


Attachment C. Screenshots of New ETO System Fields

Add New Beneficiary (Demographics)

Program Enrollment

Enroll in Program:

Program Start Date * 

Add New Participant

First Name *

Middle Name

Last Name *

Suffix

Address 1 *

Address 2

Zip Code * -

Email

SSN *

Case Number

DOB *

Gender *

WorkPhone

Marital Status

Home Phone *

Cell Phone

Assigned Staff *

Alert

Marital Status (P)

Benefits Received at Intake (P) *

SSI Amount (P)

Total Title II Amount (P)


How did customer hear about the WIPA? (P) *

Employment Status at Intake (P) *

Self-Reported Primary Disability (P)

If Other primary disability, please specify (P)

Self-Reported Secondary Disability

If OTHER secondary disability, please specify: 

Is beneficiary his/her own payee? (P) *

Yes/True

No/False

Clear Selection

Health Status at Intake (self-identified) (P)

Level of Education at Intake (P)

TTY?? *

TTY/Videophone number/IP address (P)

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

Baseline Form

Baseline Form for Alex Fake on 3/7/2016



First Page

Does the beneficiary currently have an employment goal?

Yes

No

Clear Selection

Has the beneficiary identified strategies for pursuing the employment goal?

Yes

No

Clear Selection

Has the beneficiary used employment services in the past year?

Yes

No

Clear Selection

Has the beneficiary looked for work in the past four weeks?

Yes

No

Does the individual currently have an educational goal?

Yes

No

Is the beneficiary currently pursuing secondary or postsecondary education?

Yes

No

Does the beneficiary plan to pursue education in the next 12 months?

Yes

No

Does the beneficiary have a current financial goal?

Yes

No

Clear Selection

Stabilize Financial Situation

Yes

No

Clear Selection

Reduce Debt

Yes

No

Clear Selection

Build Savings

Yes

No

Clear Selection

Acquire Assets

Yes

No

Does the beneficiary want to earn enough to reduce benefits?

Yes

No

Does the beneficiary want to earn enough to eliminate benefits?

Yes

No

Does the beneficiary receive public health benefits?

Does the beneficiary receive private health insurance?

Does the beneficiary receive:

Subsidized Housing

Yes

No

Clear Selection

Food Stamps

Yes

No

Clear Selection

Workers Compensation

Yes

No

Clear Selection

Veterans Cash Benefits

Yes

No

Clear Selection

TANF

Yes

No

Clear Selection

Unemployment Insurance Benefits

Yes

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

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?

Yes

No

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

Efforts Form

Efforts Form for Alex Fake on 3/7/2016 

First Page

Type of Service Provided

- Intake and Information Gathering
- Report Writing
- Work Incentives Planning
- Problem Solving and Advocacy (re: Return to Work Supports)
- Long Term Support Services

Title II Work Incentives / Provisions Discussed

- Trial Work Period
- Extended Period of Eligibility
- IRWE
- Subsidy Development
- Averaging
- Unsuccessful Work Attempt
- Expedited Reinstatement
- Section 301

SSI Work Incentives / Provisions Discussed

- Gradual Reduction
- Student Earned Income Exclusion
- IRWE
- BWE
- PASS
- Expedited Reinstatement
- Section 301

Health Coverage Options Discussed

- 1619b
- Medicaid Buy-In
- Extended Medicare
- Premium HI for Working Disabled
- Employer Health Insurance
- Medicare Savings Programs
- Medicaid Waiver
- Low Income Subsidy
- Other

Other Benefits Discussed

- TANF
- SNAP
- HUD
- Workers Compensation
- Unemployment Insurance
- Veteran's Benefits
- Other

Has there been a change in the beneficiary's employment status?

- Yes
- No

Clear Selection

Beneficiary Employment Status

-- Select --

Service Referrals

- State Vocational Rehabilitation Agency
- State Mental Health Agency
- State Developmental Disability Agency
- State Housing Agency
- State Medicaid Agency
- DOL American Job Center
- Community Rehabilitation Program
- Veteran Service Organization
- Employment Network
- SSA Field Office
- TtW Help Line
- Other (Specify)

Other Service Referral

BS&A Development / Status

-- Select --

WIP Development / Status

-- Select --

Notes

Time Spent on Contact

Minutes

Cancel

Save and Record Similar

Save

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.