## **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
County	Text	TCA
		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	Yes/No
	(choose one)	
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	Yes/No/Not applicable
	(choose one)	
		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/YYY       Beneficiary unique ID     Text     Text       Beneficiary status     Drop down (choose one)     Receives SSI       Beneficiary status     Prop down (choose one)     Receives SSI and SSDI (Concurrent)       Benefits terminated     Benefits terminated     Reached Full Retirement Age       Race     Check box (choose all that apply)     American Indian or Alaska Native       Black or African/American     Native Hawaiian or Other Pacific Islander       White     Prefers not to provide       Ethnicity     Drop down (choose one)     Hispanic or Latino       Sex     Drop down (choose one)     Not Hispanic or Latino       Prefers not to Provide     Female       Drop down (choose one)     Female       Date CWIC assigned     Date     MM/DD/YYYY       Name of assigned CWIC     Drop down     Select from a list of CWICs assigned to	Data Element	Field Type	Values
Date of birth     Date     MM/DD/YYYY       Beneficiary unique ID     Text     Text       Beneficiary status     Drop down (choose one)     Receives SSI       Receives SSI and SSDI (Concurrent)     Benefits terminated       Reached Full Retirement Age     Residence outside service area       Deceased     American Indian or Alaska Native       (choose all that apply)     Asian       Black or African/American     Native Hawaiian or Other Pacific Islander       White     Prefers not to provide       Ethnicity     Drop down (choose one)     Hispanic or Latino       Sex     Drop down (choose one)     Male       Female     Other       Date CWIC assigned     Date     MM/DD/YYYY       Name of assigned CWIC     Drop down     Select from a list of CWICs assigned to	Claim number (if different from beneficiary SSN)		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) Asian Black or African/American Native Hawaiian or Other Pacific Islander White Prefers not to provide Ethnicity Drop down (choose one) Receives SSI Receives SSI Receives SSI Receives Title II (SSDI, CDB, DWB) Receives SSI Receives		Date	MM/DD/YYYY
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Receives SI and SSDI (Concurrent)  Benefits terminated Reached Full Retirement Age Residence outside service area Deceased  Race  Check box (choose all that apply) Black or African/American Native Hawaiian or Other Pacific Islander White Prefers not to provide  Ethnicity  Drop down (choose one)  Ethnicity  Drop down (choose one)  Sex  Drop down (choose one)  Sex  Drop down (choose one)  Drop down (choose one)  Sex  Drop down (choose one)  Sex  Drop down (choose one)  Sex  Drop down (choose one) Sex  Drop down (choose one) Sex  Sex  Drop down (choose one) Sex  Drop down (choose one) Sex  Sex  Drop down (choose one) Sex  Sex  Drop down Select from a list of CWICs assigned to	Beneficiary status		Receives SSI
Benefits terminated Reached Full Retirement Age Residence outside service area Deceased Race Check box (choose all that apply) Asian Black or African/American Native Hawaiian or Other Pacific Islander White Prefers not to provide Ethnicity Drop down (choose one) Choose one) Female  Other Date CWIC assigned Name of assigned CWIC Drop down Other Date Sex Residence outside service area Reached Full Retirement Age Residence outside service area Deceased American Indian or Alaska Native		(choose one)	Receives Title II (SSDI, CDB, DWB)
Race  Check box (choose all that apply)  Black or African/American Native Hawaiian or Other Pacific Islander White Prefers not to provide  Ethnicity  Drop down (choose one)  Sex  Drop down (choose one)  Sex  Drop down (choose one)  Male Female  Other  Date CWIC assigned  Date  MM/DD/YYYY  Name of assigned CWIC  Drop down Select from a list of CWICs assigned to			Receives SSI and SSDI (Concurrent)
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Race Check box (choose all that apply) Asian Black or African/American Native Hawaiian or Other Pacific Islander White Prefers not to provide Ethnicity Drop down (choose one) Choose one)  Sex Drop down (choose one) Female  Date CWIC assigned Drop down Other Date CWIC assigned Drop down Choose One) Drop down Select from a list of CWICs assigned to			Deceased
that apply)  Asian  Black or African/American  Native Hawaiian or Other Pacific Islander  White  Prefers not to provide  Ethnicity  Drop down (choose one) (choose one)  Not Hispanic or Latino  Not Hispanic or Latino  Prefers not to Provide  Sex  Drop down (choose one) (choose one)  Female  Other  Date CWIC assigned  Date  MM/DD/YYYY  Name of assigned CWIC  Sex  Select from a list of CWICs assigned to	Race		
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Ethnicity  Drop down (choose one)  Not Hispanic or Latino  Prefers not to Provide  Not Hispanic or Latino  Prefers not to Provide  Prefers not to Provide  Male  Choose one)  Female  Other  Date CWIC assigned  Date  MM/DD/YYYY  Name of assigned CWIC  Norp down  Choose one)  Select from a list of CWICs assigned to			
Ethnicity  Drop down (choose one)  Not Hispanic or Latino  Prefers not to Provide  Sex  Drop down (choose one)  Choose one)  Female  Other  Date CWIC assigned  Drop down  Other  Date CWIC assigned  Drop down  Select from a list of CWICs assigned to			White
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Date CWIC assignedDateMM/DD/YYYYName of assigned CWICDrop downSelect from a list of CWICs assigned to			Other
Name of assigned CWIC Drop down Select from a list of CWICs assigned to	Date CWIC assigned	Date	
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## **Module 2: Referral Information**

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	Medicare (list parts in "Notes")
	(choose all that apply)	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	Vocational Rehabilitation
	(Choose all that	
	apply)	Ticket to Work
		Other vocational services or supports
Is beneficiary eligible for WIPA services?	Radio button	Yes/No
	(choose one)	
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 3<sup>rd</sup> 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**

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	_	10.675
Date releases sent	Date	MM/DD/YYYY
Date releases returned	Date	MM/DD/YYYY
Date intake process completed	Date	MM/DD/YYYY
Verification	D .	LANA INDUNINA
Date BPQY requested	Date	MM/DD/YYYY
Date BPQY received	Date	MM/DD/YYYY
Individualized Services	Duon 3	In average in course with south at the CODI. CODI.
Does beneficiary want to work more to	Drop-down (choose one)	Increase income without losing SSDI or SSI benefits
(check one of following options):	(choose one)	Deficitis
		Reduce SSDI or SSI benefits
		Reduce 33DI of 33I belieffts
		Eliminate SSDI or SSI benefits
Comments on work goals	Text	Text
Date initial or follow-up BS&A	Date	MM/DD/YYYY
completed		
Did CWIC use BSADOCs to develop	Radio button	Yes/No
BS&A?	(choose one)	
Date discussed initial or follow-up BS&A	Date	MM/DD/YYYY
with beneficiary		
If BS&A prepared, what is status of	Drop-down	Beneficiary accepted offer for follow-up
follow-up services?	(choose one)	services
		Beneficiary declined offer for follow-up
		services
		Beneficiary was not offered follow-up
		services
Date provided beneficiary follow up	Date	MM/DD/YYYY
services plan	Dute	
Additional Services		
	Date	MM/DD/VVVV
Date referred beneficiary to Vocational	Date	MM/DD/YYYY
Rehabilitation	<b>D</b>	A CA (PD ANNIX
Date referred beneficiary to Employment	Date	MM/DD/YYYY
Network		
Date referred beneficiary to other	Date	MM/DD/YYYY
vocational services		
Date assisted beneficiary with earnings	Date	MM/DD/YYYY
reporting		
Date discussed Plan to Achieve Self-	Date	MM/DD/YYYY
Support (PASS) with beneficiary	Juic	
Support (1 1133) with Deliciticiary		

Date assisted beneficiary to complete and	Date	MM/DD/YYYY
submit PASS		
Date assisted beneficiary to report IRWE,	Date	MM/DD/YYYY
subsidy or use of work incentives to SSA		
Date provided follow-up contact with	Date	MM/DD/YYYY
beneficiary at key touchpoints		
Comments	Text	Text

## **Module 4: Case Notes**

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	Phone
	(choose one)	Email
		In-person
		Mail
Contact disposition	Drop-down	Contact made
	(choose one)	No answer/No show
		Voicemail
		Busy
		Bad contact info