Screenshots of WIPA STAR Data Collection Sections

Beneficiary Section: Top of Main Screen

Create Beneficiary

First name*	First name*
Middle name	Middle name
Last name*	Last name*
Address 1	Address 1
Address 2	Address 2
City	City
State	⌄
Zip / Postal code	Zip / Postal code
County	⌄

Beneficiary Section: Bottom of Main Screen

Email*

Email*

Home phone

Home phone

Cell phone

Cell phone

Work phone

Work phone

TTY/Videophone Number/IP address

TTY/Videophone Number/IP address

SSN*

SSN*

Claim Number

Claim Number

Date of Birth*

mm/dd/yyyy

Beneficiary Unique ID*

Beneficiary Unique ID*

Beneficiary Status

Race

Ethnicity

Sex

Cancel   **Submit**   * Required fields

Contact Section

Create Contact

Contact Type   [Representative Payee ✕] [Legal Guardian ✕]   ⌄

First name*

First name*

Middle name

Middle name

Last name*

Last name*

Address 1

Address 1

Address 2

Address 2

City

City

State

⌄

Zip / Postal code

Zip / Postal code

Email

Email

Phone*

Phone*

[Cancel] [Submit]   * Required fields

Referral Section

Create Referral

Date of referral* | mm/dd/yyyy 📅

Source of referral* | [▼]

Is beneficiary between the ages of 14 and 25 at the time of referral?*
- ⦿ No
- ◯ Yes

Is beneficiary a U. S. Veteran?*
- ⦿ No
- ◯ Yes

Employment status at time of referral* | [▼]

Employment services received at intake* | [▼]

Is beneficiary eligible for WIPA services?*
- ⦿ No
- ◯ Yes

Status of referral for WIPA services* | [▼]

Health insurance* | [▼]

Health Insurance Notes | [   ]

Cancel   **Submit**   * Required fields

Services Section: Screen 1

Create Services

Intake Services   Verification   Individualized Services   Additional Services

Date releases sent

| mm/dd/yyyy | 📅 |

Date releases returned

| mm/dd/yyyy | 📅 |

Date intake process completed

| mm/dd/yyyy | 📅 |

Cancel   **Submit**   * Required fields

Services Section: Screen 2

Create Services

Intake Services	Verification	Individualized Services	Additional Services

Date BPQY requested

| mm/dd/yyyy | |

Date BPQY received

| mm/dd/yyyy | |

Cancel   **Submit**   * Required fields

Services Section: Screen 3

Create Services

Intake Services   Verification   **Individualized Services**   Additional Services

Does beneficiary want to work more to (check one of following options):

[dropdown]

Comments on work goals

Comments on work goals

Date initial or follow-up BS&A completed

mm/dd/yyyy

Did CWIC use BSADOCs to develop BS&A?
- ● No
- ○ Yes

Date discussed initial or follow-up BS&A with beneficiary

mm/dd/yyyy

If BS&A prepared, what is status of follow-up services?

[dropdown]

Date provided beneficiary follow up services plan

mm/dd/yyyy

Cancel   **Submit**   * Required fields

Services Section: Screen 4

Create Services

Intake Services   Verification   Individualized Services   **Additional Services**

Date referred beneficiary to Vocational Rehabilitation

| mm/dd/yyyy |

Date referred beneficiary to Employment Network

| mm/dd/yyyy |

Date referred beneficiary to other vocational services

| mm/dd/yyyy |

Date assisted beneficiary with earnings reporting

| mm/dd/yyyy |

Date discussed Plan to Achieve Self-Support (PASS) with beneficiary

| mm/dd/yyyy |

Date assisted beneficiary to complete and submit PASS

| mm/dd/yyyy |

Date assisted beneficiary to report IRWE, subsidy or use of work incentives to SSA

| mm/dd/yyyy |

Date provided follow-up contact with beneficiary at key touchpoints

| mm/dd/yyyy |

Cancel   Submit   * Required fields

Case Note Section

Create Case Note

Date of contact*   mm/dd/yyyy

Contact mode*   ⌄

Contact disposition*   ⌄

Person or agency contacted*

Purpose of the contact*

What did you discuss?*

Additional notes

Cancel   **Submit**   * Required fields