

WIPA Case Notes

1. Beneficiary: _____

2. Date of contact: _____

3. Person contacted: _____

4. Purpose of the contact: _____

5. What work incentives, health care options, or other benefits did you discuss?

6. List any referrals you made to other agencies: _____

7. Notes and next steps: _____

2b. Date of contact: _____

3b. Person contacted: _____

4b. Purpose of the contact: _____

5b. What work incentives, health care options, or other benefits did you discuss?

6b. List any referrals you made to other agencies:

7b. Notes and next steps:

2c. Date of contact:

3c. Person contacted:

4c. Purpose of the contact:

5c. What work incentives, health care options, or other benefits did you discuss?

6c. List any referrals you made to other agencies:

7c. Notes and next steps:

2d. Date of contact:

3d. Person contacted:

4d. Purpose of the contact:

5d. What work incentives, health care options, or other benefits did you discuss?

6d. List any referrals you made to other agencies:

7d. Notes and next steps:

2e. Date of contact:

3e. Person contacted:

4e. Purpose of the contact:

5e. What work incentives, health care options, or other benefits did you discuss?

6e. List any referrals you made to other agencies:

7e. Notes and next steps:

2f. Date of contact:

3f. Person contacted:

4f. Purpose of the contact:

5f. What work incentives, health care options, or other benefits did you discuss?

6f. List any referrals you made to other agencies:

7f. Notes and next steps:

Date	Item	Not Needed	In Process	Completed
	BSA			
	BSA			
	BSA			
	BSA			
	WIP			
	WIP			
	WIP			
	WIP			