WIPA Intake Information

1. Date:	2. CWIC:

3. Referral Source:

☐ Help Line ☐ State VR Agency ☐ Other (specify) _____

Beneficiary Demographics

4. Name:	5. Social Security Number:
6. Medicare Claim Number (if different from SSN):	7. Medicaid Number (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

11a. 11. Was the beneficiary disabled prior to age 26? ☐ Yes ☐ No

11b. 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 ☐ Separated ☐ Widow(er)

17. List other people in the household

Name	Age	Receiving Benefits?

18. If any household member (spouse or children) receives any type of means-tested benefits describe:

19. For SSI and Medicaid recipients only, describe all income or in-kind support received including source and amount of income:

20. Does the beneficiary have a My Social Security account? ☐ Yes ☐ No ☐ Recommended

21. Primary contact information:

☐ Beneficiary ☐ Representative Payee ☐ Guardian ☐ Other (specify) _____

22. Address (include city, state, and ZIP):

23. Phone	a. Home:	
	b. Cell:	c. Work:
	d. TTY/Videophone Number/IP address:	

24. Email address:

25. Best time to reach:

26. Preferred manner of contact:

☐ Telephone ☐ Email ☐ In-Person ☐ Skype or Other Video Conferencing

☐ Via an Interpreter ☐ Other (specify) _____

27. Benefits Summary and Analysis (BS&A) delivery:

☐ Telephone ☐ Email ☐ In-Person ☐ Skype or Other Video Conferencing

☐ Via an Interpreter ☐ Other (specify) _____

28. Describe language or accommodation needs:

29. Alternate contact information:

☐ Beneficiary ☐ Representative Payee ☐ Guardian ☐ Other (specify) _____

30. Address (include city, state, and ZIP):

31. Phone	a. Home:	
	b. Cell:	c. Work:
	d. TTY/Videophone Number/IP address:	

32. Email address:

33. Best time to reach:

34. Preferred manner of contact:

☐ Telephone ☐ Email ☐ In-Person ☐ Skype or Other Video Conferencing

☐ Via an Interpreter ☐ Other (specify) _____

35. Please describe any language or accommodation needs:

Educational History and Goals

36. Highest grade completed:

☐ Primary or Secondary school ☐ Certificate ☐ Graduate Equivalent (GED) ☐ High School

☐ Vocational/Technical ☐ Some college ☐ Undergrad ☐ Graduate Degree

37. Describe any educational goal(s):

Employment history and financial goals:

38. Does the beneficiary want to eliminate benefits? ☐ Yes ☐ No

39. Does the beneficiary want to reduce dependence on benefits? ☐ Yes ☐ No

Employment goal(s):

40. Earning goal 1:

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: _____

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			
American Job Center			
Vocational Training			
Youth Transition Program			
Other (specify below):			

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

44. Does the beneficiary want you to share the BS&A or other information about benefits advisement with any employment support agency or other person? If yes, obtain release. ☐ Yes ☐ No

Employment Since Entitlement

45. Is the beneficiary currently employed or self-employed? ☐ Yes ☐ No

a. If "Yes," list the name of the beneficiary's Employer or beneficiary business

_____

b. The beneficiary is ☐ employed ☐ self-employed

c. The employment or self-employment is ☐ full-time ☐ part-time

d. If employed, the amount of gross wages every ☐ hour ☐ week ☐ month ☐ year is _____

e. If employed, what weekday or dates does the employer issue the paycheck? _____

f. If the beneficiary is self-employed, what is the nature of the business:

_____

g. What is the beneficiary's estimated net profit? _____

h. Has the beneficiary reported these earnings to Social Security? ☐ Yes ☐ No

i. If "Yes," give the date(s) of the report, 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, benefits specific to your state)

Benefit	Comments

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 Paperwork Reduction Act of 1995. 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 only comments relating to our time estimate above to***: *SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.*