

## Help Line WIPA Referral

1. Date of Contact: \_\_\_\_\_ 2. Date of Referral: \_\_\_\_\_

3. Previously referred?  Yes  No

4. Name: \_\_\_\_\_

5. Address (include city, state, and ZIP):  
\_\_\_\_\_  
\_\_\_\_\_

6. County: \_\_\_\_\_

7. a. Cell Phone: \_\_\_\_\_ b. Work Phone: \_\_\_\_\_ c. Home Phone: \_\_\_\_\_

d. TTY/Videophone Number/IP Address: \_\_\_\_\_

8. Email Address: \_\_\_\_\_

9. Best time and number to contact? \_\_\_\_\_

10. Beneficiary's preferred language:  English  Other (specify): \_\_\_\_\_

11. Date of Birth: \_\_\_\_\_

12. The beneficiary is a transition age youth (under age 25)?  Yes  No

13. The beneficiary is a Veteran of the U.S. Military?  Yes  No

14. SSN: \_\_\_\_\_

15. Type of benefits received by the beneficiary (verified by iTOPSS):

SSI  Title II (SSDI, CDB, DWB)  Concurrent entitlement (SSI and SSDI)

16. Ticket Status (if over 18): \_\_\_\_\_

17. a. Employment Status: \_\_\_\_\_

b. Job details (job title, # hours/week, pay rate):  
\_\_\_\_\_  
\_\_\_\_\_

c. Employer Health Benefits?  Yes  No

d. Reported work to SSA?  Yes  No

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18. Other benefits received?

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19. Beneficiary concerns/questions:

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**If the beneficiary has a payee:**

20. a. Representative Payee name: \_\_\_\_\_

b. Payee Phone: \_\_\_\_\_

c. Payee Email: \_\_\_\_\_

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