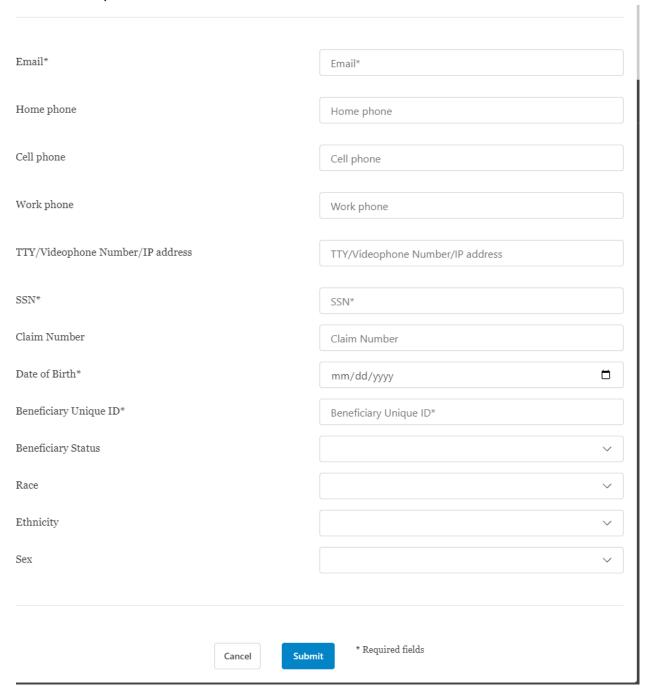
Screenshots of WIPA STAR Data Collection Sections

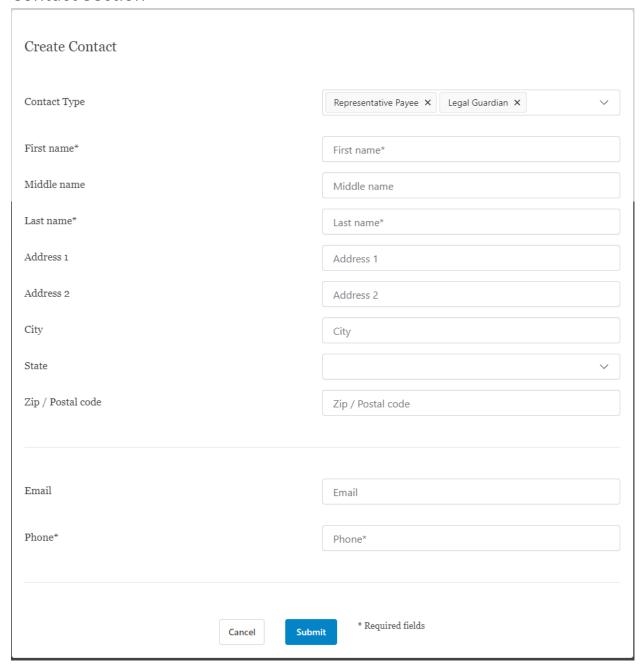
Beneficiary Section: Top of Main Screen

| 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> |
| | |
| | |
| | |

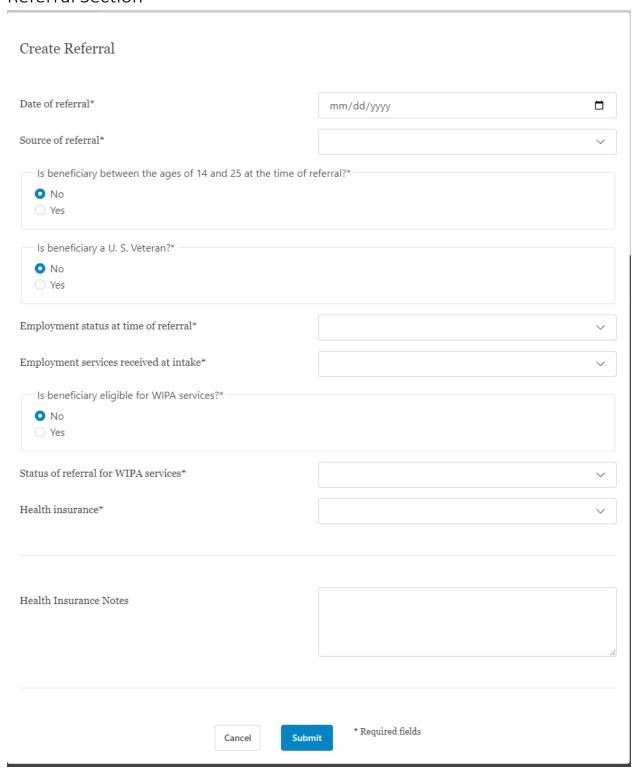
Beneficiary Section: Bottom of Main Screen

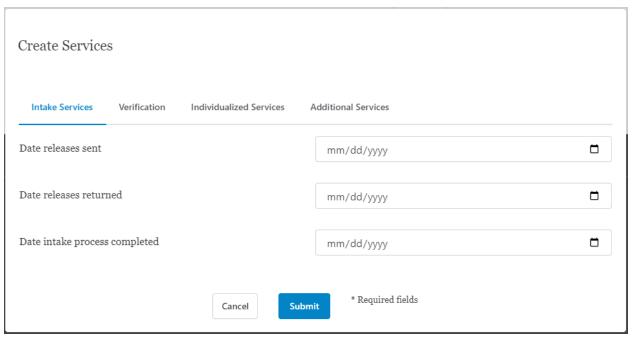


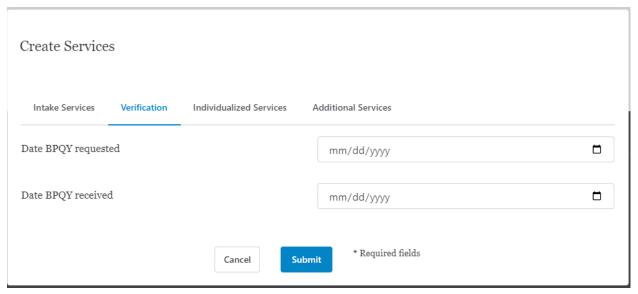
Contact Section

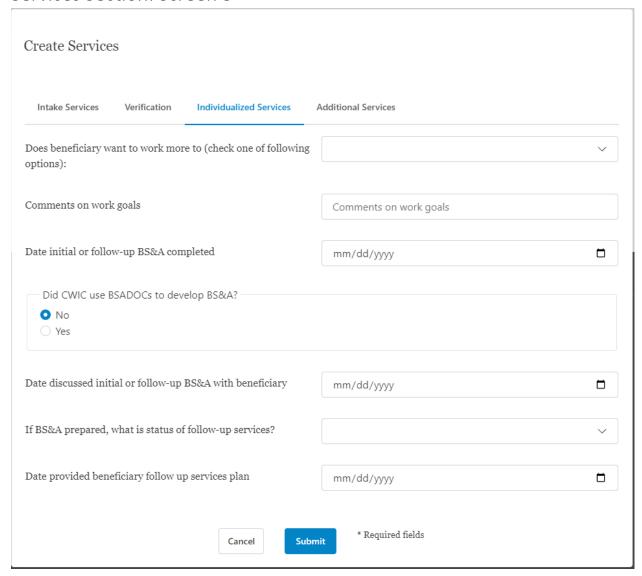


Referral Section









| 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

