Intake for WIPA Team Example

WIPA Initial Contact and Demographics

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

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



Intake for WIPA Team Example

	Medicaid		Mental Health Agency	
∣⊢	Newspaper	$\overline{\Box}$	Other	
		님		
ΙЦ	Other WIPA Outreach	Ш	Receipt of a Ticket	
	SSA Field Office		Television	
П	Veteran Service Organization	П	Vocational Rehabilitation	
	_	Η		
╵╚	Walk-In	Ш	WIIRC	
	WISE			
Em	ployment status at intake			
LIII	pioyineni status at intake			
	Considering employment	П	Currently working	
		\vdash		
$ \; \sqcup \;$	Job offer pending	Ш	Looking for employment	
	Self employed			
Sal	f-Reported Primary Disability			
361	i-Reported Frimary Disability			
ΙП	Blind or Visual Impairment	П	Cancer/Neoplasm	
		\exists	•	
ш	Cognitive/Developmental Disability	Ш	Hearing, Speech, and Other Sensory	
			Impairment	
	Infectious Disease		Injury	
П	Mental and Emotional Disorders	П	Non-Spinal Cord Orthopedic	
_		_	Impairment	
	Other		Spinal Cord Injury	
ᆜ		ᆜ		
ΙШ	System Disease	Ш	Traumatic Brain Injury	
If (OTHER primary disability, please specify:			
"	THEN Primary disability, piedse speerly.			
Sal	f-Reported Secondary Disability			
Sei	r-keported Secondary Disability			
	Blind or Visual Impairment	П	Cancer/Neoplasm	
	•		•	
ш	Cognitive/Developmental Disability	Ш	Hearing, Speech, and Other Sensory	
_		_	Impairment	
$ \; \sqcup \;$	Infectious Disease	\sqcup	Injury	
П	Mental and Emotional Disorders	П	Non-Spinal Cord Orthopedic	
_		_	Impairment	
	Other		Spinal Cord Injury	
<u> </u>	System Disease	Ш	Traumatic Brain Injury	
If C	OTHER secondary disability, please specify:			
Is t	beneficiary his her own payee?			
,	and the state of t			
П	No	П	Yes	
<u> </u>	on of Dominion tall 2	<u> </u>		
Nar	me of Representative Payee			
Rep	oresentative Payee Address			
Tel	ephone number of Payee			
Spe	ecial Language Consideration			
	English as a second language		Other special language needs	
]	Sign language interpreter	_		
<u> </u>	orgin ranguage interpreter			
English Proficiency				
	Understand neither written nor verbal		Understand written English	
	communication		communication	
	Understands both verbal and written		Understands verbal English	
	English communication	_	communication	

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



Intake for WIPA Team Example

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

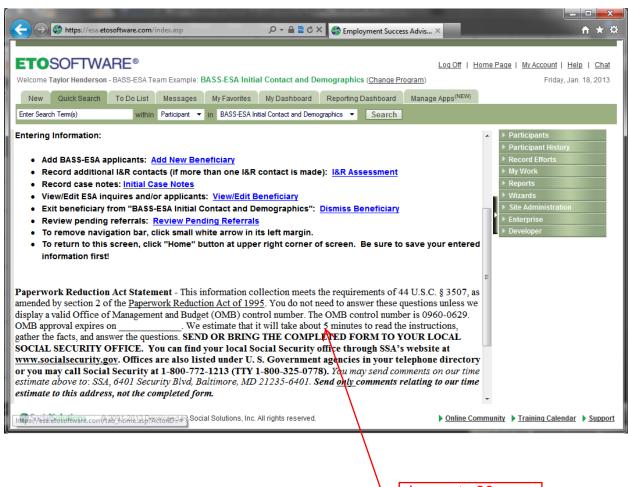
^{*} A demographic with an asterisk is a required field.



- * 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):

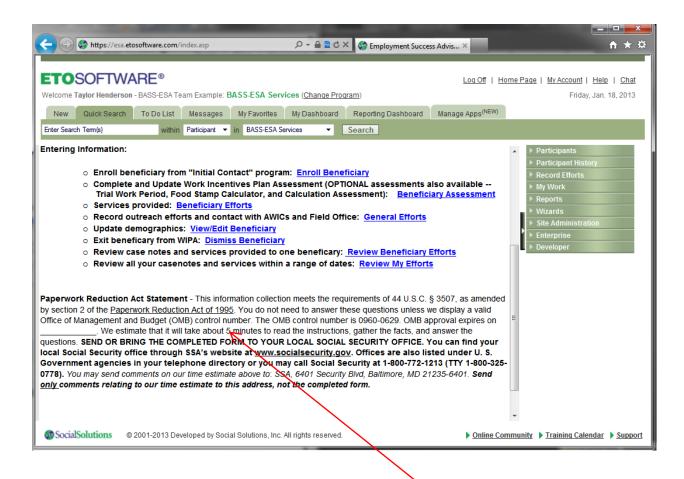
Paperwork Reduction Act References

WIPA I&R Program Home Page



change to 30 minutes

WIPA Program Home Page:



change to 30 minutes

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.