WIPA Intake Information 2. CWIC: 1. Date: 3. Referral Source: ☐ Help Line ☐ State VR Agency ☐ Other (specify) **Beneficiary Demographics** 4. Name: 5. Social Security Number: 6. Medicare Claim Number 7. Medicaid Number (if different from SSN): (if applicable): 8. Date of Birth: 9. Age: 10. If under age 18 and receiving SSI, has Social Security conducted the Age 18 redetermination? ☐ Yes ☐ No II **1.** Was the beneficiary disabled prior to age 26? ☐ Yes ☐ No II b. If "Yes," does the beneficiary have an Achieving a Better Life Experience (ABLE) account? ☐ Yes ☐ No 12. List the primary disability: 13. Statutorily blind? ☐ Yes ☐ No 14. When did the disability begin? 15. Is the beneficiary a U.S. Military Veteran? ☐ Yes ☐ No 16. Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widow(er) Separated 17. List other people in the household Receiving Benefits? Name Age

18. If any h	nousehold member (spouse or children) receives any type of means-tested benefits desc	ribe:
		i
	I and Medicaid recipients only, describe all income or in-kind support received including sount of income:	source
20. Does th	ne beneficiary have a My Social Security account? Yes No Recommended	
	y contact information: iary	i
22. Addres	s (include city, state, and ZIP):	
•		
	a. Home:	ı
23. Phone	b. Cell: c. Work:	
	d. TTY/Videophone Number/IP address:	ļ
24. Email a	iddress:	1
25. Best tin	ne to reach:	!
26. Preferre	ed manner of contact:	
☐ Tele	phone Email In-Person Skype or Other Video Conferencing	
☐ Via a	an Interpreter Other (specify)	
27 Renefit	s Summary and Analysis (BS&A) delivery:	
	ephone	·
_	an Interpreter Other (specify)	i I İ
	pe language or accommodation needs:	
20. 2000110	e language of accommodation needs.	I

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29. Alterna	ate contact information:	
☐ Benefic	iary 🗌 Representative Payee 📋 Guardian 🔲 Other (specify)	
30. Addres	s (include city, state, and ZIP):	
		1
-	a. Home:	
31. Phone	b. Cell: c. Work:	
	d. TTY/Videophone Number/IP address:	
32. Email a	address:	
33. Best tir	ne to reach:	
34. Preferr	ed manner of contact:	
☐ Tel	ephone	
☐ Via	an Interpreter Other (specify)	
35 Please	describe any language or accommodation needs:	·
00.110000	describe any language of accommodation fleeds.	
Education	nal History and Goals	
36. Highes	t grade completed:	
☐ Primary	or Secondary school	☐ High School
☐ Vocatio	nal/Technical Some college Undergrad Graduate Degree	·
37. Describ	pe any educational goal(s):	
	· · · · · · · · · · · · · · · · · · ·	
Employme	ent history and financial goals:	
38. Does th	ne beneficiary want to eliminate benefits? Yes No	
39. Does th	ne beneficiary want to reduce dependence on benefits? ☐ Yes ☐ No	
•		

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Emp	loyme	nt go	oal(s):
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40. Earning goal	1	
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a. Typ	e of	position	or	field	of v	vork:
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b.	Number	of hours	anticipated	per week:
~ .		01110410	ai ili oipatoa	DOI VICON

- c. Hourly wage or salary:
- d. Estimated monthly earning goal:

41. Earning goal 2:

- a. Type of position or field of work:
- b. Number of hours anticipated per week:
- c. Hourly wage or salary:
- d. Estimated monthly earning goal:

42. Please list the employment services the beneficiary receives:

Agency	Service	Service	Service
Employment Network			
State VR			• • • •
Other Employment Services	-		1
American Job Center			
Vocational Training			<u></u>
Youth Transition Program			
Other (specify below):			

43. List the services the beneficiary needs to reach his or her employment goal:

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44. Does the beneficiary want you to shany employment support agency of	nare the BS&A or other information a r other person? If yes, obtain release	
Employment Since Entitlement		
45. Is the beneficiary currently en a. If "Yes," list the name of the b	nployed or self-employed? ☐ Yes eneficiary's Employer or beneficiary	
b. The beneficiary is ☐ employ	ed	
c. The employment or self-employment	oyment is ☐ full-time ☐ part-time	
d. If employed, the amount of gros	ss wages every 🗌 hour 🔲 week 🔲 r	month □ year is
e. If employed, what weekday or o	dates does the employer issue the pay	rcheck?
f. If the beneficiary is self-employe	ed, what is the nature of the business:	
g. What is the beneficiary's estima	ited net profit?	
h. Has the beneficiary reported the	ese earnings to Social Security? $\ \square$ Y	es 🗌 No
i. If "Yes," give the date(s) of the re	eport, and the manner he or she used	to report the earnings:
	·····	
Benefits at intake		
46. SSA Benefits:		
Benefit	Receiving	Comments
SSI		
SSDI		
CDB		
DWB		
Other		

47. Medicaid:		
Benefit	Receiving	Recommended
SSI-based		
1619(b)		
Medicaid Home and Community-based Waiver (specify)		
Medicaid Spend-down		
Medicaid Buy-in		
Other Medicaid Program		
48. Medicare:		
Benefit	Receiving	Recommended
Part A		
Part B		
Medicare Savings Program (QMB/SLMB/QI1) or other Medicare Buy-in group		
Part D		
Part D Low Income Subsidy		
Premium HI for Working Disabled		
49. Other Benefits:		
Benefit	Receiving	Recommended
Employer or other Private Health Insurance		
Food Stamps (SNAP)		
Housing Subsidy (Specify type)		. 🗆
Veteran's Compensation		

Benefit	Receiving	Recommended
Veteran's Pension		
TANF		
Unemployment Insurance		
Worker's Compensation		
Public Disability Benefit		
Alimony or child support (specify)		
Energy Assistance		
SSI State Supplementation		
Other (specify)		
50. Excluded Savings		
Benefit	Receiving	Recommended
Individual Development Account (IDA)		
ABLE account		
Trust		
51. Additional Benefits (For example, b	enefits specific to your state)	
Benefit	Comm	nents
·		:
		:

52. List out of pocket expenses that could be Impairment Related Work Expenses (IRWE) or Blind Work Expenses (BWE):

53. Describe special employment supports the beneficiary received in the past, currently uses, or expects to need in the near future. Also describe any other indication that the beneficiary has a possible subsidy, such as working with a job coach.

54. Notes, additional information and next steps:

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

Sections 1148 and 1149 of the Social Security Act, as amended, allow 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 Incentive Planning and Assistance (WIPA) program.

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

- To State or Employment Networks having an approved business arrangement with Social Security Administration (SSA) to perform vocational rehabilitation services for SSA disability beneficiaries and recipients; and
- To contractors and other Federal agencies, as necessary, for the purpose of assisting SSA in the efficient administration of its programs.

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 Notices (SORN) 60-0295, entitled Ticket-to-Work and Self-Sufficiency Program Payment Database, as published in the Federal Register (FR) on April 4, 2001, at 66 FR 17985, and 60-0300, entitled Ticket-to-Work Program Manager Management Information System, as published in the FR on June 15, 2001, at 66 FR 32656. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

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

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. Send <u>only</u> comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.