

Attachment B. Screenshots for the Existing ETO System Fields

I&R Assessment Form- *Initial Contact and Demographics*

**Section A. BOND Status**

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**A-5. BOND Treatment Group**

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**Section B. Inquiry Information**

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**B-1. Topic of Inquiry**  
(Required)

- Benefits
- Work Incentives
- WIPA Services
- Non-WIPA Services
- Employment
- Education

**B-2. Specific Benefit(s) Inquiry**

- Public Health Insurance
- Subsidized Housing or Other Rental Subsidies
- Food Stamps
- Workers Compensation
- TANF
- Veterans Benefits
- Unemployment Insurance Benefits
- Enrollment in State Vocational Rehabilitation Agency
- Ticket to Work
- Other Benefits

If Other Benefits, please provide details:

**B-3. Specific Work Incentives Query**

- 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
- Substantial Gainful Employment (SGA)
- Section 301
- Expedited Reinstatement (EXR)
- Earned Income Tax Credit (EITC)
- Other Non-WIPA Service

If Other WIPA Service, please provide details:

**B-4. Specific Non-WIPA Services Inquiry**

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

If Other Non-WIPA Services, please provide details:

**B-5. Resolution of I & R Contact**

- Basic Info Needed
- Analysis and Advisement Needed
- Work Incentives Assistance Needed
- Referred to Other Services Agency

**B-6. Service Referrals**

- Vocational Rehabilitation
- Para-Transit
- Protection and Advocacy
- Work-Related Training/Counseling
- DOL One-Stop Career Center
- Employment Network
- Transitional Youth Services
- Employer Assistance and Referrals
- SSA
- Maximus

Please provide the referral organization name(s):

**B-7. Time Spent (minutes):**

Demographics Page (Add a Beneficiary)- *Initial Contact and Demographics*

**Add New Participant**

First Name \*

Middle Name

Last Name \*

Suffix

Address 1

Address 2

Zip Code

 - 

Email

SSN

Case Number

DOB

Gender

--Select-- ▾

Work Phone

( ) - - - - Ext:

Race

--Select-- ▾

Marital Status

--Select-- ▾

Home Phone

( ) - - - -

Cell Phone

( ) - - - -

Assigned Staff

--Select-- ▾

Alert

Benefits received at intake \*

- SSI
- SSDI
- Veterans benefits
- Workers Compensation
- Private Disability Insurance

TTY/Videophone number/IP address

How did customer hear about the WIPA? \*

Employment status at intake \*

Self-Reported Primary Disability

If OTHER primary disability, please specify: ?

Self-Reported Secondary Disability

If OTHER secondary disability, please specify: ?

Is beneficiary his/her own payee? \*

Level of Education at Intake

Health Status at Intake (self-identified)

TTY?? \*

Name of Representative Payee

Representative Payee Address

Telephone number of Payee

Special Language Consideration

English Proficiency

Date of beneficiary first inquiry \*

Beneficiary services funding source



Priority Level

BOND Treatment Group

Save

Beneficiary Effort- *Initial Contact and Demographics*

Track Initial Contact Notes













Record Participant Effort	
<b>Point of Service Information</b>	
Participant:	Fake, Ila
Point of Service / Activity:	Track Initial Contacts Notes
* Contact Location / Method:	--Select Location / Method--
Date of Last Contact:	Recorded on 3/1/2016
* Date of Contact:	3/4/2016 
Date of Next Contact:	<input type="text"/>  +1   +7   +30   +90
<b>Track Initial Contacts Notes</b>	
* Time Spent:	30
* Value:	<input checked="" type="radio"/> Yes <input type="radio"/> No A value of "Yes" was recorded for 3/1/2016.
<b>Track Initial Contacts Notes Notes</b>	
Notes:	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>

Beneficiary Effort- WIPA Work Incentives Planning and Assistance

Provide WIPA Services

Record Participant Effort	
<b>Point of Service Information</b>	
Participant:	Fake, Ila
Point of Service / Activity:	Provide WIPA Services
* Contact Location / Method:	--Select Location / Method--
Date of Last Contact:	None
* Date of Contact:	3/4/2016
Date of Next Contact:	+1   +7   +30   +90
<b>Provide WIPA Services</b>	
* Time Spent:	30
* Value:	--Select--
Work Incentives Discussed:	<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 Act (MMA)



 2-Employment Suggestions:	--Select-- 										
 3-Benefits Suggestions:	--Select-- 										
 4A-Service Referrals:	<table border="0"> <tr> <td><input type="checkbox"/> Vocational Rehabilitation</td> <td><input type="checkbox"/> Para-Transit</td> </tr> <tr> <td><input type="checkbox"/> Protection and Advocacy</td> <td><input type="checkbox"/> Work-Related Training/Counseling</td> </tr> <tr> <td><input type="checkbox"/> DOL One-Stop Career Center</td> <td><input type="checkbox"/> Employment Network</td> </tr> <tr> <td><input type="checkbox"/> Transitional Youth Services</td> <td><input type="checkbox"/> Employer Assistance and Referral Network (EARN)</td> </tr> <tr> <td><input type="checkbox"/> SSA</td> <td><input type="checkbox"/> Maximus</td> </tr> </table>	<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
<input type="checkbox"/> Vocational Rehabilitation	<input type="checkbox"/> Para-Transit										
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<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:	<div style="border: 1px solid gray; height: 80px; width: 100%;"></div>
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Baseline and Follow-up Assessment- *WIPA Work Incentives Planning and Assistance*

Beneficiary Goals

**Section Header Quick-Links**

- Section A.** BOND Status
- Section B.** EMPLOYMENT PLAN
- Section C.** EDUCATION PLAN
- Section D.** BENEFITS/WORK INCENTIVES/SERVICES PLAN

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**Section A.** BOND Status

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**A-5.** BOND Treatment Group

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**Section B.** EMPLOYMENT PLAN

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**B-1.** Did the beneficiary identify employment goals?

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

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?

If Yes, please provide details:

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

**Section C. EDUCATION PLAN**

**C-1. Did the beneficiary identify education goals?**

--Select--

**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?**

--Select--

**Section D. BENEFITS/WORK INCENTIVES/SERVICES PLAN**

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

--Select--

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

--Select--

**D-3. Benefits - Private Health Insurance?**

--Select--

**D-4. Benefits - Public Health Insurance**

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

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

Medicaid

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

--Select--

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

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

**D-8. Benefits - Food Stamps**

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

**D-9. Benefits - Workers Compensation**

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

**D-10. Benefits - TANF**

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

**D-11. Benefits - Veterans Benefits**

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

**D-12. Benefits - Unemployment Insurance Benefits**

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

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

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

**D-14. Benefits - Tickets**

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

**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?**

**D-17. Benefits - Other Benefit(s)**

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

Please provide details on the Other Benefit(s):

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

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

**D-22. Work Incentives - 1619 (a)**

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

**D-23. Work Incentives - 1619 (b)**

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

**D-24. Work Incentives - Medicaid Buy In**

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

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

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

**D-26. Work Incentives - Student Earned Income Exclusion**

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

**D-27. Work Incentives - Subsidy Development**

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

**D-28. Work Incentives - Extended Medicare**

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

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

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

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

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

**D-31. Work Incentives - Section 301**

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

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

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

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

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

**D-34. Services - Vocational Rehabilitation Services**

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

**D-35. Services - Para Transit**

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



**D-36. Services - Protection and Advocacy**

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

**D-37. Services - Work Related Training/Counseling**

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

**D-38. Services - DOL One Stop Career Center**

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

**D-39. Services - Employment Network (EN)**

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

**D-40. Services - Transitional Youth Services**

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

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

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

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

---

**E-1. Is beneficiary currently employed?**

--Select-- ▾

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

--Select-- ▾

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?

*double click to remove selection*

Yes  No

E-8. Date of hire

-Month- ▾ -Day- ▾ -Year- ▾

E-9. Is beneficiary self employed?

*double click to remove selection*

Yes  No

## Section F. INTAKE INFORMATION

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

*double click to remove selection*

Yes  No

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

F-3. Did beneficiary attend a WISE presentation?

*double click to remove selection*

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?

-Month- ▾ -Day- ▾ -Year- ▾

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

\$

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

-Month- ▾ -Day- ▾ -Year- ▾

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

*double click to remove selection*

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?

*double click to remove selection*

Yes  No

#### Section H. SOCIAL SECURITY CASH BENEFITS - SSDI

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

*double click to remove selection*

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?

*double click to remove selection*

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?

*double click to remove selection*

Yes  No

I-4. If so, how much?

\$

---

**Section J. RESOURCES**

---

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

*double click to remove selection*

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)?

*double click to remove selection*

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?

*double click to remove selection*

Yes  No

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

\$

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**Section K. OTHER MONTHLY INCOME AMOUNTS**

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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**

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**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?

*double click to remove selection*

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**

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**M-1.** Does beneficiary live alone?

*double click to remove selection*

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?

--Select-- ▾

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

--Select-- ▾

If Other public insurance, please provide details:

**Section O. HEALTH BENEFITS (MEDICAID)**

**O-1.** Does beneficiary receive Medicaid

*double click to remove selection*

Yes  No

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

*double click to remove selection*

Yes  No

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

*double click to remove selection*

Yes  No

**Section P. Section 1619**

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

*double click to remove selection*

Yes  No

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

*double click to remove selection*

Yes  No

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

*double click to remove selection*

Yes  No

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

**Q-1.** Is beneficiary currently working?

*double click to remove selection*

Yes  No

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

*double click to remove selection*

Yes  No

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

*double click to remove selection*

Yes  No

**Section R. HEALTH BENEFITS (MEDICARE)**

**R-1.** Did beneficiary receive Medicare coverage?

*double click to remove selection*

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?

*double click to remove selection*

Yes  No

**Section S. HEALTH COVERAGE (PRIVATE INSURANCE)**

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

*double click to remove selection*

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?

\$

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**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?

*double click to remove selection*

- 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?

*double click to remove selection*

- Yes       No

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

*double click to remove selection*

- Yes       No

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

*double click to remove selection*

- Yes       No

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

*double click to remove selection*

- Yes       No

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

*double click to remove selection*

- Yes       No



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

*double click to remove selection*

Yes  No

**U-7.** Does beneficiary receive job coach assistance?

*double click to remove selection*

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?

*double click to remove selection*

Yes  No

**V-2.** Is beneficiary receiving SSI benefits?

*double click to remove selection*

Yes  No

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

^

v

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**Section W. PASS ANALYSIS**

**W-1.** Does beneficiary have an approved PASS?

*double click to remove selection*

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?

*double click to remove selection*

Yes  No

**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?

*double click to remove selection*

Yes  No

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

**X-4.** Name and agency of referral source.

 **PREVIOUS PAGE**

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## **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](http://www.socialsecurity.gov) or at your local Social Security office.