Comprehensive List of WIPA STAR System Data Elements

This table provides a comprehensive list of the data elements in the original version and proposed revised version of the WIPA STAR system and details the change, if any, by field.

WIPA STAR System - Original				WIPA STAR System – Revised				Revision Notes
Data Element	**Location**	**Field Type**	**Values**	**Data Element**	**Location**	**Field Type**	**Values**	
First name	Module 1	Text	[Open response]	First name	Module 1	Text	[Open response]	*No change.*
Middle name	Module 1	Text	[Open response]	Middle name	Module 1	Text	[Open response]	*No change.*
Last name	Module 1	Text	[Open response]	Last name	Module 1	Text	[Open response]	*No change.*
Address 1	Module 1	Text	[Open response]	Address 1	Module 1	Text	[Open response]	*No change.*
Address 2	Module 1	Text	[Open response]	Address 2	Module 1	Text	[Open response]	*No change.*
City	Module 1	Text	[Open response]	City	Module 1	Text	[Open response]	*No change.*
State	Module 1	Text	[Open response]	State	Module 1	Text	[Open response]	*No change.*
ZIP code	Module 1	Text	[Open response]	ZIP code	Module 1	Text	[Open response]	*No change.*
County	Module 1	Text	[Open response]	County	Module 1	Text	[Open response]	*No change.*
Cell phone	Module 1	Text	[Open response]	Cell phone	Module 1	Text	[Open response]	*No change.*
				Text message consent	Module 1	Radio button	Yes; No	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
Work phone	Module 1	Text	[Open response]	Work phone	Module 1	Text	[Open response]	*No change.*
Home phone	Module 1	Text	[Open response]	Home phone	Module 1	Text	[Open response]	*No change.*
TTY/Videophone Number/IP address	Module 1	Text	[Open response]	TTY/Videophone Number/IP address	Module 1	Text	[Open response]	*No change.*
Email address	Module 1	Text	[Open response]	Email address	Module 1	Text	[Open response]	*No change.*
				Best time and number to call	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Beneficiary’s preferred language	Module 1	Drop-down (single select)	English; Other	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				If “Other”, specify	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
Representative Payee?	Module 1	Radio button	Yes; No	Representative Payee?	Module 1	Radio button	Yes; No	*No change.*
Representative Payee first name	Module 1	Text	[Open response]	Representative Payee first name	Module 1	Text	[Open response]	*No change.*
Representative Payee middle name	Module 1	Text	[Open response]	Representative Payee middle name	Module 1	Text	[Open response]	*No change.*
Representative	Module 1	Text	[Open response]	Representative Payee	Module 1	Text	[Open response]	*No change.*

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Data Element	**Location**	**Field Type**	**Values**	**Data Element**	**Location**	**Field Type**	**Values**	
Payee last name				last name				
Representative Payee address 1	Module 1	Text	[Open response]	Representative Payee address 1	Module 1	Text	[Open response]	*No change.*
Representative Payee address 2	Module 1	Text	[Open response]	Representative Payee address 2	Module 1	Text	[Open response]	*No change.*
Representative Payee city	Module 1	Text	[Open response]	Representative Payee city	Module 1	Text	[Open response]	*No change.*
Representative Payee state	Module 1	Text	[Open response]	Representative Payee state	Module 1	Text	[Open response]	*No change.*
Representative Payee ZIP code	Module 1	Text	[Open response]	Representative Payee ZIP code	Module 1	Text	[Open response]	*No change.*
Representative Payee phone	Module 1	Text	[Open response]	Representative Payee phone	Module 1	Text	[Open response]	*No change.*
				If cell phone, consent to text?	Module 1	Radio button	Yes; No	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
Representative Payee email address	Module 1	Text	[Open response]	Representative Payee email address	Module 1	Text	[Open response]	*No change.*
Social Security Number (SSN)	Module 1	Text	[Open response]	Social Security Number (SSN)	Module 1	Text	[Open response]	*No change.*
Claim number (if different from beneficiary SSN)	Module 1	Text	[Open response]	Claim number (if different from beneficiary SSN)	Module 1	Text	[Open response]	*No change.*
Date of birth	Module 1	Date	MM/DD/YYYY	Date of birth	Module 1	Date	MM/DD/YYYY	*No change.*
Beneficiary status	Module 1	Drop-down (single select)	Receives SSI; Receives Title II (SSDI, CDB, DWB); Receives SSI and SSDI (Concurrent); Benefits terminated; Reached Full Retirement Age; Residence outside service area; Deceased	Beneficiary status	Module 1	Drop-down (single select)	Receives SSI (Includes benefits currently in suspense); Receives Title II (SSDI, CDB, DWB) (Includes benefits currently in suspense); Receives SSI and Title II (Concurrent) (Includes benefits currently in suspense); Benefits terminated; Reached Full Retirement Age; Residence outside service area; Deceased	Dropdown options revision – Revised to be consistent with response option on the SSA-4565.
Beneficiary unique ID	Module 1	Text	[Open response]	Beneficiary unique ID	Module 1	Text	[Open response]	*No change.*
CWIC	Module 1	Drop-down (single select)	[Select from a list of CWICs assigned to the organization]	CWIC	Module 1	Drop-down (single select)	[Select from a list of CWICs assigned to the organization]	*No change.*
				Local SSA Field Office	Module 1	Text	[Open response]	New field added –

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Data Element	**Location**	**Field Type**	**Values**	**Data Element**	**Location**	**Field Type**	**Values**	
								Additional field introduced to be consistent with fields on the Form SSA-4565.
				Primary contact	Module 1	Drop-down (single select)	Beneficiary; Representative Payee; Guardian; Other	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				If "Other", specify	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
Is the Representative Payee the legal guardian?	Module 1	Radio button	Yes; No	Is the Representative Payee the legal guardian?	Module 1	Radio button	Yes; No	*No change.*
Legal guardian first name	Module 1	Text	[Open response]	Legal guardian first name	Module 1	Text	[Open response]	*No change.*
Legal guardian middle name	Module 1	Text	[Open response]	Legal guardian middle name	Module 1	Text	[Open response]	*No change.*
Legal guardian last name	Module 1	Text	[Open response]	Legal guardian last name	Module 1	Text	[Open response]	*No change.*
Legal guardian address 1	Module 1	Text	[Open response]	Legal guardian address 1	Module 1	Text	[Open response]	*No change.*
Legal guardian address 2	Module 1	Text	[Open response]	Legal guardian address 2	Module 1	Text	[Open response]	*No change.*
Legal guardian city	Module 1	Text	[Open response]	Legal guardian city	Module 1	Text	[Open response]	*No change.*
Legal guardian state	Module 1	Text	[Open response]	Legal guardian state	Module 1	Text	[Open response]	*No change.*
Legal guardian ZIP code	Module 1	Text	[Open response]	Legal guardian ZIP code	Module 1	Text	[Open response]	*No change.*
Legal guardian phone	Module 1	Text	[Open response]	Legal guardian phone	Module 1	Text	[Open response]	*No change.*
				If cell phone, consent to text?	Module 1	Radio button	Yes; No	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
Legal guardian email address	Module 1	Text	[Open response]	Legal guardian email address	Module 1	Text	[Open response]	*No change.*
				Preferred method of contact for primary contact	Module 1	Drop-down (single select)	Telephone; Email; In-person; Video conferencing; Via an interpreter; Other	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.

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Data Element	Location	Field Type	Values	Data Element	Location	Field Type	Values	
				If “Other”, specify	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Alternate contact name	Module 1	Drop-down (multi select)	Representative Payee; Guardian; Other	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				If “Other”, specify relationship	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Alternate contact name	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Alternate contact address	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Alternate contact phone	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Alternate contact email	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Preferred method of contact for alternate contact	Module 1	Drop-down (single select)	Telephone; Email; In-person; Video conferencing; Via an interpreter; Other	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				If “Other”, specify	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Alternate contact best time and number to call	Module 1	Text	[Open response]	New field added – Additional field introduced to be

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Data Element	**Location**	**Field Type**	**Values**	**Data Element**	**Location**	**Field Type**	**Values**	
								consistent with fields on the Form SSA-4565.
				Describe any language or accommodation needs	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				If over age 18 and receiving SSI, has Social Security conducted the age 18 redetermination	Module 1	Radio button	Yes; No	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				When did the disability begin?	Module 1	Drop-down (single select)	Prior to age 22; Between age 22 and prior to age 46; Age 46 or older	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Does the beneficiary have a *my* Social Security account?	Module 1	Drop-down (single select)	Yes; No; Recommended	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				List the primary disability	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Statutorily Blind?	Module 1	Radio button	Yes; No	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Marital Status	Module 1	Drop-down (single select)	Single; Married; Divorced; Separated; Widow(er)	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				List other people in the household table	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				If any household member (spouse or children) receives any type of means-tested benefits, describe	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				For SSI and Medicaid	Module 1	Text	[Open response]	New field added –

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Data Element	**Location**	**Field Type**	**Values**	**Data Element**	**Location**	**Field Type**	**Values**	
				recipients only, describe all income or in-kind support table				Additional field introduced to be consistent with fields on the Form SSA-4565.
				SSA benefits table	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Medicaid number (if applicable)	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Medicaid benefits table	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Medicare number (if different than SSN)	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Medicare benefits table	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Other Benefits table	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Excluded savings table	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Additional benefits or assets table	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Highest grade completed	Module 1	Drop-down (single select)	Primary or secondary school certificate; Graduate equivalent (GED); High school	New field added – Additional field introduced to be consistent with fields on

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Data Element	**Location**	**Field Type**	**Values**	**Data Element**	**Location**	**Field Type**	**Values**	
							diploma; Vocational/Technical; Some college; Undergraduate degree; Graduate degree	the Form SSA-4565.
				If under age 22, is the beneficiary regularly attending school?	Module 1	Drop-down (single select)	Yes; No; N/A	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				If "Yes", is the Student Earned Income Exclusion applicable	Module 1	Radio button	Yes; No	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Describe any educational goal(s)	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Employment status at the time the CWIC begins providing individualized services	Module 1	Drop-down (single select)	Full-time employment or self-employment; Part-time employment or self-employment; Job offer pending; Not employed	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Start date of current employment or self-employment	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				If employed, name of employer	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				If employed, weekday or dates employer issues paychecks	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				If employed, the amount of gross wages (specify if amount provided is per hour, per week, per month or per year)	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				If self-employed, nature of the business	Module 1	Text	[Open response]	New field added – Additional field

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								introduced to be consistent with fields on the Form SSA-4565.
				If self-employed, estimated net profit (per year)	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Has the beneficiary reported these earnings to Social Security?	Module 1	Radio button	Yes; No	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				If "Yes", give the date(s) of the report and the manner used to report the earnings	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Prior work history table	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				List out of pocket expenses that could be Impairment Related Work Expenses (IRWE) or Blind Work Expenses (BWE)	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Describe special employment supports the beneficiary received in the past, currently uses, or expects to need in the near future. Also describe any other indication that the beneficiary has a possible subsidy, such as working with a job coach	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Notes, additional information and next steps	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
Date CWIC assigned	Module 1	Date	MM/DD/YYYY	Date CWIC assigned	Module 1	Date	MM/DD/YYYY	*No change.*

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Data Element	**Location**	**Field Type**	**Values**	**Data Element**	**Location**	**Field Type**	**Values**	
				Beneficiary notes	Module 1	Text	[Open response]	New field added – Additional field introduced to improve functionality.
				Describe any language or accommodation needs	Module 1	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
Race	Module 1	Check box (multi select)	American Indian or Alaska Native; Asian; Black or African/American; Native Hawaiian or Other Pacific Islander; White; Prefers not to provide					Existing field removed – Eliminated request for race data to comply with recent Executive Orders regarding the collection of sex, race and ethnicity data.
Ethnicity	Module 1	Drop-down (single select)	Hispanic or Latino; Not Hispanic or Latino; Prefers not to Provide					Existing field removed – Eliminated request for ethnicity data to comply with recent Executive Orders regarding the collection of sex, race and ethnicity data.
Sex	Module 1	Drop-down (single select)	Male; Female; Other					Existing field removed – Eliminated request for sex data to comply with recent Executive Orders regarding the collection of sex, race and ethnicity data
				Servicing WIPA	Module 2	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Previously referred?	Module 2	Radio button	Yes; No	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				If yes, date	Module 2	Date	MM/DD/YYYY	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
Is beneficiary between the ages of 14 and 25 at the	Module 2	Radio button	Yes; No	Is beneficiary between the ages of 14 and 25 at the time of referral?	Module 2	Radio button	Yes; No	*No change.*

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Data Element	**Location**	**Field Type**	**Values**	**Data Element**	**Location**	**Field Type**	**Values**	
time of referral?								
Is beneficiary a Veteran of the U. S. Military?	Module 2	Radio button	Yes; No	Is beneficiary a Veteran of the U. S. Military?	Module 2	Radio button	Yes; No	*No change.*
Ticket status (if over 18)	Module 2	Text	[Open response]	Ticket status (if over 18)	Module 2	Text	[Open response]	*No change.*
If assigned / in-use with vocational rehabilitation agency, agency name:	Module 2	Text	[Open response]	If assigned / in-use with vocational rehabilitation agency, agency name	Module 2	Text	[Open response]	*No change.*
				Employment status at time of referral	Module 2	Drop-down (single select)	Full-time employment or self-employment; Part-time employment or self-employment; Job offer pending; Not employed	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				If employed, job details (job title, #hours/week, pay rate)	Module 2	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Employer health benefits?	Module 2	Check box (single select)	Yes; No; N/A	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Reported work to Social Security Administration (SSA)?	Module 2	Check box (single select)	Yes; No; N/A	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Other benefits received?	Module 2	Check box (single select)	Yes; No; N/A	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				If “Yes”, specify	Module 2	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Beneficiary concerns/questions	Module 2	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
Date of referral	Module 2	Date	MM/DD/YYYY	Date of referral	Module 2	Date	MM/DD/YYYY	*No change.*
Source of referral	Module 2	Drop-down	Ticket to Work Help Line;	Source of referral	Module 2	Drop-down	Ticket to Work Help	*No change.*

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		(single select)	Beneficiary or Representative Payee self-referral; Vocational Rehabilitation agency; Employment Network; Other community agency			(single select)	Line; Beneficiary or Representative Payee self-referral; Vocational Rehabilitation agency; Employment Network; Other community agency	
Health insurance	Module 2	Check box (multi select)	Medicare (list parts in "Notes"); Medicaid (list type in "Notes"); Private; Employer-sponsored; Veteran's Affairs; Other (describe in "Notes"); No change	Health insurance	Module 2	Check box (multi select)	Medicare (list parts in "Notes"); Medicaid (list type in "Notes"); Private; Employer-sponsored; Veteran's Affairs; Other (describe in "Notes"); No change	*No change.*
Health insurance notes	Module 2	Text box	[Open response]	Health insurance notes	Module 2	Text	[Open response]	*No change.*
				Eligible for WIPA services?	Module 2	Radio button	Yes; No	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
Employment services received at intake	Module 2	Check box (multi select)	Vocational Rehabilitation; Ticket to Work; Other vocational services or supports	Employment services received at intake	Module 2	Text	[Open response]	Response option revision – Changing response type from dropdown list to open response to be consistent with field on the Form SSA-4565
Status of referral for WIPA services	Module 2	Drop-down (single select)	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	Status of referral	Module 2	Drop-down (single select)	Conducting initial contact attempts.; Not engaged. Awaiting signed releases.; 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 initial contact attempt.; Not engaged. Eligible beneficiary is already receiving suitable	Dropdown options revision – Revised for clarity. No change in type of data collected.

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			engagement. Eligible beneficiary requesting individualized WIPA services; verifications pending.; Engaged. Eligible beneficiary engaged in individualized WIPA services; verifications received.				services elsewhere.; Not engaged. Eligible beneficiary did not return 3288s after 30 days.; Engaged. Eligible beneficiary requesting individualized WIPA services; verifications pending.; Engaged. Verifications received and BS&A in development.; Engaged. BS&A completed; beneficiary requesting follow-up services.; Engaged. BS&A completed; beneficiary declined or could not be reached to offer follow-up services.; Engaged. Follow-up services only.; Engaged Unresponsive. Eligible beneficiary returned signed release(s) but is no longer responding to CWIC's attempts to contact.	
				Does beneficiary want to work more to (choose one)	Module 3	Drop-down (single select)	Increase income without losing SSDI or SSI benefits; Reduce SSI benefits; Eliminate SSDI or SSI benefits	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
Comments on work goals	Module 3	Text	[Open response]	Comments on work goals	Module 3	Text	[Open response]	*No change.*
				Earnings goal 1: Type of position or field of work	Module 3	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Earnings goal 1: Number of hours anticipated per week	Module 3	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Earnings goal 1: Hourly wage or salary	Module 3	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on

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Data Element	**Location**	**Field Type**	**Values**	**Data Element**	**Location**	**Field Type**	**Values**	
								the Form SSA-4565.
				Earnings goal 1: Estimated monthly earning goal	Module 3	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Earnings goal 2: Type of position or field of work	Module 3	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Earnings goal 2: Number of hours anticipated per week	Module 3	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Earnings goal 2: Hourly wage or salary	Module 3	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Earnings goal 2: Estimated monthly earning goal	Module 3	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Employment services the beneficiary receives table	Module 3	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				List the services the beneficiary needs to reach his or her employment goal	Module 3	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Does the beneficiary want you to share the Benefits Summary and Analysis (BS&A) or other information about benefits counseling with any employment support agency or other person? If yes, obtain release	Module 3	Radio button	Yes; No	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				BS&A delivery: Beneficiary	Module 3	Check box (single select)	Telephone; Email; US Mail; In-person; Video	New field added – Additional field

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							conferencing; Via an interpreter; Other	introduced to be consistent with fields on the Form SSA-4565.
				If “Other”, specify	Module 3	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				Alternate contact	Module 3	Check box (single select)	Telephone; Email; US Mail; In-person; Video conferencing; Via an interpreter; Other	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
				If “Other”, specify	Module 3	Text	[Open response]	New field added – Additional field introduced to be consistent with fields on the Form SSA-4565.
Date releases sent	Module 3	Date	MM/DD/YYYY	Date releases sent	Module 3	Date	MM/DD/YYYY	*No change.*
Date releases returned	Module 3	Date	MM/DD/YYYY	Date releases returned	Module 3	Date	MM/DD/YYYY	*No change.*
Date intake process completed	Module 3	Date	MM/DD/YYYY	Date intake process completed	Module 3	Date	MM/DD/YYYY	*No change.*
Date BPQY requested	Module 3	Date	MM/DD/YYYY	Date BPQY requested	Module 3	Date	MM/DD/YYYY	*No change.*
Date BPQY received	Module 3	Date	MM/DD/YYYY	Date BPQY received	Module 3	Date	MM/DD/YYYY	*No change.*
Date initial or follow-up BS&A completed	Module 3	Date	MM/DD/YYYY	Date initial or updated BS&A completed	Module 3	Date	MM/DD/YYYY	Field name revision – Revised for clarity. No change in type of data collected.
Did CWIC use BSADOCS to develop BS&A?	Module 3	Radio button	Yes; No	Did CWIC use BSADOCS to develop BS&A?	Module 3	Radio button	Yes; No	*No change.*
Date discussed initial or follow-up BS&A with beneficiary	Module 3	Date	MM/DD/YYYY	Date discussed initial or updated BS&A with beneficiary	Module 3	Date	MM/DD/YYYY	Field name revision – Revised for clarity. No change in type of data collected.
If BS&A prepared, what is status of follow-up services?	Module 3	Drop-down (single select)	Beneficiary accepted offer for follow-up services; Beneficiary declined offer for follow-up services; Beneficiary was not offered follow-up services	If BS&A prepared, what is status of follow-up services?	Module 3	Drop-down (single select)	Beneficiary accepted offer for follow-up services; Beneficiary declined offer for follow-up services; CWIC unable to offer follow-up services; beneficiary unresponsive	Dropdown options revision – Revised for clarity. No change in type of data collected.
Date provided beneficiary follow	Module 3	Date	MM/DD/YYYY	Date provided beneficiary follow up	Module 3	Date	MM/DD/YYYY	*No change.*

WIPA STAR System - Original				WIPA STAR System – Revised				Revision Notes
Data Element	**Location**	**Field Type**	**Values**	**Data Element**	**Location**	**Field Type**	**Values**	
up services plan				services plan				
Date referred beneficiary to Vocational Rehabilitation	Module 3	Date	MM/DD/YYYY	Date referred beneficiary to Vocational Rehabilitation	Module 3	Date	MM/DD/YYYY	*No change.*
Date referred beneficiary to Employment Network	Module 3	Date	MM/DD/YYYY	Date referred beneficiary to Employment Network	Module 3	Date	MM/DD/YYYY	*No change.*
Date referred beneficiary to other vocational services	Module 3	Date	MM/DD/YYYY	Date referred beneficiary to other vocational services	Module 3	Date	MM/DD/YYYY	*No change.*
Date assisted beneficiary with earnings reporting	Module 3	Date	MM/DD/YYYY	Date assisted beneficiary with earnings reporting	Module 3	Date	MM/DD/YYYY	*No change.*
Date discussed Plan to Achieve Self-Support (PASS) with beneficiary	Module 3	Date	MM/DD/YYYY	Date discussed Plan to Achieve Self-Support (PASS) with beneficiary	Module 3	Date	MM/DD/YYYY	*No change.*
Date assisted beneficiary to complete and submit PASS	Module 3	Date	MM/DD/YYYY	Date assisted beneficiary to submit PASS	Module 3	Date	MM/DD/YYYY	Field name revision – Revised for clarity. No change in type of data collected.
Date assisted beneficiary to report IRWE, subsidy or use of work incentives to SSA	Module 3	Date	MM/DD/YYYY	Date assisted beneficiary to report IRWE, subsidy or use of work incentives to SSA	Module 3	Date	MM/DD/YYYY	*No change.*
Date provided follow-up contact with beneficiary at key touchpoints	Module 3	Date	MM/DD/YYYY	Date provided follow-up	Module 3	Date	MM/DD/YYYY	Field name revision – Revised for clarity.
Comments	Module 3	Text	[Open response]	Comments	Module 3	Text	[Open response]	*No change.*
Date of contact	Module 4	Date	MM/DD/YYYY	Date of contact	Module 4	Date	MM/DD/YYYY	*No change.*
Person or agency contacted	Module 4	Text	[Open response]	Person or agency contacted	Module 4	Text	[Open response]	*No change.*
Purpose of the contact	Module 4	Text	[Open response]	Purpose of the contact	Module 4	Text	[Open response]	*No change.*
What did you discuss?	Module 4	Text	[Open response]	What did you discuss?	Module 4	Text	[Open response]	*No change.*
Contact mode	Module 4	Drop-down (single select)	Phone; Email; In-person; Mail	Contact mode	Module 4	Drop-down (single select)	Phone; Email; In-person; Mail; Fax; Video Conference	Dropdown options revision – Revised to expand the available contact modes to include Fax and Video

WIPA STAR System - Original				WIPA STAR System – Revised				Revision Notes
Data Element	**Location**	**Field Type**	**Values**	**Data Element**	**Location**	**Field Type**	**Values**	
								Conference, providing users with more comprehensive communication options.
Contact disposition	Module 4	Drop-down (single select)	Contact made; No answer/No show; Voicemail; Busy; Bad contact info	Contact disposition	Module 4	Drop-down (single select)	Contact made; No answer/No show; Voicemail; Busy; Bad contact info	*No change.*
Case note created date	Module 4	Date	MM/DD/YYYY	Case note created date	Module 4	Date	MM/DD/YYYY	*No change.*
Task / Next Step	Module 4	Text	[Open response]	Task / Next Step	Module 4	Text	[Open response]	*No change.*
Task assigned to	Module 4	Drop-down (single select)	[Select from a list of staff assigned to the organization]	Task assigned to	Module 4	Drop-down (single select)	[Select from a list of staff assigned to the organization]	*No change.*
Task due date	Module 4	Date	MM/DD/YYYY	Task due date	Module 4	Date	MM/DD/YYYY	*No change.*
Task status	Module 4	Drop-down (single select)	Assigned; In progress; More info needed; Complete	Task status	Module 4	Drop-down (single select)	Assigned; In progress; More info needed; Complete	*No change.*