSDI

H-1. Did beneficiary receive Social Security Disability Insurance (SSDI)?

Yes No

WIPA Work Incentives Plan (Follow-Up)

WIPA Team Example

H-2. What type of SSDI benefits is beneficiary receiving?

- Against your own record Childhood disability beneficiary (formerly DAC) Widow/Widower
- Other

H-3. Are there minor children receiving cash benefits on beneficiary's record under this Social Security number?

- Yes No

H-4. What is the date the EPE began?

__/__/__

H-5. What is the date the 36 month EPE ended?

__/__/__

Section I. SOCIAL SECURITY CASH BENEFITS - SSI

I-1. What is the amount of beneficiary's gross monthly unearned income?

\$

I-2. What is the amount of beneficiary's gross monthly earned income?

\$

I-3. If beneficiary is married, does beneficiary's spouse have any income?

- Yes No

I-4. If so, how much?

\$

Section J. RESOURCES

J-1. Does beneficiary own beneficiary's own home?

- Yes No

J-2. How much money does beneficiary have in a savings account?

\$

J-3. How much money does beneficiary have in a checking account?

\$

J-4. List any other assets

J-5. Does beneficiary have an Individual Retirement Account (IRA)?

- Yes No

J-6. If so, how much does beneficiary have saved in a retirement account?

\$

WIPA Work Incentives Plan (Follow-Up)

WIPA Team Example

J-7. Does beneficiary own more than one vehicle?

Yes No

J-8. If yes, what is the value?

\$

Section K. OTHER MONTHLY INCOME AMOUNTS

K-1. How much does beneficiary receive in: Unemployment Cash Benefits

\$

K-2. How much does beneficiary receive in: Workers Compensation

\$

K-3. How much does beneficiary receive in: Railroad Retirement Pension

\$

K-4. How much does beneficiary receive in: Veterans Cash Benefits

\$

K-5. How much does beneficiary receive in: Child support

\$

K-6. How much does beneficiary receive in: Alimony/Palimony

\$

K-7. How much does beneficiary receive in: Private Disability Insurance

\$

K-8. How much does beneficiary receive in: Other Incomes

\$

Section L. FINANCIAL NEEDS BASED ASSISTANCE

L-1. How much does beneficiary receive in TANF?

\$

L-2. How much does beneficiary receive in a PELL grant?

\$

L-3. How much does beneficiary receive in Food Stamps?

\$

L-4. Does beneficiary receive Subsidized housing?

Yes No

WIPA Work Incentives Plan (Follow-Up)

WIPA Team Example

L-5. If beneficiary receives Subsidized housing- what type does beneficiary receive?

- Section 8 Voucher rent is based on 30% of beneficiary income (property based) Does not apply

Section M. LIVING ARRANGEMENTS

M-1. Does beneficiary live alone?

- Yes No

M-2. If no, how many people live in beneficiary's household?

M-3. How much does beneficiary pay for rent each month?

\$

Section N. HEALTH COVERAGE (PUBLIC INSURANCE)

N-1. Does beneficiary receive public health insurance?

- Yes No

N-2. If beneficiary receives public health insurance, what type?

- Medicare Medicare and Medicaid Medicaid
 Champus/VA/TRICARE SCHIP Other

If Other public insurance, please provide details:

Section O. HEALTH BENEFITS (MEDICAID)

O-1. Does beneficiary receive Medicaid

- Yes No

O-2. If so, does beneficiary have a spenddown?

- Yes No

O-3. Does beneficiary meet beneficiary's spenddown each month?

- Yes No

Section P. Section 1619

P-1. If beneficiary is not receiving SSI now, did beneficiary receive it in the past?

- Yes No

P-2. Did beneficiary lose SSI due to wages?

- Yes No

WIPA Work Incentives Plan (Follow-Up)

WIPA Team Example

P-3. Did beneficiary lose beneficiary's SSI due to the receipt of some form of Social Security cash benefit (Pickle Amendment)?

Yes No

Section Q. HEALTH BENEFITS (HEALTH BENEFITS FOR WORKERS WITH DISABILITIES)

Q-1. Is beneficiary currently working?

Yes No

Q-2. Is beneficiary currently receiving Health Benefits for Workers with Disabilities?

Yes No

Q-3. Is beneficiary's current net income (not counting SSI) less than \$1702 (single) or \$2282 (couple)?

Yes No

Section R. HEALTH BENEFITS (MEDICARE)

R-1. Did beneficiary receive Medicare coverage?

Yes No

R-2. If so, what parts of Medicare coverage did beneficiary receive?

Medicare Part A
(Hospitalization)

Medicare Part B (Outpatient)

Medicare Part D (Prescription
coverage)

R-3. Who pays beneficiary's Medicare Part B premium?

I pay it myself.

The state pays my premium
(QMB/SLMB).

R-4. Does beneficiary receive a Subsidy or Extra Help through Social Security for beneficiary's Medicare Part D prescription coverage?

Yes No

Section S. HEALTH COVERAGE (PRIVATE INSURANCE)

S-1. Does beneficiary have private health insurance coverage?

Yes No

S-2. If beneficiary has private health insurance, what type does beneficiary have?

Employer

Employer of family member

Workers Compensation

Private disability insurance Other

If Other private health insurance, please provide details:

WIPA Work Incentives Plan (Follow-Up)

WIPA Team Example

S-3. If so, how much does beneficiary pay in a monthly premium for beneficiary's private health insurance coverage?

\$

Section T. ANALYSIS OF IRWE

T-1. Does beneficiary have out of pocket expenses each month for items or services that allow beneficiary to work?

Yes No

T-2. If there are potential IRWES list items/services and their monthly costs.

Section U. ANALYSIS OF SUBSIDIES

U-1. Is government agency paying part of wage?

Yes No

U-2. Does beneficiary get special assistance on the job?

Yes No

U-3. Does beneficiary perform fewer duties than others?

Yes No

U-4. Does employer accept less productivity than from others?

Yes No

U-5. Does beneficiary receive extra rest periods/breaks?

Yes No

U-6. Is beneficiary frequently absent or working irregular hours because of disability?

Yes No

U-7. Does beneficiary receive job coach assistance?

Yes No

U-8. If receiving job coach assistance, how many hours per week does beneficiary receive *(on site)* assistance?

Section V. BLIND WORK EXPENSES ANALYSIS

V-1. Is beneficiary legally blind?

Yes No

V-2. Is beneficiary receiving SSI benefits?

Yes No

WIPA Work Incentives Plan (Follow-Up)

WIPA Team Example

V-3. List potential BWE items/services and their montly costs

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Section W. PASS ANALYSIS

W-1. Does beneficiary have an approved PASS?

Yes No

W-2. Does beneficiary have goods or services that would help him or her reach a vocational goal, that he or she would purchase if extra money were available?

Yes No

W-3. If yes list goods or services, there expected purpose, and approximate cost.

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W-4. *NOTES*

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Section X. VOCATIONAL

X-1. Is beneficiary enrolled in State Vocational Rehabilitation Agency?

Yes No

X-2. Has beneficiary assigned beneficiary's Ticket to Work?

Yes No

X-3. Who did beneficiary assign beneficiary's Ticket to?

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X-4. Name and agency of referral source.

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WORK INCENTIVE PLANNING and ASSISTANCE (WIPA)

Privacy Act Statement

Collection and Use of Personal Information

Section 1148 of the Social Security Act, as amended, authorizes us to collect this information to support the WIPA program. We will use the information you provide to determine if you qualify for the WIPA program. We will also share the information with a certified Community Work Incentive Coordinator, working for the WIPA program.

Furnishing us this information is voluntary. However, failing to provide us with all or part the requested information may limit your ability to participate in the WIPA program.

Social Security will be collecting information from the WIPA program including the names and Social Security Numbers of the beneficiaries they serve, so Social Security can evaluate the success of the WIPA program and can determine how to best meet beneficiaries' needs.

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 Social Security office that makes eligibility determinations. You are responsible for reporting income or changes in your status to the Social Security office.

We rarely use the information for any other purpose other than the WIPA program. However, we may use it for the administration and integrity of our programs. We may disclose the information to another person or to another agency in accordance with approved routine uses, including but not limited to the following:

- To comply with Federal laws requiring the release of the information from our records (e.g., to the Government Accountability Office);
- To facilitate statistical research, audit, and investigatory activities necessary to assure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of routine uses for the information you provide us is available in our System of Records Notice entitled Disability Insurance and Supplemental Security Income Demonstration Projects and Experiments System, 60-0218. This 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.