

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

18. Other benefits received?

19. Beneficiary concerns/questions:

If the beneficiary has a payee:

20. a. Representative Payee name: _____

b. Payee Phone: _____

c. Payee Email: _____
