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):

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?

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