**Attachment H: WIPA STAR System Fields**

**Module 1: Beneficiary Information**

| **Data Element** | **Field Type** | **Values** |
| --- | --- | --- |
| First name | Text | Text |
| Middle name | Text | Text |
| Last name | Text | Text |
| Address 1 | Text | Text |
| Address 2 | Text | Text |
| City | Text | Text |
| State | Text | Text |
| ZIP code | Text | Text |
| County | Text | Text  Note – we will investigate having this field auto-populate based on ZIP code |
| Cell phone | Text | Text |
| Home phone | Text | Text |
| Work phone | Text | Text |
| TTY/Videophone Number/IP address | Text | Text |
| Email address | Text | Text |
| Representative Payee? | Radio button (choose one) | Yes/No |
| Representative Payee first name | Text | Text |
| Representative Payee middle name | Text | Text |
| Representative Payee last name | Text | Text |
| Representative Payee address 1 | Text | Text |
| Representative Payee address 2 | Text | Text |
| Representative Payee city | Text | Text |
| Representative Payee state | Text | Text |
| Representative Payee ZIP code | Text | Text |
| Representative Payee phone | Text | Text |
| Representative Payee email address | Text | Text |
| Is Representative Payee also legal guardian? | | Drop down (choose one) | Yes/No/Not applicable  Note – If “Yes” selected, we will investigate having the system auto-populate the information entered for the Representative Payeee in the legal guardian fields |
| Legal guardian first name | | Text | Text |
| Legal guardian middle name | | Text | Text |
| Legal guardian last name | | Text | Text |
| Legal guardian address 1 | | Text | Text |
| Legal guardian address 2 | | Text | Text |
| Legal guardian city | | Text | Text |
| Legal guardian state | | Text | Text |
| Legal guardian ZIP code | | Text | Text |
| Legal guardian phone | | Text | Text |
| Legal guardian email address | | Text | Text |
| SSN | Text | Text |
| Claim number (if different from beneficiary SSN) | Text | Text |
| Date of birth | Date | MM/DD/YYYY |
| Beneficiary unique ID | Text | Text |
| Beneficiary status | Drop down (choose one) | Receives SSI  Receives Title II (SSDI, CDB, DWB)  Receives SSI and SSDI (Concurrent)  Benefits terminated  Reached Full Retirement Age  Residence outside service area  Deceased |
| Race | Check box (choose all that apply) | American Indian or Alaska Native  Asian  Black or African/American  Native Hawaiian or Other Pacific Islander  White  Prefers not to provide |
| Ethnicity | Drop down (choose one) | Hispanic or Latino  Not Hispanic or Latino  Prefers not to Provide |
| Sex | Drop down (choose one) | Male  Female  Other |
| Date CWIC assigned | Date | MM/DD/YYYY |
| Name of assigned CWIC | Drop down (choose one) | Select from a list of CWICs assigned to the organization |

**Module 2: Referral Information**

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| --- | --- | --- |
| **Data Element** | **Field Type** | **Values** |
| Date of referral | Date | MM/DD/YYYY |
| Source of referral | Drop down  (choose one) | Ticket to Work Help Line  Beneficiary or Representative Payee self-referral  Vocational Rehabilitation agency  Employment Network  Other community agency |
| Is beneficiary between the ages of 14 and 25 at the time of referral? | Radio button (choose one) | Yes/No |
| Is beneficiary a U. S. Veteran? | Radio button (choose one) | Yes/No |
| Employment status at time of referral | Drop down  (choose one) | Full-time employment or self-employment  Part-time employment or self-employment    Job offer pending  Not employed |
| Health insurance | Check box  (choose all that apply) | Medicare (list parts in “Notes”)  Medicaid (list type in “Notes”)  Private  Employer-sponsored  Veteran’s Affairs  Other (describe in “Notes”)  None |
| Health insurance notes | Text box | Text |
| Employment services received at intake | Check box  (Choose all that apply) | Vocational Rehabilitation  Ticket to Work  Other vocational services or supports |
| Is beneficiary eligible for WIPA services? | Radio button (choose one) | Yes/No |
| Status of referral for WIPA services | Drop down  (choose one) | Note: If answer to question above is “No”, this question will auto populate with “Not engaged. Ineligible for WIPA services.” Status.  Conducting initial outreach.  Not engaged. Ineligible for WIPA services.  Not engaged. Eligible beneficiary declined individualized WIPA services.  Not engaged. Eligible beneficiary receiving information and referral services, but not requesting individualized WIPA services.  Not engaged. Eligible beneficiary did not respond following 3rd outreach attempt.  Not engaged. Eligible beneficiary is already receiving suitable services elsewhere.  Not engaged. Eligible beneficiary did not return 3288s.  Pending engagement. Eligible beneficiary requesting individualized WIPA services; verifications pending.  Engaged. Eligible beneficiary engaged in individualized WIPA services; verifications received. |

**Module 3: Actions and Services**

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| --- | --- | --- |
| **Data Element** | **Field Type** | **Values** |
| Action created date | Computed Date | MM/DD/YYYY  Note this is an auto-populated field |
| Action created by | Computed Text | User first name User last name.  Note this is an auto-populated field |
| ***Intake Services*** |  |  |
| Date releases sent | Date | MM/DD/YYYY |
| Date releases returned | Date | MM/DD/YYYY |
| Date intake process completed | Date | MM/DD/YYYY |
| ***Verification*** |  |  |
| Date BPQY requested | Date | MM/DD/YYYY |
| Date BPQY received | Date | MM/DD/YYYY |
| ***Individualized Services*** |  |  |
| Does beneficiary want to work more to (check one of following options): | Drop-down  (choose one) | Increase income without losing SSDI or SSI benefits  Reduce SSDI or SSI benefits  Eliminate SSDI or SSI benefits |
| Comments on work goals | Text | Text |
| Date initial or follow-up BS&A completed | Date | MM/DD/YYYY |
| Did CWIC use BSADOCs to develop BS&A? | Radio button (choose one) | Yes/No |
| Date discussed initial or follow-up BS&A with beneficiary | Date | MM/DD/YYYY |
| If BS&A prepared, what is status of follow-up services? | Drop-down  (choose one) | Beneficiary accepted offer for follow-up services  Beneficiary declined offer for follow-up services  Beneficiary was not offered follow-up services |
| Date provided beneficiary follow up services plan | Date | MM/DD/YYYY |
| ***Additional Services*** |  |  |
| Date referred beneficiary to Vocational Rehabilitation | Date | MM/DD/YYYY |
| Date referred beneficiary to Employment Network | Date | MM/DD/YYYY |
| Date referred beneficiary to other vocational services | Date | MM/DD/YYYY |
| Date assisted beneficiary with earnings reporting | Date | MM/DD/YYYY |
| Date discussed Plan to Achieve Self-Support (PASS) with beneficiary | Date | MM/DD/YYYY |
| Date assisted beneficiary to complete and submit PASS | Date | MM/DD/YYYY |
| Date assisted beneficiary to report IRWE, subsidy or use of work incentives to SSA | Date | MM/DD/YYYY |
| Date provided follow-up contact with beneficiary at key touchpoints | Date | MM/DD/YYYY |
| Comments | Text | Text |

**Module 4: Case Notes**

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| **Data Element** | **Field Type** | **Values** |
| Case note created date | Date | MM/DD/YYYY |
| Case note created by | Text | User first name User last name.  Note this is an auto-populated field |
| Date of contact | Date | MM/DD/YYYY |
| Person or agency contacted | Text | Text |
| Purpose of the contact | Text | Text |
| What did you discuss? | Text | Text |
| Additional notes | Text | Text |
| Contact mode | Drop-down (choose one) | Phone  Email  In-person  Mail |
| Contact disposition | Drop-down (choose one) | Contact made  No answer/No show  Voicemail  Busy  Bad contact info |