

Intake for WIPA Grantee Example

WIPA Initial Contact and Demographics

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

* A demographic with an asterisk is a required field.

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<input type="checkbox"/> <i>Maximus</i> <input type="checkbox"/> <i>Mental Health Agency</i> <input type="checkbox"/> <i>Other</i> <input type="checkbox"/> <i>Receipt of a Ticket</i> <input type="checkbox"/> <i>Television</i> <input type="checkbox"/> <i>Vocational Rehabilitation</i> <input type="checkbox"/> <i>WISE</i>	<input type="checkbox"/> <i>Medicaid</i> <input type="checkbox"/> <i>Newspaper</i> <input type="checkbox"/> <i>Other WIPA Outreach</i> <input type="checkbox"/> <i>SSA Field Office</i> <input type="checkbox"/> <i>Veteran Service Organization</i> <input type="checkbox"/> <i>Walk-In</i>
<p><i>*Employment status at intake</i></p> <input type="checkbox"/> <i>Considering employment</i> <input type="checkbox"/> <i>Currently working</i> <input type="checkbox"/> <i>Job offer pending</i> <input type="checkbox"/> <i>Looking for employment</i> <input type="checkbox"/> <i>Self employed</i>	
<p><i>Self-Reported Primary Disability</i></p> <input type="checkbox"/> <i>Blind or Visual Impairment</i> <input type="checkbox"/> <i>Cancer/Neoplasm</i> <input type="checkbox"/> <i>Cognitive/Developmental Disability</i> <input type="checkbox"/> <i>Hearing, Speech, and Other Sensory Impairment</i> <input type="checkbox"/> <i>Infectious Disease</i> <input type="checkbox"/> <i>Injury</i> <input type="checkbox"/> <i>Mental and Emotional Disorders</i> <input type="checkbox"/> <i>Non-Spinal Cord Orthopedic Impairment</i> <input type="checkbox"/> <i>Other</i> <input type="checkbox"/> <i>Spinal Cord Injury</i> <input type="checkbox"/> <i>System Disease</i> <input type="checkbox"/> <i>Traumatic Brain Injury</i>	
<p><i>If OTHER primary disability, please specify:</i></p>	
<p><i>Self-Reported Secondary Disability</i></p> <input type="checkbox"/> <i>Blind or Visual Impairment</i> <input type="checkbox"/> <i>Cancer/Neoplasm</i> <input type="checkbox"/> <i>Cognitive/Developmental Disability</i> <input type="checkbox"/> <i>Hearing, Speech, and Other Sensory Impairment</i> <input type="checkbox"/> <i>Infectious Disease</i> <input type="checkbox"/> <i>Injury</i> <input type="checkbox"/> <i>Mental and Emotional Disorders</i> <input type="checkbox"/> <i>Non-Spinal Cord Orthopedic Impairment</i> <input type="checkbox"/> <i>Other</i> <input type="checkbox"/> <i>Spinal Cord Injury</i> <input type="checkbox"/> <i>System Disease</i> <input type="checkbox"/> <i>Traumatic Brain Injury</i>	
<p><i>If OTHER secondary disability, please specify:</i></p>	
<p><i>Is beneficiary his her own payee?</i></p> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>Yes</i>	
<p><i>Name of Representative Payee</i></p>	
<p><i>Representative Payee Address</i></p>	
<p><i>Telephone number of Payee</i></p>	
<p><i>Special Language Consideration</i></p> <input type="checkbox"/> <i>English as a second language</i> <input type="checkbox"/> <i>Other special language needs</i> <input type="checkbox"/> <i>Sign language interpreter</i>	
<p><i>English Proficiency</i></p> <input type="checkbox"/> <i>Understand neither written nor verbal communication</i> <input type="checkbox"/> <i>Understand written English communication</i> <input type="checkbox"/> <i>Understands both verbal and written English communication</i> <input type="checkbox"/> <i>Understands verbal English communication</i>	

* A demographic with an asterisk is a required field.

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

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

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

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

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

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

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

Entering Information:

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

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

~~**Paperwork Reduction Act Statement** This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The control number for this survey is 0960-0629. OMB approval for this study expires on 6/30/2010. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.~~

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start | Internet 100% | 3:50 PM

See revised Privacy Act and Paperwork Reduction Act Statements below.

WIPA Program Home Page:

WIPA - Windows Internet Explorer

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

File Edit View Favorites Tools Help

WIPA

ETOSOFTWARE®

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

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

Thursday, Mar. 11, 2010

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

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

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

Participants

Participant History

Record Efforts

My Work

Entities

Reports

ETO Reports

Wizards

Marketplace

Program Administration

Site Administration

Enterprise

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Internet 100% 3:51 PM

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.



SOCIAL SECURITY

WORK INCENTIVES PLANNING AND ASSISTANCES (WIPA)

Privacy Act Notice

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

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

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

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