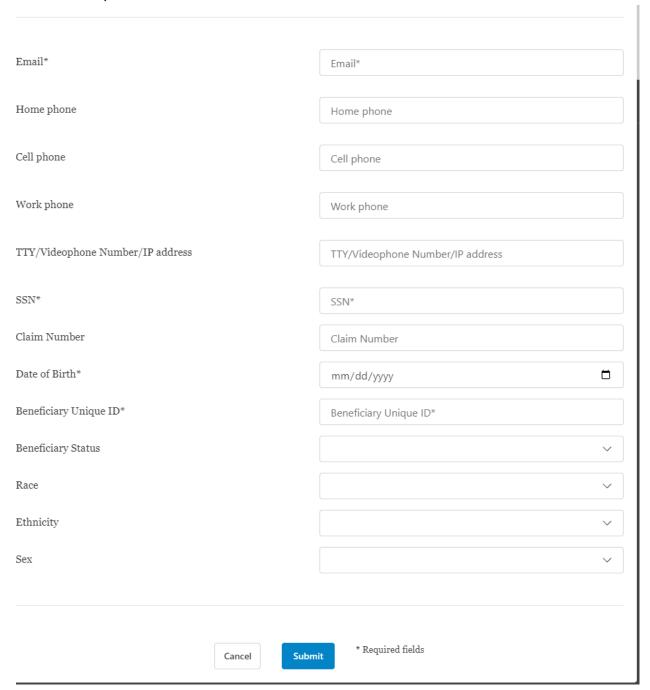
Screenshots of WIPA STAR Data Collection Sections

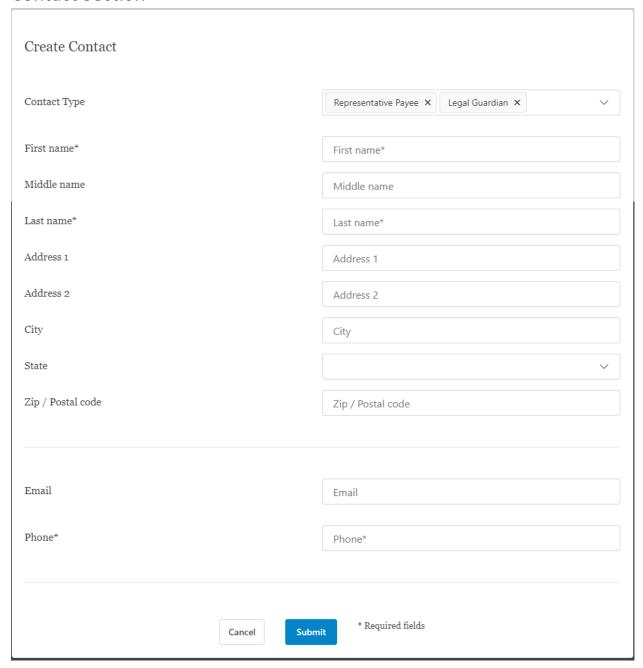
Beneficiary Section: Top of Main Screen

Create Beneficiary	
First name*	First name*
Middle name	Middle name
Last name*	Last name*
	Last rame
Address 1	Address 1
Address 2	Address 2
City	City
	City
State	~
Zip / Postal code	Zip / Postal code
County	<u> </u>
County	<u> </u>

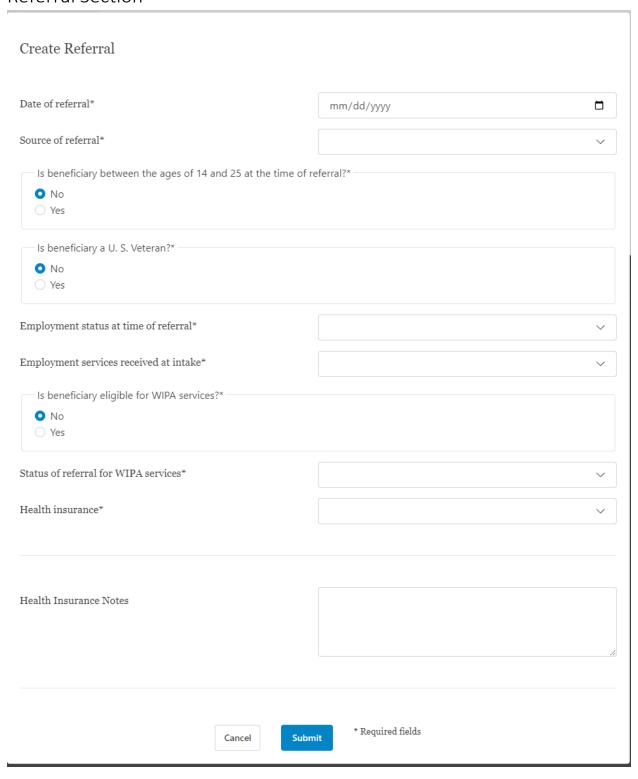
Beneficiary Section: Bottom of Main Screen

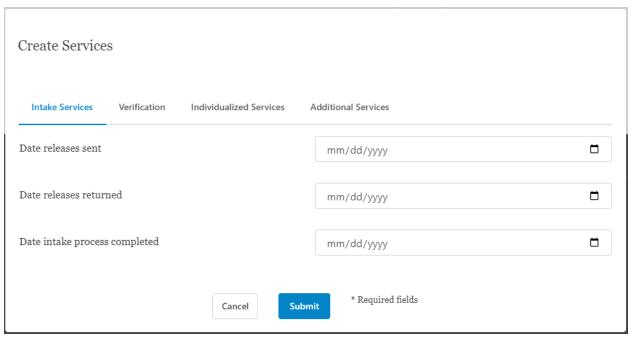


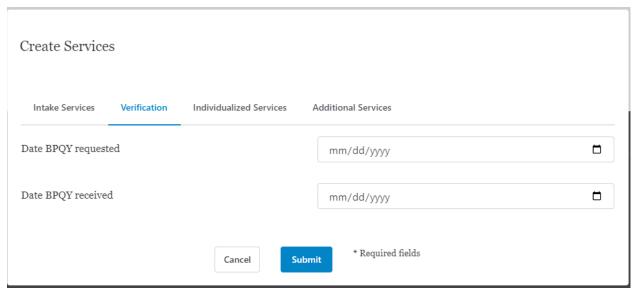
Contact Section

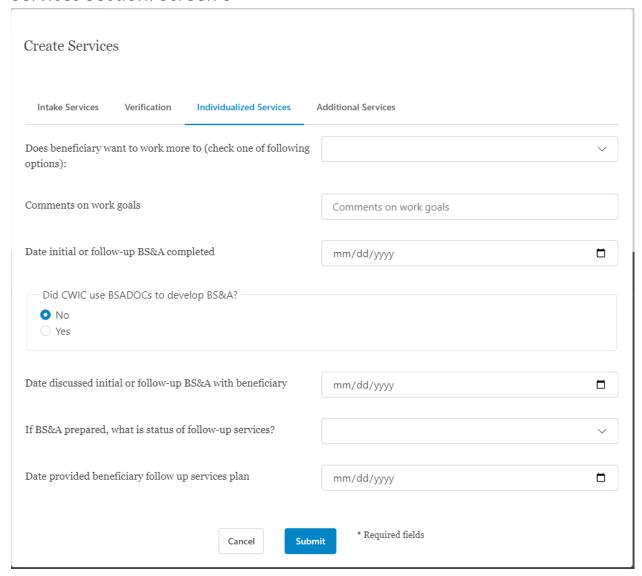


Referral Section









Create Services		
Intake Services Verification Individualized Services A	dditional 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	* Required fields	

Case Note Section

