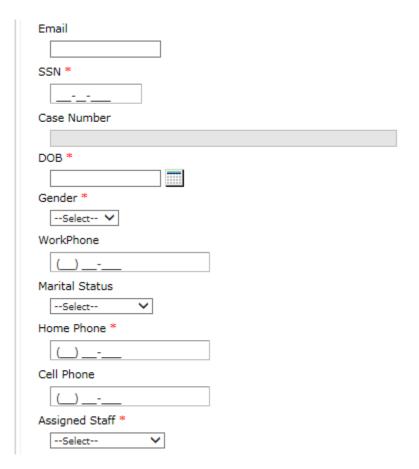
Attachment C. Screenshots of New ETO System Fields

Add New Beneficiary (Demographics)

Program Enrollment	
Enroll in Program:	✓
Program Start Date *	3/7/2016
Add New Participant	
First Name *	
Middle Name	
Last Name *	
Suffix	
Select V	
Address 1 *	
Address 1	
Address 2	
Zip Code *	
-	

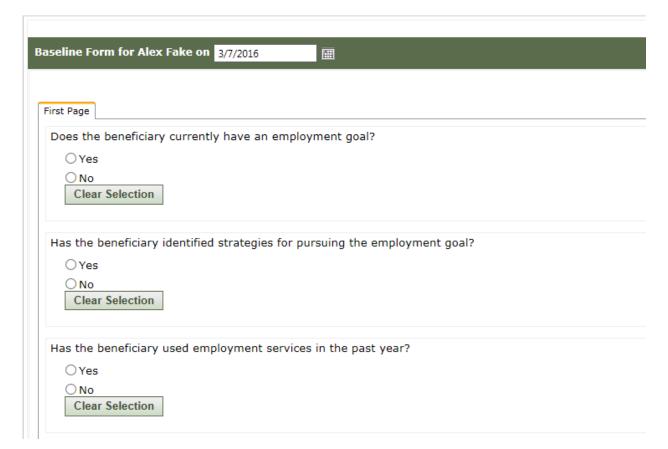


Alert	
Marital Status (P)	
Benefits Received at Intake (P) *	
SSI Amount (P)	
Total Title II Amount (P)	
How did customer hear about the WII	PA? (P) *
Employment Status at Intake (P) *	
Self-Reported Primary Disability (P)	
If Other primary disability, please spe	ecify (P)
Self-Reported Secondary Disability	
Select	∨

If OTHER secondary disability, please specify: 3	
Is beneficiary his/her own payee? (P) *	
○ Yes/True	
○ No/False	
Clear Selection	
Clear Selection	
Health Status at Intake (self-identified) (P)	
Select 🗸	
Level of Education at Intake (P)	
Select	
TTY?? *	
Select 🗸	
TTY/Videophone number/IP address (P)	
Name of Representative Payee	
Representative Payee Address	
Telephone number of Payee	
Special Language Consideration	
Select	
English Proficiency	
Select	
Date of beneficiary first inquiry *	
Beneficiary services funding source	
Select V	
Priority Level	
Select ✓	
BOND Treatment Group	
Select V	

Save

Baseline Form



Has the beneficiary looked for work in the past four weeks? Yes No Clear Selection Does the individual currently have an educational goal? Yes No Clear Selection Is the beneficiary currently pursuing secondary or postsecondary education? Yes No Clear Selection Does the beneficiary plan to pursue education in the next 12 months? Yes No Clear Selection	
○ Yes ○ No Clear Selection Is the beneficiary currently pursuing secondary or postsecondary education? ○ Yes ○ No Clear Selection Does the beneficiary plan to pursue education in the next 12 months? ○ Yes ○ No ○ No	○Yes ○No
○ Yes ○ No Clear Selection Is the beneficiary currently pursuing secondary or postsecondary education? ○ Yes ○ No Clear Selection Does the beneficiary plan to pursue education in the next 12 months? ○ Yes ○ No ○ No	
○ Yes ○ No Clear Selection Does the beneficiary plan to pursue education in the next 12 months? ○ Yes ○ No	○Yes ○No
○ Yes ○ No Clear Selection Does the beneficiary plan to pursue education in the next 12 months? ○ Yes ○ No	
○Yes ○No	○Yes ○No
○Yes ○No	
	○Yes ○No

_	ne beneficiary have a cur	rent financial goal?	•	
○ Ye				
O N				
Cle	ar Selection			
Stabilia	e Financial Situation			
○ Ye				
O N				
Cle	ar Selection			
Reduce	Daht			
○ Ye	S			
O N)			
Cle	ar Selection			
Build S	avings			
ΟYe	S			
)			
○ N ₁	ar Selection			
○ Ne	al Jelethiuii			
	ai Selection			

Acquire Assets
○ Yes
○ No
Clear Selection
Does the beneficiary want to earn enough to reduce benefits?
○Yes
○ No
Clear Selection
Does the beneficiary want to earn enough to eliminate benefits?
○Yes
○No
Clear Selection
Cical Scientifi
Does the beneficiary receive public health benefits?
Select
Select V
Does the beneficiary receive private health insurance?
Select V

Does the beneficiary receive:	
Subsidized Housing O Yes O No Clear Selection	
Food Stamps ○ Yes ○ No Clear Selection	
Workers Compensation O Yes O No Clear Selection	
Veterans Cash Benefits O Yes O No Clear Selection	

TANF O Yes	
○ No	
Clear Selection	
Unemployment Insurance Benefits	
○Yes	
O No Clear Selection	
Other	
○Yes	
○No	
Clear Selection	
Beneficiary Ticket to Work Status	
Select	

Is the beneficiary currently using SSI Work Incentive
□IRWE
□PASS
☐ Blind Work Expenses
□SEIE
□PESS
☐ Section 301
Expedited Reinstatement
SSI Work Incentive Recommended
□IRWE
PASS
☐ Blind Work Expenses
SEIE
□PESS
☐ Section 301
Expedited Reinstatement
☐ Expedited Reinstatement

Is the beneficiary currently using SSDI Work Incentive Trial Work Period Extended Period of Eligibility IRWE Subsidy Development Section 301 Expedited Reinstatement
SSDI Work Incentive Recommended Trial Work Period Extended Period of Eligibility IRWE Subsidy Development Section 301 Expedited Reinstatement
Health Insurance Work Incentives recommendations 1619b Medicaid Buy-In Extended Medicare Premium HI for Working Disabled Employer Health Insurance

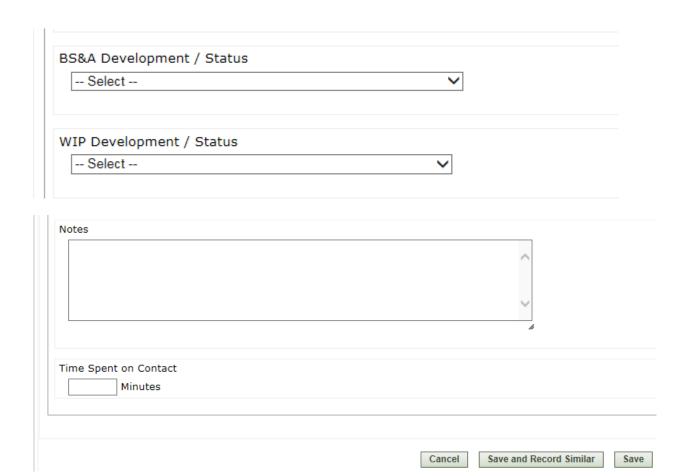
Is the beneficiary currently employed? O Yes O No Clear Selection	
Employment Service Referral	
Employment Network	
☐ Vocational Rehabilitation	
American Job Center	
☐ Vocational Training Program	
Youth Transition Program	
Support Service Referral	
☐ Educational Services	
☐ Specialized Transportation	
Protection and Advocacy Center	
Assistive Technology	
☐ Job Accommodations	
	Cancel Save and Record Similar Save

Efforts Form

orts Form for Alex Fa	ke on 3/7/2016	=	
st Page			
Type of Service Provi	ded		
☐ Intake and Infor	rmation Gathering		
Report Writing	J		
☐ Work Incentives	Planning		
Problem Solving	and Advocacy (re: I	Return to Work Supports)	
Long Term Supp	ort Services		
Title II Work Incentiv	es / Provisions Discu	ıssed	
Trial Work Perio	d		
Extended Period	of Eligibility		
□IRWE			
Subsidy Develop	oment		
Averaging			
Unsuccessful Wo	ork Attempt		
Expedited Reins	tatement		
Section 301			

Work Incentives / Provisions Discussed Gradual Reduction Student Earned Income Exclusion
IRWE
BWE
PASS
Expedited Reinstatement
Section 301
th Coverage Options Discussed 1619b
Medicaid Buy-In
Extended Medicare
Premium HI for Working Disabled
Premium HI for Working Disabled Employer Health Insurance
Employer Health Insurance
Employer Health Insurance Medicare Savings Programs

Juner Bene	fits Discussed
TANF	
SNAP	
HUD	
□Worke	rs Compensation
Unem	ployment Insurance
☐ Vetera	n's Benefits
Other	
las there b	een a change in the beneficiary's employment status?
○Yes	
O No	
	election
ervice Refe	rrals
	ocational Rehabilitation Agency
	ental Health Agency
	evelopmental Disability Agency
	ousing Agency
State M	edicaid Agency
□ DOL Am	nerican Job Center
Commu	nity Rehabilitation Program
☐ Veteran	Service Organization
	ment Network
SSA Fie	ld Office
	•
☐TtW He	Enocify)
	opecity)
☐TtW He	



Privacy Act Statement

See Revised Privacy Act Statement Attached

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.

SSA will insert the following revised Privacy Act Statement into the form as soon as possible:

Privacy Act Statement Collection and Use of Personal Information

Section 1148 of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may limit your ability to participate in the Work Incentives Planning and Assistance (WIPA) program.

We will use the information to determine if you qualify for the WIPA program. We may also share your information for the following purposes, called routine uses:

- 1. To State or Employment Networks having an approved business arrangement with SSA to perform vocational rehabilitation services for SSA, and
- 2. To contractors and other Federal agencies, as necessary, for the purpose of assisting SSA in the efficient administration of its programs relating to this system of records.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0300, entitled Ticket-to-Work Program Manager (PM) Management Information System. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.